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November 7, 2011

Jennifer M. Croswell, MD, MPH  
Medical Officer, U.S. Preventive Services Task Force (USPSTF) Program  
Center for Primary Care, Prevention, and Clinical Partnerships  
Agency for Healthcare Research and Quality  
540 Gaither Road, Room 6113  
Rockville, MD 20850

Dear Dr. Croswell:

We are pleased that the USPSTF is presently conducting a much needed updated evidence review of the 2006 recommendation on routine HIV screening, as noted in the Task Force's October, 2011 "Annual Report to Congress on High-Priority Gaps for Clinical Preventive Services." I am writing on behalf of the 4,700 members of the HIV Medicine Association (HIVMA) to share what we believe are critical implications of recent U.S.-funded HIV clinical trial results for the USPSTF's work on this critical issue.

The HIV Prevention Trials Network (HPTN) study 052 funded by the National Institute of Allergy and Infectious Diseases (NIAID) at the National Institutes of Health (NIH) found that HIV-infected men and women who received antiretroviral therapy (ART) were 96 percent less likely to sexually transmit their HIV infection to their uninfected partners than those whose treatment was delayed (see attached article). Moreover, HIV-infected individuals who initiated treatment when their immune systems were still relatively healthy were less likely to experience HIV-related health consequences than those who delayed treatment. These dramatic results confirm that HIV treatment is not only lifesaving but also a potent intervention to prevent HIV transmission to uninfected individuals. These remarkable findings call for a renewed urgency to identify through routine screening and link to care the more than 20 percent of people infected with HIV in the United States who do not know it. HIV treatment in combination with other evidence-based HIV prevention interventions holds the promise of stopping the HIV epidemic in its tracks while extending life and restoring health and productivity to hundreds of thousands of individuals living with HIV infection in the United States.

We urge the Task Force to carefully consider the implications of these important findings in its review of the evidence base for routine HIV screening.

Sincerely,



Judith A. Aberg, MD, FIDSA  
Chair, HIV Medicine Association

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