

HIV/AIDS Glossary of Abbreviations, Definitions and Related Terms

ABCDEF		HIJKLMN		OPQRSTUVWXYZ	
<u>ABC</u>	ABACAVIR	<u>HAART</u>	HIGHLY ACTIVE ANTIRETROVIRAL THERAPY	<u>OBT</u>	OPTIMIZED BACKGROUND THERAPY
<u>AE</u>	ADVERSE EVENT	<u>HBV</u>	HEPATITIS B VIRUS	<u>OI</u>	OPPORTUNISTIC INFECTION
<u>APV</u>	TIPRANAVIR	<u>HCV</u>	HEPATITIS C VIRUS	<u>PCP</u>	<i>PNEUMOCYSTIS JIROVECI</i> PNEUMONIA
<u>ART</u>	ANTITRETROVIRAL THERAPY	<u>HHS</u>	DEPARTMENT OF HEALTH AND HUMAN SERVICES	<u>PEP FAR</u>	PRESIDENT'S EMERGENCY PLAN FOR AIDS RELIEF
<u>ARV</u>	ANTIRETROVIRAL	<u>HIV</u>	HUMAN IMMUNODEFICIENCY VIRUS	<u>PI</u>	PROTEASE INHIBITOR
<u>ATV</u>	ATAZANAVIR	<u>IDV</u>	IDINAVIR	<u>RAL</u>	RALTEGRAVIR
<u>AZT</u>	ZIDOVUDINE	<u>II</u>	INTEGRASE INHIBITOR	<u>RIF</u>	RIFAMPIN
<u>CBC</u>	COMPLETE BLOOD COUNT	<u>IRIS</u>	IMMUNE RECONSTITUTION INFLAMMATORY SYNDROME	<u>RFB</u>	RIFABUTIN
<u>CCR5</u>	CHEMOKINE RECEPTOR 5	<u>IV</u>	INTRAVENOUS	<u>RTV</u>	RITONAVIR
<u>CMV</u>	CYTOMEGALOVIRUS	<u>3TC</u>	LAMIVUDINE	<u>SQV</u>	SAQUINAVIR
<u>CXCR4</u>	CHEMOKINE RECEPTOR 4	<u>LPV/R</u>	LOPINAVIR/RITONAVIR	<u>TDF</u>	TENOFOVIR
<u>CYP450</u>	CYTOCHROME P450	<u>MAC</u>	MYCOBACTERIUM AVIUM COMPLEX	<u>ZDV</u>	ZIDOVUDINE
<u>DDI</u>	DIDANOSINE	<u>MVC</u>	MARAVIROC		
<u>DNA</u>	DEOXYRIBONUCLEIC ACID	<u>NFV</u>	NELFINAVIR		
<u>DOT</u>	DIRECTLY OBSERVED THERAPY	<u>NNRTI</u>	NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITOR		
<u>DRV</u>	DARUNAVIR	<u>NRTI</u>	NUCLEOSIDE/NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITOR		
<u>D4T</u>	STAVUDINE	<u>NVP</u>	NEVIRAPINE		
<u>EFV</u>	EFAVIRENZ				
<u>ENF</u>	ENFURVITIDE				
<u>ETR</u>	ETRAVIRINE				
<u>FPV</u>	FOSAMPRENAVIR				
<u>FTC</u>	EMTRICITABINE				

CCR5: a protein on the surface of some immune system cells. It is one of two coreceptors that HIV can use along with the CD4 receptor to bind to and enter host cells

CCR5 Antagonist: a class of antiretrovirals that inhibits R5-tropic HIV virus from binding to CCR5 co-receptor on CD4 cells. Maraviroc (MVC).

CD4 Cell: a type of infection-fighting white blood cell that carries the CD4 receptor on its surface; coordinates the immune response. HIV infects and kills CD4 cells. The CD4 cell count is an important indicator of disease progression and of when to begin anti-HIV treatment and opportunistic infection prophylaxis.

Entry Inhibitors: a class of antiretrovirals that disrupt the ability of HIV to enter host cell through the cell's surface. This class includes CCR5 antagonists and fusion inhibitors.

Envelope: the outer protective membrane of HIV. HIV uses specific proteins embedded in the envelope to attach to and enter host cells.

Fusion Inhibitor: a class of antiretrovirals that inhibits the fusing of HIV's outer envelope with the host cell membrane, which prevents infection of the cell. Enfuvirtide (ENF)

Immune Reconstitution Syndrome: an inflammatory reaction that can occur when an immunocompromised person's immune system improves. Fever, along with swelling, redness, or discharge at the site of an injury or infection, may signal that an infection exists.

Integrase: HIV protein that plays an important role in the virus's life cycle. Integrase inserts HIV's genetic information into the infected cell's own DNA.

Integrase Inhibitor: a class of antiretrovirals that prevents the HIV integrase protein from inserting HIV's genetic information into an infected cells' own DNA. Raltegravir (RAL).

Lipoatrophy: loss of body fat from particular areas of the body, especially the arms, legs, face and buttocks. Potential side effect of NRTIs.

Lipodystrophy: a problem with the way the body produces, uses, and distributes fat. May occur with PIs or NRTIs.

Mitochondrial Toxicity: mitochondrial damage that can cause problems in the heart, nerves, muscles, pancreas, kidneys and liver. May occur with NRTIs.

Non-Nucleoside Reverse Transcriptase Inhibitor: a class of antiretrovirals that bind and disable HIV-1's reverse transcriptase enzyme which halts HIV replication. Etravirine (ETR), Efavirenz (EFV), Nevirapine (NVP).

Nucleoside/Nucleotide Analogue Reverse Transcriptase Inhibitor: a class of antiretrovirals that are faulty versions of the building blocks necessary for HIV reproduction. Abacavir (ABC), Didanosine (ddI), Emtricitabine (FTC), Lamivudine (3TC), Stavudine (d4T), Tenofovir (TDF), Zidovudine (ZDV, AZT).

Optimized Background Therapy: the antiretroviral drugs in a treatment regimen that are chosen for an individual on the basis of resistance testing and treatment history.

Peripheral Neuropathy: sensory loss; pain; muscle weakness; and muscle wasting in the hands, legs, or feet. It may start with burning or tingling sensations or numbness in toes and finger. May occur with NRTIs.

Protease Inhibitor: a class of antiretrovirals that prevents replication of HIV by disabling HIV protease. Atazanavir (ATV), Darunavir (DRV), Fosamprenavir (FPV), Idinavir (IDV), Lopinavir/ritonavir (LPV/r), Nelfinavir (NFV), Saquinavir (SQV), Tipranavir (APV), Ritonavir (RTV).

Salvage Therapy: regimen designed for people who have used many different antiretrovirals in the past, have failed at least two regimens and have extensive drug resistance.

Set Point: the viral load established within a few weeks to months after infection, after the initial burst of virus replication has subsided. An individual's viral set point may determine how quickly HIV infection will progress without treatment. Higher set points suggest that disease will progress faster than lower set points.

Viral Load: the amount of HIV RNA in a blood sample, reported as number of HIV RNA copies per milliliter of blood plasma. An important indicator of HIV progression and of how well treatment is working.