

3. Cade WT, Reeds DN, Mondy KE, et al; Centers for Disease Control and Prevention (CDC). Vital signs: HIV prevention through care and treatment, United States. *MMWR Morb Mortal Wkly Rep* 2011;60(47):1618-1623.
4. Hanna DB, Buchacz K, Gebo KA, et al; North American AIDS Cohort Collaboration on Research and Design (NA-ACCORD) of the International Epidemiologic Databases to Evaluate AIDS. Trends and disparities in antiretroviral therapy initiation and virologic suppression among newly treatment-eligible HIV-infected individuals in North America, 2001-2009. *J Infect Dis* 2013;56(8):1174-1182.
5. Nakagawa F, May M, Phillips A. Life expectancy living with HIV: recent estimates and future implications. *Curr Opin Infect Dis* 2013;26(1):17-25.
6. Centers for Medicare and Medicaid Services. Clinical diagnostic laboratory fee schedule. <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ClinicalLabFeeSched/clinlab.html>. Accessed February 28, 2013.

Editor's Note

Directing Resources to Where They Are the Most Needed

Old habits die hard. Since the 1980s, when we first came to understand that CD4 cell depletion is one of the hallmarks of immune deficiency in persons with AIDS, we clinicians have checked the CD4 counts of our stable patients every 3 months (more often for those who were sick or starting new therapy). Our patients (and we) worried from visit to visit whether their CD4 counts (we called them T-cells then) rose or dropped (mostly they dropped), and our spirits rose and fell with their counts.

That was then. Today we have highly effective antiretroviral treatment for human immunodeficiency virus (HIV) and

sis in this period that adjusted for these factors did not. ¹ Re-