

► HIV testing

■ How should I test for HIV?

Test everyone ages 13+!

Use ICD-10 code Z11.4.

- Order this lab for most people:
HIV 4th generation antibody + antigen test

For recent risk of exposure in the last month:
HIV RNA PCR test (HIV viral load)

- Offer as a normal part of labs:

"We test everyone's cholesterol, sugars, liver, kidneys and for HIV." Or: "It looks like we need to check your cholesterol and sugars again, but we haven't checked HIV yet. The HIV test is a normal part of health screening for everyone. I'm going to add it to your labs. OK?"

(*Be sure to mention you are ordering an HIV test so the patient is informed and has the chance to opt out.)

■ How do I interpret 4th gen HIV test results?

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| HIV Ab/Ag non-reactive: negative for HIV (2-3 week window period from exposure) | HIV Ab/Ag reactive & HIV1/2 diff reactive: chronic infection call linkage coordinator, offer rapid ART | HIV Ag only reactive & HIV1/2 neg + RNA detected: acute infection call linkage coordinator, offer rapid ART! | HIV Ab/Ag reactive & HIV1/2 neg & RNA neg: negative likely false pos Ab result but if high risk, check HIV2 DNA |
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■ How do I disclose a positive result?

- Call your HIV linkage coordinator as soon as you see the result to coordinate a warm-handoff to HIV care.
- Call the patient for an in-person visit to discuss lab results. Disclose in-person ideally the same day as the confirmed result, and when not possible, aim to disclose and provide ART within 5 working days.
- When the patient is sitting, calmly and neutrally let them know. *"Your lab results show that you have HIV." Give them a few moments and listen.*
"Would you be willing to share your thoughts, feelings or questions about this?"
Listen, address concerns: *"We have really good treatment to help you live as long and healthy as possible. May I introduce you to (your HIV linkage coordinator)? They will help answer questions and connect you with HIV care."*

► Rapid ART: immediate HIV treatment

Rapid ART increases retention in care and viral load suppression. Disclosure and an ART Rx the same day as confirmed diagnosis is ideal, but when not possible, aim for within 5 working days.

- New diagnosis with confirmed labs: contact HIV linkage coordinator ASAP** to schedule disclosure, with same-day warm hand-off to HIV intake, education and medical visit.

- Obtain baseline labs as soon as possible:** If not done before first HIV visit, can be done the same day the ART Rx is written.

Baseline labs (priority): HIV 4th gen if only rapid test result; HIV RNA PCR viral load, HIV genotype, CD4 (Quest lymphocyte panel 4), CBC, CMP, hep B sAg/sAb/cAb, hep C Ab w/ reflex, UA, GC/CT (exposed sites), RPR.

Lower priority: HLA B5701, hep A tAb, QFT TB, non-fasting lipids, HgA1C, VZV IgG, toxo IgG.

- Perform a brief, targeted medical history and exam:** check for previous ART, PrEP, PEP use, sexual/IDU exposures, comorbidities, meds, allergies, opportunistic illness symptoms.

- Offer an ART prescription:** choose one of preferred regimens:

Tivicay® + Truvada® (or Descovy®): dolutegravir 50 mg + tenofovir/emtricitabine, 1 pill each PO daily

Or **Biktarvy® (bictegravir/tenofovir/emtricitabine) 1 pill PO daily**

Or **Symtuza™ (darunavir/cobicistat/emtricitabine/tenofovir AF) 1 pill PO daily**

Or for those who could become pregnant, use:

Isentress® + Truvada®: Raltegravir 2x600 mg + tenofovir/emtricitabine, 3 pills total PO daily

- Follow-up labs and meds in 5-7 days.**

► PEP: HIV Post-Exposure Prophylaxis

PEP should be started within 72 hours of exposure; the sooner, the better.

- Assess risk for HIV.** High risk—offer PEP: condomless receptive anal or vaginal sex, sharing needles. Consider PEP for: condomless insertive anal or vaginal sex.
- Screen for acute HIV infection:** if they have fevers, flu-like or mono-like sx's, rash, sore throat, order HIV viral load.
- Get a rapid HIV test, serum 4th gen HIV test, +/-HIV viral load, CMP, STI tests based on exposures.**
- If appropriate, prescribe 28-days of PEP.** Preferred regimens include:

Truvada® (tenofovir DF/emtricitabine) + Tivicay® (dolutegravir), 1 pill each PO daily

Or **Biktarvy® (bictegravir/tenofovir/emtricitabine) 1 pill PO daily**

Or for those who could become pregnant, use Isentress+Truvada regimen listed above

(click on med name for drug assistance programs)

- Repeat HIV 4th gen test in 6 and 12 weeks.**
- Offer PrEP if on-going risks.**

► PrEP: HIV Pre-Exposure Prophylaxis

■ **Candidates for PrEP:** anyone requesting PrEP, has condomless anal sex, injects drugs, has recent STIs, or HIV+ partners

■ Recommended PrEP regimen:

Truvada®:

Tenofovir^{1,2} (300 mg) PO Daily + Emtricitabine^{1,2}(200 mg) PO once daily



Do not use Descovy®

1. Truvada side effects: headache, insomnia, nausea, vomiting, diarrhea, rash. Usually resolve in a month. Also active against Hep B, so beware of Hep B flare when stopping. Precautions also in chronic kidney disease and with nephrotoxic meds. (Renal dysfunction seen in 1-2% of patients).

2. Further information about drug interactions: hiv-druginteractions.org

■ Contraindications:

- **Absolute:** acute or chronic HIV infection (Rx ART), estimated GFR<60 by serum creatinine, unwilling to take daily meds or have lab follow-up.
- **Relative:** HBV with cirrhosis/transaminitis (refer to specialist), osteoporosis or history of fragility fracture.

■ Time to achieve protection:

- **7 days in rectal tissue** (anal receptive intercourse).
- **20 days in penile and cervico-vaginal tissue** (anal insertive and vaginal intercourse).
- **20 days in blood** (IDU).

■ First visit:

- Evaluate for exposures in the last 72 or so hours and need for PEP** (post-exposure prophylaxis)
- Evaluate for appropriateness for PrEP:** discuss efficacy, side effects, support for and importance of adherence, insurance coverage and support for continuity, plan for refills and follow-up.
- Labs:** BMP, 4th gen HIV test, GC/CT (throat, rectal, urine), RPR, UPreg, HepBsAg, sAb, cAb, HCV Ab.
- If symptoms of acute HIV infection in past month** (fever, flu- or mono-like symptoms, rash, sore throat), get HIV viral load (positive at 10 days). **Do not start PrEP unless viral load neg.**
- If HIV test neg and no symptoms of acute HIV infection,** write rx for 1-month supply, no refill.

■ 1-month follow-up visit:

- Evaluate adherence and side effects.** Rx for 2-month supply, no refill.

■ Follow-up visit every 3 months:

- 4th gen HIV test, GC/CT** (throat, rectal, urine), UPreg, RPR, BMP (BMP can be Q6 months).
- Refill** for 3-month supply only if HIV test negative; refer to immediate linkage to care if HIV test positive.
- At every visit assess** for adherence, side effects, exposures (number of partners, anal/vaginal insertive/receptive exposures, condom use, drug use), desires around sexual wellness and continued PrEP use.
- Counsel to return for HIV test if off of PrEP for > 1 week and had possible exposure.**

■ Every 12 months:

- Hepatitis C screen, U/A (check for +protein), evaluate continued desire/need for PrEP.**

Reference: Preexposure Prophylaxis for the Prevention of HIV Infection in the United States – 2017 Update: a Clinical Practice Guideline. Available at cdc.gov/hiv/guidelines/preventing.html.

QUESTIONS? NEED HELP?

In the Pacific Region (Arizona, California, Hawaii, and Nevada) request free training and technical assistance from **Pacific AETC:** paetc.org, call **415-476-6153**, or email paetc@ucsf.edu.

Outside the Pacific Region contact the AETC National Coordinating Resource Center: aidsetc.org, call **973-972-5141**, or email info@aidsetc.org.

National HIV Consultation Line for HIV testing and care/treatment questions: 800-933-3413

You can reach a live consultant 6 am-5 pm PST, M-F (voicemail available after hours) or **submit consultation requests online at nccc.ucsf.edu.**