

# Clinical Essentials: HIV testing, Rapid ART, PEP, PrEP

Updated November 2018

## 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?

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:

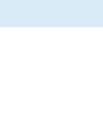
**Tivicay® + Truvada® (or Descovy®):**  
dolutegravir 50 mg +  
tenofovir/emtricitabine,  
1 pill each PO daily



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 on the preceding page  
(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

For help: [PrEPline 855-448-7737](tel:855-448-7737)  
For resources: [PleasePrEPMe.org](http://PleasePrEPMe.org)

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

### ■ Recommended PrEP regimen:

**Truvada®:**  
**Tenofovir<sup>1,2</sup> (300 mg)**  
**PO Daily +**  
**Emtricitabine<sup>1,2</sup>(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](http://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.

## QUESTIONS? NEED HELP?

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

**Outside the Pacific Region** contact the AETC National Coordinating Resource Center: **[aidsetc.org](http://aidsetc.org)**, call **973-972-5141**, or email **[info@aidsetc.org](mailto: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](http://nccc.ucsf.edu)**.

**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](http://cdc.gov/hiv/guidelines/preventing.html).

**Author:** Sophy S. Wong, MD

Clinical Director of Practice Transformation, Pacific AETC; Medical Director, HIV ACCESS and Bay Area AETC; Associate Clinical Professor of Medicine, UCSF

**PrEP Co-author:** Kerry Kay, MD, MPH

**Contributors:** Samali Lubega, MD, Carolyn Chu, MD, Monica Hahn, MD

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Pill photos: US DHHS National Institutes of Health (NIH) and Test Positive Aware Network (TPAN)

Feedback/questions: [paetc@ucsf.edu](mailto:paetc@ucsf.edu).

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