HIV
Care Guide
December 2018
SUMMARY
ALL HIV INFECTED PATIENTS MUST BE MANAGED BY A CCHCS HIV SPECIALIST

GOALS
✓ Offer HIV screening to all
✓ Refer ALL patients with HIV to HIV specialists for evaluation with the appropriate baseline labs ordered
✓ Identify ACUTE HIV seroconversion
✓ Initiate Antiretroviral therapy (ART) for all patients with HIV as soon as possible

ALERTS

Inappropriate or suboptimal treatment regimens
• Patients receiving only one HIV medication rather than a multi-drug combination (note that some co-formulations exist)
• Patients on treatment for months with a persistently detectable viral load
• Patients with CD4 < 200 cells/mm3 who are not on Pneumocystis jiroveci (PCP) prophylaxis (see page 6)
• Patients with detectable viral load and a CD4 < 50 cells/mm3 who are not on Mycobacterium Avium Complex (MAC) prophylaxis (see page 6)
• Non-pharmacologic therapies and non-opioid therapies are preferred for managing chronic non-cancer pain.

Red Flags
1. ANY CD4
   • New onset fevers
   • Weight loss > 10%
   • Fatigue
   • Skin lesions
   • Night sweats
2. CD4<200
   • Dyspnea
   • Cough
   • Fevers
3. CD4<100
   • Headache
   • Blurry or lost vision
   • Diarrhea

DIAGNOSTIC CRITERIA/EVALUATION

Diagnosis - Consider HIV in the following circumstances:
• Patients with known high risk behaviors prior to or during incarceration (tattoos, injection drug use, sexual exposure)
• Patients with symptoms suggesting immunocompromise (e.g., unexplained weight loss (>10%), recurring fevers, rashes, diarrhea, enlarged lymph nodes, recurrent infections, thrush)

Initial Evaluation
• Date of diagnosis
• Transmission risk factors
• History of AIDS related conditions
• Lowest (nadir) CD4 count
• History of opportunistic infections
• Current opportunistic infection prophylaxis (if applicable)
• HIV medication history
• HIV resistance history
• History of TB/STD/RPR
• Vaccination history
- Smoking/substance use history
- Thorough review of systems
- Transmission/risk reduction strategies
- Baseline Labs (see page 4)

**TREATMENT OPTIONS – INITIATING TREATMENT: GUIDELINES FOR WHEN TO START AND WHAT TO USE**

**DO NOT INITIATE, CHANGE, OR DISCONTINUE HIV MEDICATIONS WITHOUT FIRST CONSULTING AN HIV SPECIALIST**

**WHEN TO START HIV TREATMENT:**
**ART** is recommended for all HIV infected individuals as soon as possible, regardless of CD4 counts. ART should be initiated **ONLY** in consultation with an HIV specialist. Patients starting ART must be willing to commit to treatment and understand the risks and benefits of treatment and the importance of adherence. Patients and/or providers may elect to defer therapy based on clinical or psychosocial factors.

**WHAT TO USE:**
Monotherapy is **NEVER** acceptable for HIV treatment. In general, three agents are used in combination. See page 5 for recommended initial HIV combination treatment regimens. See page 8-11 for treatment precautions and side effects: noting specific contraindications and interactions between HIV medications and the patient’s existing medications.

**MONITORING (SEE PAGE 4 FOR MONITORING DETAILS)**
- **Initial:** 2 weeks - 2 months
- **Ongoing:** (See page 4)
  1. Follow-up every 3-4 months while on ART (min. 2 years).
  2. Follow-up can be every 6 months for well controlled patients (stable on a suppressive Antiretroviral [ARV] regimen >2 yrs whose viral load has been suppressed [<20 copies/mL allowing for viral blips] and whose CD4 count has been consistently >300 cells/mm for > 2 years).

Contact the HIV Program mailbox with questions: CPHCSHIVQuestions@cdcr.ca.gov