

Human Immunodeficiency Virus (HIV) Care Guide

April 2022



CALIFORNIA CORRECTIONAL
HEALTH CARE SERVICES

SUMMARY

GOALS

- ✓ Offer HIV screening to all
- ✓ Refer **all** patients with HIV to HIV specialists as soon as possible
- ✓ Identify newly diagnosed cases of HIV/Acquired Immunodeficiency Syndrome (AIDS)
- ✓ Identify acute HIV seroconversion
- ✓ Ensure a sexual history and appropriate risk reduction counseling is performed for every patient with HIV at least annually.
- ✓ Initiate antiretroviral therapy (ART) for all patients with HIV as soon as possible
- ✓ Screen and evaluate the patients with substance use disorder as a transmission risk factor (see [CCHCS Substance Use Disorder Care Guide](#))

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)

Red Flags

ANY CD4

- New onset fevers
- Weight loss >10%
- Fatigue
- Skin lesions
- Night sweats

CD4 <200

- Dyspnea
- Cough
- Fevers

CD4 <100

- Headache
- Blurry or lost vision
- Diarrhea

DIAGNOSTIC CRITERIA/EVALUATION (SEE PAGE 2 FOR HIV TESTING ALGORITHM)

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 immunocompromised state (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

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- Current opportunistic infection (OI) prophylaxis (if applicable)
- HIV medication history
- HIV resistance history
- History of Tuberculosis/Sexually Transmitted Diseases/Rapid Plasma Reagin
- Vaccination history
- Smoking/substance use history
- Thorough review of systems
- Transmission and risk reduction strategies, sexual risk screen form
- 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. The patients starting ART must be willing to commit to treatment and understand the risks and benefits of treatment and the importance of adherence. The 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 pages 8-11 for treatment precautions and side effects: noting specific contraindications and interactions between HIV medications and the patient's existing medications.
- Ensure a sexual history is performed annually and provide risk reduction counseling and education. Order ART and complete the EHRs electronic Sexually Transmitted Infection (STI) Risk Screen under "ADHOC" forms (tab on the banner bar). Education for health care staff on conducting a sexual history can be found on the Center for Disease Control's website: <https://www.cdc.gov/hiv/pdf/clinicians/screening/cdc-hiv-php-discussing-sexual-health.pdf>

MONITORING (SEE PAGE 4 FOR MONITORING DETAILS)

Clinic visits are recommended as clinically indicated during treatment:

Components of the clinical evaluation include:

- Review of systems (fever, weight loss, cough, diarrhea, etc.),
- Physical examination (vitals/BMI, oropharynx, lymph nodes, skin, etc.),
- Assessment: date of diagnosis, note CD4, viral load, h/o OI, HIV medication regimen, previous medications,
- Education: health engagement, discuss risk reduction, adherence.
- Evaluation of health maintenance, immunizations, cardiovascular (CV) risk factor control and CV Risk %, cancer screening, and STI screening

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