Information contained in the Care Guide is not a substitute for a health care professional’s clinical judgment. Evaluation and treatment should be tailored to the individual patient and the circumstances. Furthermore, using this information will not guarantee a specific outcome for each patient.
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
✓ Initiate antiretroviral therapy (ART) for all patients with HIV as soon as possible
✓ Screen and evaluate 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-
- Patients on treatment for months with a persistently detectable viral load
- Patients with CD4 <200 cells/mm$^3$ 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 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 (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
• 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 pages 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)
Clinic visits are recommended as clinically indicated during treatment:
• Components of the clinical evaluation include:
  o Review of systems (fever, weight loss, cough, diarrhea, etc.),
  o Physical examination (vitals, oropharynx, lymph nodes, skin, etc.),
  o Assessment: date of diagnosis, note CD4, viral load, h/o OI, HIV medication regimen, previous medications,
  o Education: discuss risk reduction, adherence.

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