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
✓ Ensure a sexual history and appropriate risk reduction counseling is performed by a primary care team member for every patient with HIV at least annually
✓ 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-formulations exist)
- 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

California Correctional Health Care Services
• 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