

► HIV testing

■ How should I test for HIV?

Test everyone ages 13+!

CDC guidelines: test everyone ages 13-64 at least once. Retest after initial test based on risk assessment. Use ICD-10 code Z11.4.

- Order this lab for most people:

HIV 4th gen antigen+antibody test (lab-based)

For possible exposure in the past month, add HIV viral load (HIV RNA PCR or NAAT) to the Ag/Ab test.

- Offer as a normal part of labs:

"We test everyone's cholesterol, sugars, liver, kidneys, and screen for HIV and hepatitis." Or: *"We need to check your cholesterol and sugars again, and since we haven't checked for HIV yet, let's do that. The HIV test is a normal part of health screening for everyone. Sound 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 Ag/Ab non-reactive: negative for HIV (2-3 week window period from exposure)	HIV Ag/Ab 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 Ag/Ab reactive & HIV1/2 neg & RNA neg: negative likely false pos Ab result; if high risk, check HIV2 DNA or RNA
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■ How do I disclose a positive result?

- Call your HIV provider, linkage coordinator or other team member 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; otherwise aim for within 5 working days. Use ICD-10 code B20 or Z21.

- 1. New diagnosis with confirmed labs: contact HIV linkage coordinator ASAP** to schedule disclosure and same-day warm hand-off to HIV intake, readiness counseling, med visit.

- 2. 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 (higher priority): HIV 4th gen if only rapid test result; HIV viral load (RNA/NAAT), HIV genotype, CD4 (lymphocyte panel 4), CBC, CMP, hep B sAg/sAb/cAb, UA, GC/CT (exposed sites), RPR.

Lower priority: hep A IAb, hep C Ab w/ reflex, non-fasting lipids, HgATC, TB QFT/IGRA, toxo IgG.

- 3. Perform a brief, targeted medical history and exam:** check for previous ART, PrEP, PEP use, sexual and drug exposures, comorbidities, meds, allergies, TB & opportunistic illness symptoms.

- 4. Offer an ART prescription:** choose one of preferred regimens:

Biktarvy® (bictegravir/tenofovir AF/emtricitabine) 1 pill PO daily

For most people, including those with high pregnancy potential: **Tivicay® (dolutegravir 50mg) + (Truvada® (TDF 300mg/emtricitabine 200mg) or Descovy® (TAF 25mg/emtricitabine 200mg)), 1 pill each PO daily**

For people who used CAB-LA as PrEP and INSTI resistance testing results are not yet available: **Symtuza®: darunavir/cobicistat/emtricitabine/tenofovir alafenamide, 1 pill PO daily**

See [guidelines](#) for certain clinical situations.

- 5. 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. Use ICD-10 billing code Z20.6.

- 1. 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. Obtain time for last possible exposure.
- 2. Screen for acute HIV infection:** Symptoms include flu-like or mono-like symptoms such as high fever, myalgias, lymphadenopathy, arthralgias, rash, sore throat. Order HIV viral load.
- 3. Order labs:** rapid HIV test if available, 4th gen HIV test, HIV viral load, hep C Ab w/reflex, hep BsAg, CMP, STI tests, upreg if applicable.
- 4. If appropriate, prescribe 28-days of PEP.**

No need to wait for lab results. Preferred regimens include:

Tivicay® (dolutegravir 50mg) + (Truvada® (TDF 300mg/emtricitabine 200mg) or Descovy® (TAF 25mg/emtricitabine 200mg)), 1 pill each PO daily

Or **Biktarvy® (bictegravir/tenofovir AF/emtricitabine) 1 pill PO daily** Or

for those with high pregnancy potential, use the Tivicay® + (Truvada® OR Descovy®) regimen listed above

(click on med name for drug assistance programs)

- 5. Repeat HIV 4th gen Ag/Ab test in 6 and 12 weeks.**
- 6. Assess need and offer PrEP after 28-day course of PEP is complete.**

► PrEP: HIV Pre-Exposure Prophylaxis

■ **Candidates for PrEP:** anyone requesting PrEP, has condomless anal or vaginal sex, inject drugs, has recent STIs, or partners with positive or unknown HIV status. Use ICD-10 billing code **Z20.6**.

■ Preferred PrEP regimen for all at-risk adolescents and adults ≥ 35 kg:

Truvada®: Tenofovir DF 300 mg + Emtricitabine 200 mg: 1 pill PO daily

- For guidance around “on-demand” 2-1-1 dosing with Truvada®, see the [PrEP Quick Guide](#).

■ Alternative PrEP regimen for people with or at risk of kidney or bone dysfunction, excluding people at risk only from vaginal/front hole sex or injection drug use:

Descovy®: Tenofovir AF 25 mg + Emtricitabine 200 mg: 1 pill PO daily

■ Injectable PrEP regimen for all at-risk adolescents and adults > 35 kg, current or at-risk kidney dysfunction: Cabotegravir (CAB-LA): 600mg (3ml) IM gluteal muscle, 2 initial injections 4 weeks apart, maintenance injection every 8 weeks

- (optional oral lead in)



■ Side effects and drug interactions

- Short-term side effects: headache, nausea, diarrhea and abdominal discomfort usually resolve in a few weeks. CAB-LA: injection site reactions, fatigue, joint/muscle aches.
- Truvada and Descovy are active against chronic hepatitis B, so beware of hepatitis B flare when stopping.
- Use with caution in chronic kidney disease, risk of CKD and/or regular use of nephrotoxic medication. Renal dysfunction is seen in 1-2% of patients taking Truvada. For further information about drug interactions, see: hiv-druginteractions.org

■ Contraindications:

- **Absolute:** acute, early, or chronic HIV infection (treat for HIV using a 3-drug regimen), eGFR <60 for Truvada or eGFR <30 for Descovy. For CAB-LA: Unknown or positive HIV-1 status, coadministration with CYP3A4 inducers
- **Caution:** Hepatitis B with cirrhosis/transaminitis, osteoporosis or history of fragility fracture for Truvada.

■ Time to achieve protection:

- **Time to optimal protection with daily F/TDF is 7 days** for all people/types of exposure. Time to maximal protection for F/TAF and CAB have not yet been established.
- **Oral PrEP should be continued for at least 2 days after last rectal exposure and 7 days after last vaginal/front hole or blood exposure.**

■ First visit:

- ▶ **Evaluate for exposures in the last 72 or so hours and need for PEP** (post-exposure prophylaxis)
- ▶ **Evaluate readiness for PrEP:** ask about interest and readiness, build rapport; discuss efficacy, side effects, support for and importance of adherence, insurance coverage and support for continuity, plan for refills and follow-up.
- ▶ **Labs:** CMP, 4th gen HIV test, GC/CT (throat, rectal, urine), RPR, UPT, hepBsAg, sAb, cAb, hep C Ab w/reflex. If using injectable PrEP, also get an HIV RNA.
- ▶ **If symptoms of acute HIV infection in past month** (fever, flu- or mono-like symptoms, rash, sore throat), get HIV viral load (will be positive ~10 days after exposure). **Consider treating for acute HIV and do not start PrEP unless viral load is negative.**
- ▶ **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 (or 2 months for CAB-LA):

- ▶ **HIV Ag/Ab, RPR/VDRL, GC/CT** (exposed sites), UPT (if pregnancy potential) q3-4 months. If age ≥ 50 or eCrCl <90 , check a serum creatinine q6 months. If on injectable PrEP, get both HIV Ag/Ab and HIV RNA tests q2 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 antibody or RNA; evaluate continued desire/need for PrEP.

Preexposure Prophylaxis for the Prevention of HIV Infection in the United States (2021 Update) fi Clinical Practice Guideline. Available at cdc.gov/hiv/guidelines/preventing.html.

QUESTIONS? NEED HELP?

In the Pacific region, contact the Pacific AETC: paetc.org, call 415 476 6153, or email paetcmail@ucsf.edu.

Outside the Pacific Region, contact the AETC National Coordinating Resource Center: aidsetc.org, call 973 972 5141, or email info@aidsetc.org.

National Clinician Consultation Center (NCCC) for HIV testing, care & treatment questions: 800 933 3413

Submit consultation requests online at nccc.ucsf.edu.