Decision-Making in HIV

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1 Could it be HIV?

WHO TO TEST

+ People at risk (see below)
+ Patient request
+ As part of contact tracing, Post Exposure Prophylaxis (PEP) and Pre-exposure Prophylaxis
+ Pregnant women
+ Symptoms or diagnosis which could indicate HIV infection, especially opportunistic infections
+ Presence of STI, BBV (hepatitis B,C) or TB
+ Patients admitted with recreational drug-related mental health conditions, mental health conditions causing risk taking behavioUr or methamphetamine-related illness

PEOPLE AT RISK:

+ Men who have sex with men
+ Transgender women and people who identify as gender diverse who have sex with men
+ Aboriginal and Torres Strait Islander peoples
+ People who inject drugs
+ People who have recently changed partners, who have multiple concurrent sex partners
+ A reported high-risk exposure
+ Individuals who report a history of incarceration
+ Individuals who have received healthcare overseas where there may be poor infection control practices
+ People who received a blood transfusion overseas
+ People from high-prevalence countries
+ People who have travelled to countries of high prevalence and engaged in risk behaviour/exposure
+ A health-care worker conducting exposure-prone procedures

2 Informed consent & testing

BEFORE TESTING

ASSESS RISK: ask about previous history of testing, sexual, injecting and travel histories, testing for other STIs

EVALUATE: patient's general psychological state and social supports

GAINING INFORMED CONSENT

www.testingportal.ashm.org.au/hiv

Discussion should be appropriate to the person's gender, culture, language, behaviour and risk factors.

DISCUSS: the patient's reason for testing, testing procedure, window period, transmission, prevention.

TALK ABOUT: confidentiality and privacy issues around testing, implications of positive and negative test results.

ORDER HIV Ag/Ab

'The Window Period' is generally up to 6 weeks (may be up to 12 weeks depending on the test used) from an exposure and can give a false negative test result.

Initial positive HIV antibody or HIV antigen/antibody test results are automatically sent to a reference laboratory for confirmation.

The laboratory will contact the clinician if initial tests are positive. The pathologist will answer any questions and advise if a repeat test is needed.

Make arrangements for giving results: check contact details are up to date.

3 Conveying test results

IF HIV POSITIVE

GIVE POSITIVE TEST RESULTS IN PERSON

Listen and respond to patient needs

Avoid information overload

Check immediate plans, supports and available services such as www.napwha.org.au

Arrange other tests if appropriate (see monitoring) and arrange a specialist appointment to consider immediate HIV treatment.

Review the patient in the next few days.

Advise safe practices and condom use.

Contact tracing is the responsibility of the clinician. If assistance is needed, talk to the specialist service about how best to proceed. (http://contacttracing.ashm.org.au)

IF HIV NEGATIVE A NEGATIVE RESULT IS AN OPPORTUNITY FOR PREVENTIVE EDUCATION

Recommendations for follow up testing can be discussed.

HIV transmission can be prevented by:

+ Using condoms during sexual contact
+ Avoiding contact with infected blood (using clean injecting equipment)
+ PrEP if ongoing risk (see below)

Recent high-risk exposure? Consider POST EXPOSURE PROPHYLAXIS (PEP).

This is the use of HIV antiretroviral medication (ART) after possible exposure to HIV. PEP must be commenced ASAP after exposure (within 72 hours) and taken daily for 28 days. Refer to Emergency Dept or Sexual Health Clinics
http://www.pep.guidelines.org.au/

Ongoing HIV exposure? Consider PRE-EXPOSURE PROPHYLAXIS (PrEP)

This is the use of HIV antiretroviral medication (ART) before possible exposure to HIV. People with ongoing risk of HIV exposure can take daily or episodic ART to reduce possible infection. PrEP can be prescribed by doctors and nurse practitioners. See ASHM PrEP guidelines
http://prepguidelines.com.au/

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4 Further assessment and referral

+ All patients with a new diagnosis of HIV are advised to start Anti-Retroviral Treatment (ART) treatment as soon as they are ready.
+ Refer patient to Sexual Health Clinic, Specialist HIV Clinic or clinician with a special interest in HIV care.
+ Consider performing baseline investigations – see 'Annual Cycle of Care'.
+ Provide patient support, education.
+ Consider referral to counsellor, psychologist, peer support organisation.
+ Prepare General Practitioner
+ Management Plan (GPMP) and Team Care Arrangement (TCA).
+ Consider shared care with treating HIV specialist.

5 HIV treatment

ART is a combination of 2-3 medications that suppress HIV replication. These medications are generally co-formulated into 1-2 pills daily. After starting ART, HIV viral load declines to a very low level ('undetectable') usually < 20 viruses /mL after a few weeks. Suppression of HIV viral load allows immune recovery, prevents complications and stops HIV transmission to partners. Side effects are common at the start of treatment but are usually mild. Immune function is monitored with 3-6 monthly CD4 counts. CD4 recovers slowly following ART and HIV viral load suppression.

CD4< 200
– severe immune suppression, may need prophylaxis for pneumonia and other opportunistic infections (OIs).

CD4 200 – 500
– moderate immune suppression

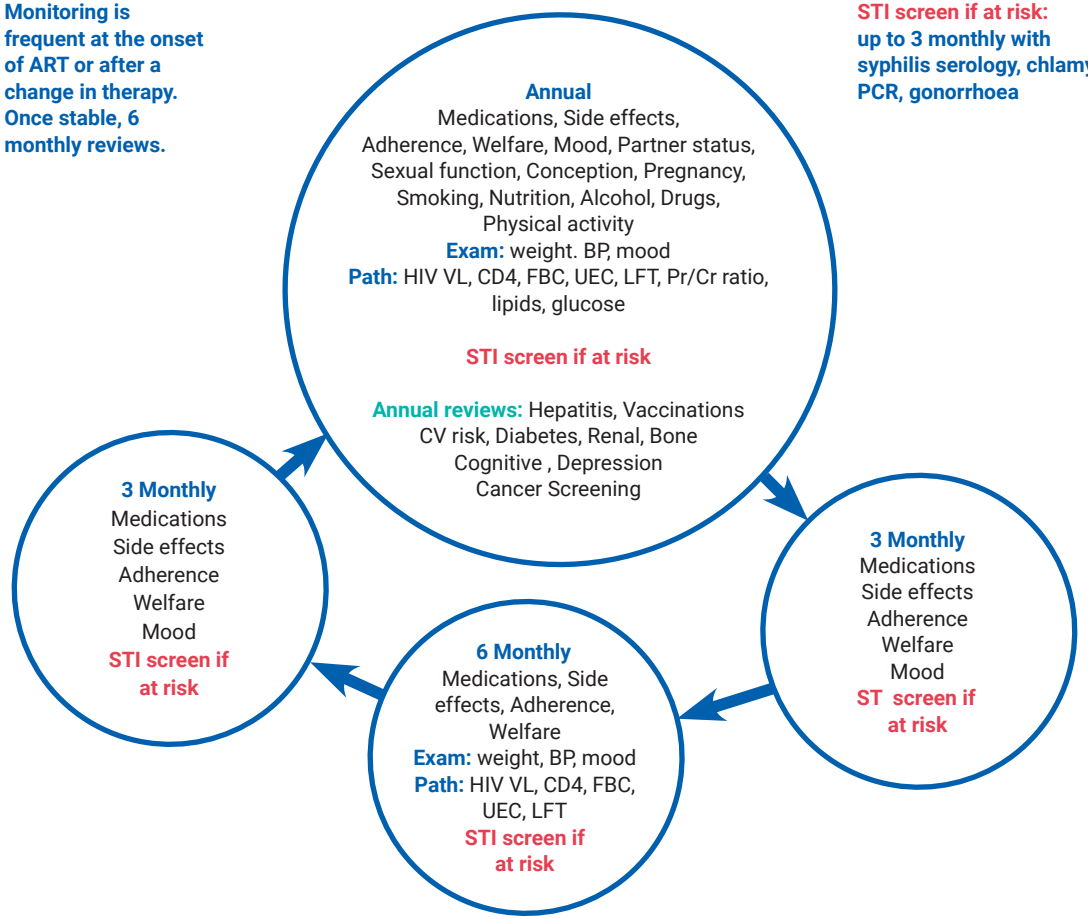
CD4 > 500
– normal

Regular liaison and communication between primary care and specialist services about medication changes are critical to patient safety.

6 Monitoring Annual Cycle of Care

Monitoring is frequent at the onset of ART or after a change in therapy. Once stable, 6 monthly reviews.

STI screen if at risk: up to 3 monthly with syphilis serology, chlamydia PCR, gonorrhoea



Annual Reviews: (depend on age, gender)

Hepatitis:	**Vaccinations:**	**CV risk:**	**Metabolic / Diabetes:**	**Renal:** eGFR, Pr/Cr ratio, urine m/c/s	**Bone:**	**Cognitive:**	**Depression:**	**Cancer Screening:**
vaccinations hep A, B, annual HCV AB if at risk	annual influenza, review need for other vaccinations	check BP, fasting lipids, calculate CV risk	fasting glucose, HBA1C, weight, BMI		calcium, phosphate, ALP, FRAX, consider DXA	screening questions	screening questions	Anal Breast Cervical Colon Skin Prostate

https://ashm.org.au/resources/hiv-resources-list/hiv-monitoring-tool

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