

1 HISTORY

HIV Hx

- + HIV testing history
- + Seroconversion illness, hospital admission
- + PEP & PREP use
- + Testing/status of partner & children
- + Contact tracing (as appropriate)

Medical Hx

- + General medical
- + Comorbidities
- + Co-infection (TB, HBV, HCV, STIs)
- + Medications, incl OTC
- + Mental health Hx (Previous/Current Rx, Hospitalisation)
- + Smoking, alcohol, substance use
- + Nutrition and exercise
- + Allergies
- + Family Hx (CVD, diabetes, kidney disease, cancer, osteoporosis)
- + Vaccination Hx

Reproductive Health Hx

- + Pregnancy/obstetric Hx
- + Fertility desire
- + Contraception Hx
- + Menstrual Hx
- + Menopause status & Sx
- + Breast & cervical screening Hx

Psychosocial Hx

- + Country of origin/residence
- + Employment, finances, housing, social priorities
- + Family, carer status, support system
- + Medicare & Visa status
- + Sex work & safety
- + Domestic/Family Violence screening

2 EXAMINATION

- + Vital signs: blood pressure, pulse, temperature
- + Height, weight, BMI, waist circumference
- + General exam, incl signs immune deficiency
- + RH assessment: consider baseline CST, urine HCG, breast/gynae exam if indicated
- + Brief mental state exam (**Box 3**)

BOX 1: RH resources

- [Cancer Council cervical screening for immunosuppressed](#)
- [Cancer Council breast screening](#)
- [ASHM HIV infant feeding guidelines](#)
- [Pregnancy and HIV guidelines](#)
- [UK FSRH Contraception for WLHIV](#)
- [Greene Climacteric Scale](#)
- [Aus Menopause Society](#)
- [ASHM Decision Making in Contraception resource](#)

Person-centred care involves understanding each woman as an individual. It involves listening to and discussing a woman's circumstances and experiences in a sensitive and empathetic way, including:¹⁻⁷



3 CLINICAL EVALUATION**

- + Assess level Immunosuppression: CD4 count/symptoms/examination
- + Comorbidities
- + Co-infection: TB, HBV, HCV, STIs
- + RH: pregnancy, fertility desire, contraception, cervical + anal HPV screening, breast screening, preconception, menopause (**Box 1**)
- + Menstrual cycle and abnormal bleeding
- + Depression, cognitive function, other mental health issues (**Box 3**)
- + Psychosocial circumstances & supports

BOX 2: Domestic and Family Violence screening

Preamble: Violence is very common in the home. No one should have to live in fear of their partner, ex-partner or family members.

Ask:

1. How are things at home?
2. Do you feel safe at home?
3. Has your partner, ex-partner or family members ever physically threatened or hurt you?
4. Are you ever afraid of your partner, ex-partner or family members?

BOX 3: Depression and cognitive function screen

Depression screening (PHQ-2)

Over the past two weeks, have you been bothered by any of the following problems?

1. Little interest or pleasure in doing things
2. Feeling down, depressed, hopeless

Cognitive function screening

1. Do you experience frequent memory loss? (eg: do you forget appointments or special events?)
2. Do you feel that you are slower when reasoning, planning activities or solving problems?
3. Do you have difficulties paying attention (eg: to a conversation, book or movie)?

IF CD4<200 AND COMPLEX CO-MORBIDITY/ CO-INFECTION CONSIDER SEEKING SPECIALIST ADVICE

IF CD4<50 CONSIDER ROUTINE OPHTHALMOLOGY REVIEW AND SPECIALIST /INPATIENT REFERRAL TO INITIATE ART AND MANAGE OI (HIGH RISK IRIS)

(Refer to [Antiretroviral \(ARV\) Guidelines](#))

Start antiretroviral therapy (ART) ASAP but consider client readiness and other factors when selecting an initial regimen:

- + **Individual:** HIV viral load, CD4, HIV drug resistance, individual preferences, pregnancy planning, anticipated adherence, tolerance, side effects
- + **Comorbidities:** CVD risk, metabolic, renal, bone, liver, mental health, co-infection (HBV, HCV, TB)
- + **Precautions:** barrier to resistance, potential adverse effects, [drug interactions](#), safety in pregnancy, contraceptive efficacy & interactions, convenience incl food requirement, cost & access requirement.

Peer Support for WLHIV

Nationally: NAPWHA
NSW: Positive Life NSW
QLD: Queensland Positive People
VIC: Positive Women Victoria
WA: WA AIDS Council (WAAC)
SA: Positive Life SA
NT: Northern Territory AIDS & Hepatitis Council (NTAHC)
ACT: Meridan
TAS: Positive Lives Tasmania

Key Counselling Points

- Undetectable = Untransmissible (U=U) for Sexual Transmission
- Very Low Risk of HIV Transmission to Children
- Confidentiality, disclosure obligations, legal support
- Importance of adherence, adherence reminders
- Regular check-ins, counselling and MH support

* HIV monitoring needs of transgender women are covered in other guidelines

** Initial investigations are summarized page 2

HIV Monitoring Tool for Women*: Ongoing patient review

	ASSESSMENT [†]	INITIAL	FREQUENCY	MANAGEMENT
HISTORY				
Medical	Concomitant medicines ¹	+	Every visit	Review drug-drug interactions
	Side effects ¹	+		Review medication
	Adherence ¹	+		Adherence support
Psychosocial	Social, financial & welfare ¹	+	Every visit	Counselling, treatment, referral
	Psychological morbidity ¹	+		
	Domestic and family violence	+		
Sexual and Reproductive Health	Partner status, disclosure, contact tracing ¹	+	6-12 months (as relevant)	U=U, TasP. Testing partner, children, consider PrEP for partners if relevant
	Sexual function	+		Counselling, treatment, referral
	Menstrual Cycle	+		Assess for abnormal bleeding and Ix/Refer as appropriate
	Preconception	+		Assess pregnancy intentions in next 12 months; provide preconception care or contraception counselling as required
	Contraception	+	Contraception review (Refer to Decision Making in Contraception resource)	
	Menopause	+	Annual	>40 years: Assess menstrual cycles, use validated menopausal symptom screening tool (Refer to Greene Climacteric Scale)
	Preventive Healthcare and Lifestyle	Smoking and interest in smoking cessation ^{1,5}	+	6-12 months
Weight management and nutrition ^{1,5}		+		
Alcohol and drug use ^{1,5}		+		
Physical activity ^{1,5}		+		
Sleep hygiene		+		
HIV MONITORING				
HIV	HIV viral load ^{1,4}	+	6 months	More frequently (every 1-3 months) if indicated, and at start or change of ART
	CD4 count and % ^{1,4}	+	6-12 months	Annual if stable CD4 > 500u/L and viral suppression. More frequently in new diagnoses, not on treatment, severe immunosuppression
	Genotypic resistance test ^{1,4}	+	Initial & PRN	Initial diagnosis and at virological failure
CO-INFECTIONS: Screening, Prevention and Vaccination				
Immuno-suppressed	CD4< 200 cells/uL ³	+/-		Pneumocystis jiroveci Pneumonia (PJP) prophylaxis
	CD4 < 50 cells/uL ³	+/-		Cryptococcus antigen, ophthalmology review
Tuberculosis	CXR, Interferon Gamma Release Assay (IGRA) ¹	+/-		If high TB exposure risk
STIs	Syphilis serology ^{1,6}	+	3-12 months	Depending on risk
	Chlamydia ^{1,6}	+		
	Gonorrhoea	+		
Viral Hepatitis	Hepatitis A serology ^{1,4}	+	Annual review	Primary vaccination at 0, 6 months
	Hepatitis B serology: HBsAg, anti-HBs, anti-HBc ^{1,4}	+		Primary vaccination with double-dose at 0, 1, 2, 6 months. Booster with double-dose if annual anti-HBsAb <10. (Refer to BPositive)
	Hepatitis C Ab ± RNA ^{1,4}	+		Annual screen if at risk (Refer to Hepatitis C Guidelines)
Vaccination Refer to HIV Management Guide and the Australian Immunisation Handbook	Influenza virus ^{3,7}	+	Annual	Vaccination every year, pregnancy
	Pneumococcal, ⁷	+	5 years	Vaccination with 13vPCV then maximum 2 doses 23vPPV at 1 year and ≥5 years after that
	Diphtheria, tetanus, pertussis ^{(4),3,7}	+	5-10 years	Primary vaccination then booster every 5-10 years, pregnancy
	COVID-19	+	6 months	Primary vaccination then booster every 6-12 months

	ASSESSMENT [†]	INITIAL	FREQUENCY	MANAGEMENT
CO-INFECTIONS: Screening, Prevention and Vaccination (continued)				
Vaccination (continued)	Monkeypox (mpox)	+	One course	If at risk 0, 4 weeks
	Meningococcal B ^{3,7}	+	One course	Primary vaccination at 0, 8 weeks then single booster 5 years
	Meningococcal ACWY ^{3,7}	+	5 years	Primary vaccination at 0, 8 weeks then booster every 5 years
	Human papilloma virus ^{3,7}	+	One course	Primary vaccination at 0, 2, 6 months regardless of age
Serology and vaccination	RSV	+	One dose	Pregnancy; consider if ≥60 yo
	Varicella serology ^{3,7}	+	One course	Primary vaccination at 0, 12 weeks; defer if CD4 <200 cells/uL
	Zoster vaccination ^{3,7}	+	One course	≥50 yo vaccination with Shingrix at 0, 2 months
	Measles, mumps, rubella serology ^{3,7}	+	One course	Primary vaccination at 0, 4 weeks; defer if CD4 <200 cells/uL
Serology	Toxoplasmosis serology ^{3,7}	+		Serology
	Cytomegalovirus serology ^{3,7}	+		
CO-MORBIDITY AND ART TOXICITY MONITORING				
Haematology	FBC ^{1,4}	+	3-12 months	
Weight	Weight, waist circumference	+	Annual	
CV risk	www.cvdcheck.org.au ^{1,5} EST/CTCA as indicated by risk	+	Annual	≥40 yo or ATSI ≥30 yo Consider statin if CVD risk ≥5% (Refer to HIV Guidelines)
Hypertension	Blood pressure ¹	+	Annual	
Lipids	Non-fasting lipids ^{1,4}	+	Annual	TC, HDL, LDL, TG; perform fasting if TG elevated
Diabetes/ pre-diabetes	Fasting glucose, HbA1c ^{1,4}	+	Annual	Random glucose acceptable
Liver function	Liver function tests ^{1,4}	+	6-12 months	More frequent at start or change of ART
Renal	EUC, eGFR, uACR, MSU MCS ^{1,4}	+	6-12 months	More frequent at start or change of ART Every 3 months if eGFR<60
	Serum phosphate, uPCR	+	6 months	If taking TDF-containing ART
	Calcium, phosphate, ALP, 25(OH) vit D ¹	+	6-12 months	
Bone	FRAX score if ≥ 40 yo ¹ https://www.sheffield.ac.uk/FRAX/tool.aspx	+	Annually	DXA scan and re-stratify with FRAX if other risk factors present; DXA if postmenopausal or major osteoporotic fracture risk ≥10% or high falls risk
	Falls risk assessment	+	As indicated	Falls risk assessment
Cognitive function	Screening questionnaire ¹	+	As indicated	Screen if at risk (Refer to MoCA Test)
Depression	Screening questionnaire ²	+	As indicated	Screen if at risk (Box 3)
Cancer	Cervical cancer ⁸	+	3 years	Self-collected vaginal swab or clinician-collected cervical swab for HPV on Cervical Screening Test (CST) (National Cervical Screening Program Guidelines 2025)
	Colon cancer ⁵	+	2 years	≥45 yo Faecal Occult Blood Test (FOBT) if low/average risk Plus colonoscopy every 5 years if moderate/high risk
	Breast cancer ⁵	+	2 years	Mammogram screening available from age 40 (recommended ATSI) and > 50 yo if low risk, moderate- high risk consider supplemental screening
	Lung Cancer	+	2 years	Eligibility: smoker 30 pack yrs & age 50-70 & asymptomatic who currently smoke or quit in past 10 yr
	Skin cancer ⁵	+	Opportunistically	Full skin examination; annually if high risk
	Anal cancer	+	Annual	≥ 45 yo Digital Ano-Rectal Examination (DARE) and Anal HPV (not funded by Medicare)

[†] Number of visits may be required to cover all issues

[‡] Check vaccination eligibility- not all vaccinations are not covered under NIP

References: § RACGP, Abuse and violence– working with our patients in general practice, 5th edition, 2022.

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4. ASHM, Australian Commentary on the US DHHS Guidelines for the use of Antiretroviral Agents in Adults and Adolescents with HIV, June 2024
5. RACGP, Guidelines for preventative activities in general practice, 10th Edition 2024
6. ASHM, Australian STI Management Guidelines for use in Primary Care, April 2024
7. The Australian Immunisation Handbook, Australian Government Department of Health, Canberra, 2018
8. Cancer Council Australia, National Cervical Screening Program Guidelines, July 2022
9. ASHM, Anal Cancer Screening Guidelines for PLHIV, November 2024