

First Steps: The Initial Evaluation for A Newly Diagnosed Person with HIV

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 - Sean Kelly, MD
 - Steve Raffanti, MD, MPH
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Goals of Initial Evaluation

- Confirm diagnosis of HIV
- Obtain a complete medical history
- Perform a comprehensive physical examination
- Obtain appropriate baseline and historical laboratory data
- Assess individual's understanding about HIV and transmission
- Initiate medical care



Panel on Antiretroviral Guidelines for Adults and Adolescents. Guidelines for the use of antiretroviral agents in adults and adolescents living with HIV. Department of Health and Human Services. Baseline evaluation. September 21, 2022. <https://clinicalinfo.hiv.gov/en/guidelines/hiv-clinical-guidelines-adult-and-adolescent-arv/baseline-evaluation?view=full>

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Prior Session on Fundamentals Track 8/30/23

12:00pm CT/1:00pm ET

Breakout Session: The ABCs of ART: Designing Initial Antiretroviral Regimens for Beginners | Liz Sherman, PharmD, AAHIVP

Later Sessions on Fundamentals Track 8/31/23

1:15pm CT/2:15pm ET

Breakout Session: Implementation of HIV Treatment and Practice | Krystn Wagner, MD and Kristen Rager

2:30pm CT/3:30pm ET

Breakout Session: Basics of HIV Antiretroviral Therapy Resistance | Todd Hulgán, MD

At the end of this session, participants will be able to:

- **Confirm a diagnosis of HIV** from prior testing during an initial visit with a person with newly diagnosed HIV
- **Describe key elements of the patient history** during an initial visit with a person with newly diagnosed HIV
- **Identify key elements of the physical exam** during an initial visit with a person with newly diagnosed HIV
- **List and interpret laboratory studies** that should be obtained prior to or during an initial visit with a person with newly diagnosed HIV
- **Recommend appropriate immunizations and/or opportunistic infection prophylaxis** during an initial visit with a person with newly diagnosed HIV
- **Identify appropriate resources to support providers** during an initial visit with a person with newly diagnosed HIV

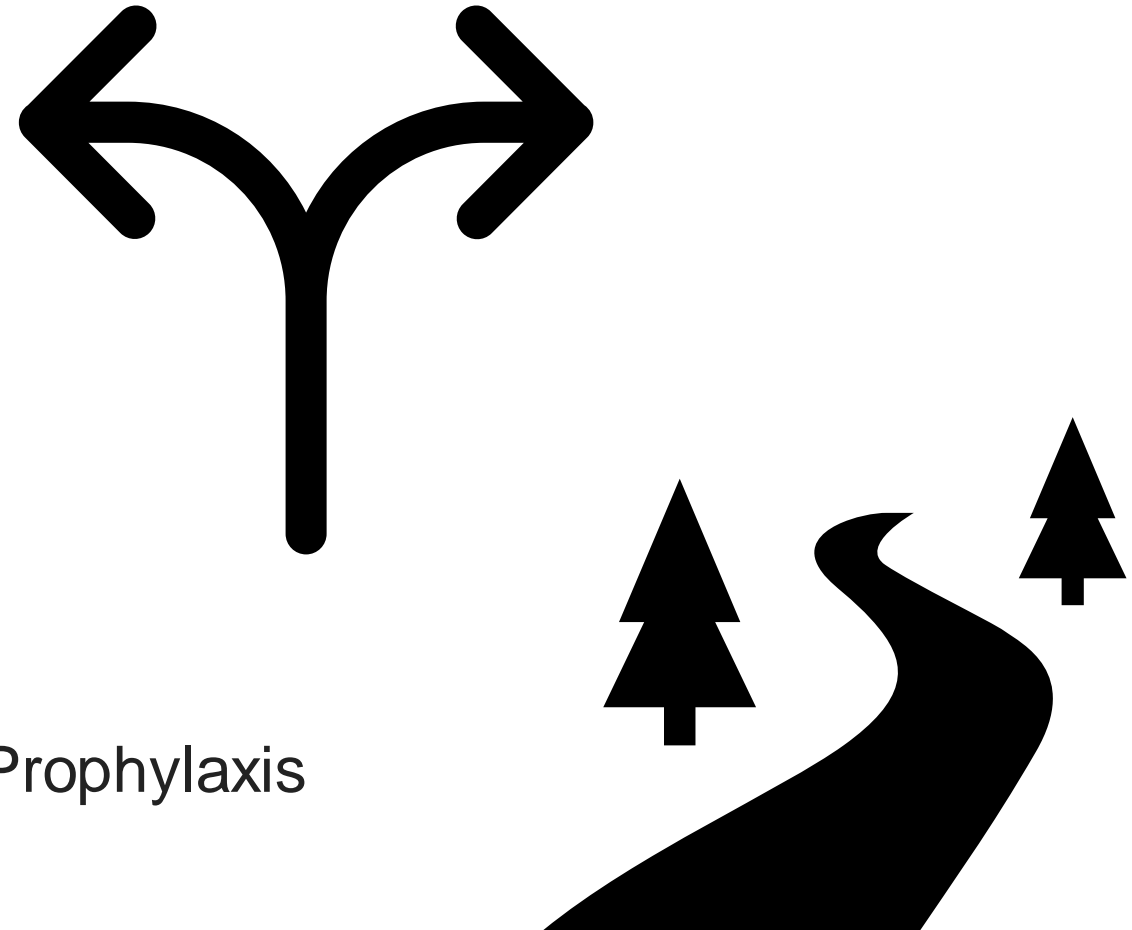
Goal

- Empower you to provide evidence-based care to a person with newly diagnosed HIV so that their health potential is optimized



Roadmap

- Resources
- Diagnosis
- History Taking
- Physical Exam
- Laboratory Studies
- Immunizations & Opportunistic Infection Prophylaxis
- Counseling

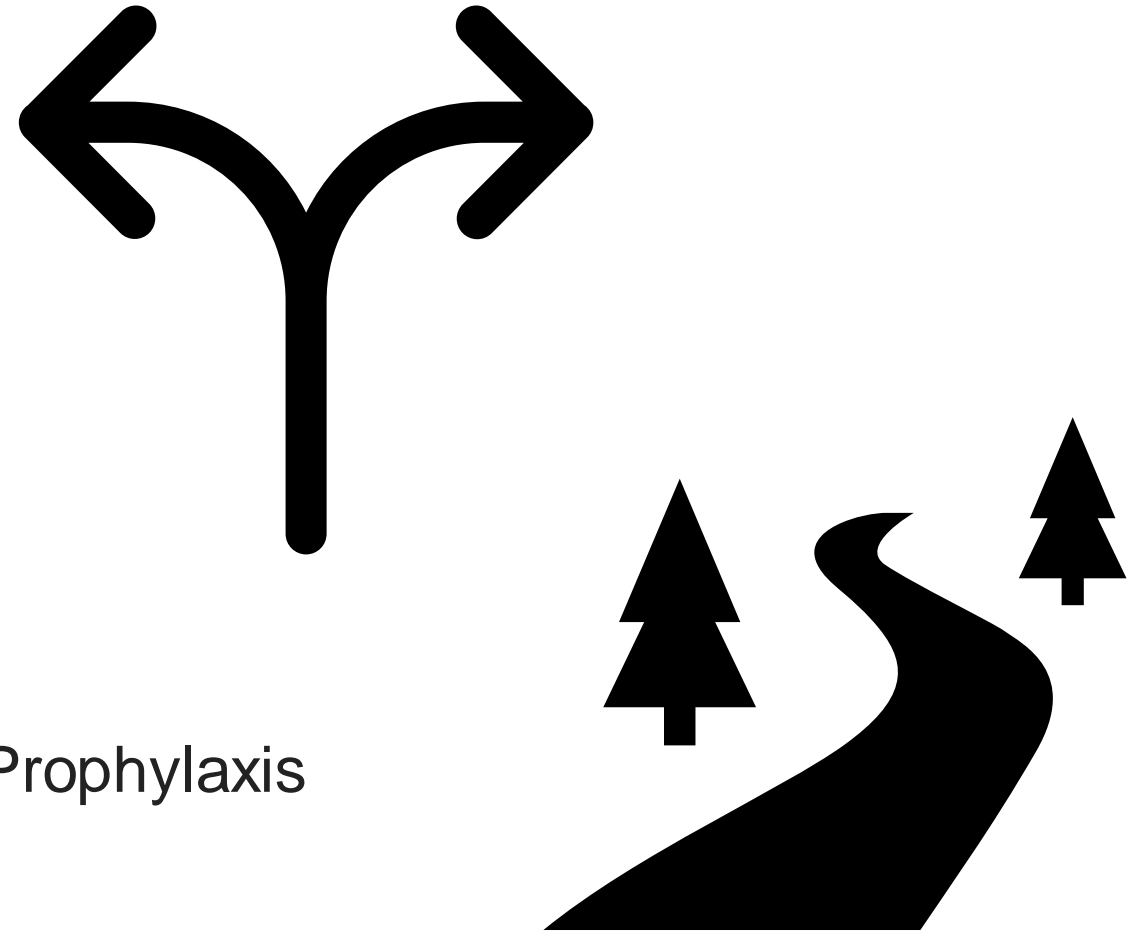


Are You In The Right Place? (8/31/23)

8:45am CT/9:45am ET	Breakout Session: Initial Evaluation for Newly Diagnosed People with HIV Cody Chastain, MD, FACP, FIDSA
8:45am CT/9:45am ET	Breakout Session: STI Guideline Updates Featuring Doxy PEP, GC Resistance & Mycoplasma genitalium Nick Van Wagoner, MD
8:45am CT/9:45am ET	Breakout Session: Systems as Patients: Leveraging Design & Innovation Methods for QI Ryan Buckley, MD

Roadmap

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- Counseling



National HIV Curriculum Sign In or Register

Antiretroviral Medications > Course Modules > Question Bank > Tools & Calculators > Mini-Lectures > Symptom Guides > HIV Resources >

Basic HIV Primary Care

Basic HIV Primary Care Overview 2nd Edition

Module Core Competency	Target Audience	Editor	Free CE CNE/CME
Provide Evidence-Based HIV Primary Care to Persons with HIV Infection	The Basic HIV Primary Care module is intended for any clinician who may interact with persons who have HIV infection in a clinical setting, with an emphasis on the primary care management issues related HIV.	David H. Spach, MD	Available in the Basic HIV Primary Care Self-Study Module >

Module Lessons

1 Lesson 1 **Initial Evaluation** >

Learning Objectives

- Describe the goals and components of the initial evaluation of persons with HIV who are entering, reentering, or transferring care
- Categorize the different stages of HIV disease and the criteria used to define each stage
- List recommendations for the initial monitoring visit and baseline laboratory tests

Quick Reference

Initial Evaluation Core Concepts

- Introduction
- Staging and Classifying the Patient's HIV Disease
- Initial Assessment: History Taking
- Initial Evaluation: Physical Examination
- Baseline Laboratory Studies
- Immunizations
- Summary Points



Primary Care Guidance for Persons With Human Immunodeficiency Virus: 2020 Update by the HIV Medicine Association of the Infectious Diseases Society of America

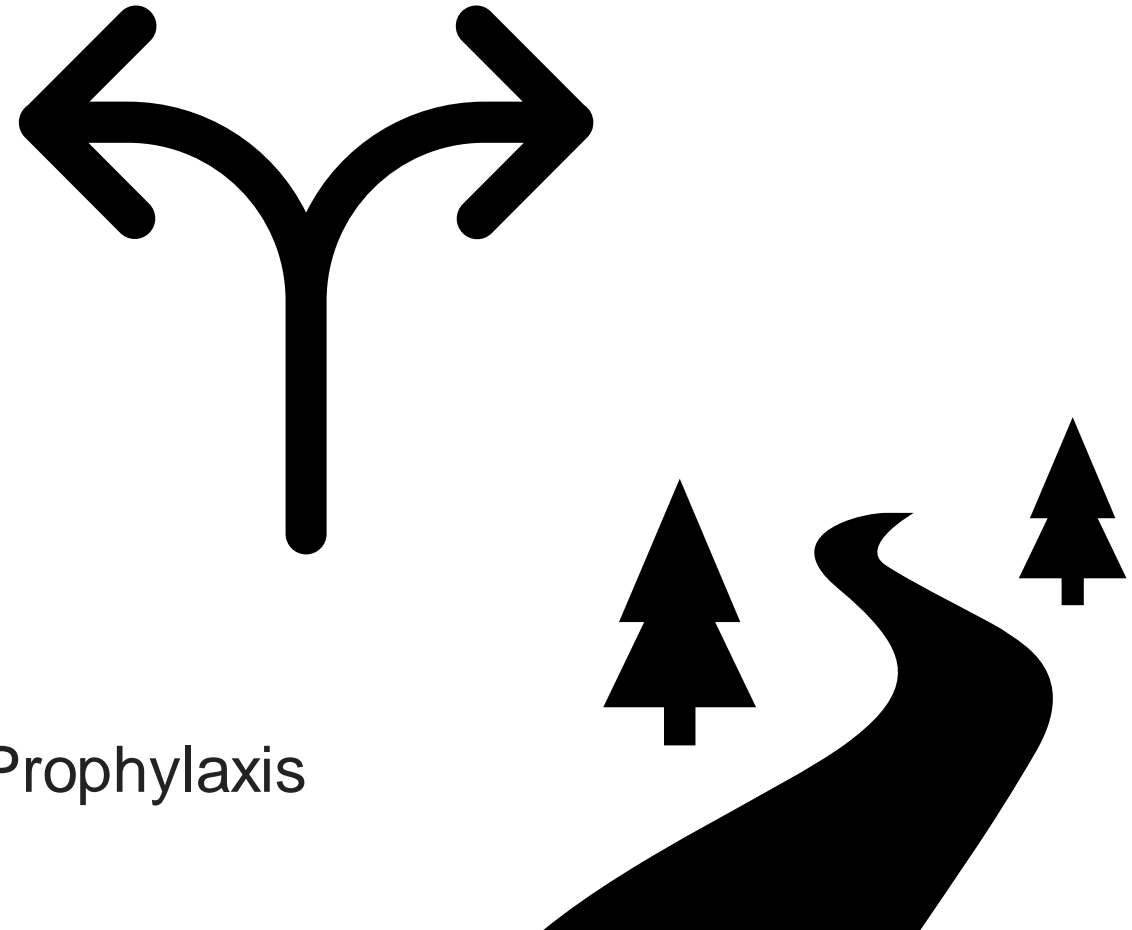
Melanie A. Thompson,^{1,a} Michael A. Horberg,^{2,a} Allison L. Agwu,³ Jonathan A. Colasanti,⁴ Mamta K. Jain,⁵ William R. Short,⁶ Tulika Singh,⁷ and Judith A. Aberg⁸

¹AIDS Research Consortium of Atlanta, Atlanta, Georgia, USA, ²Mid-Atlantic Permanente Research Institute, Kaiser Permanente Mid-Atlantic Permanente Medical Group, Rockville, Maryland, USA, ³Division of Infectious Diseases, Johns Hopkins University School of Medicine, Baltimore, Maryland, USA, ⁴Division of Infectious Diseases, Emory University, Atlanta, Georgia, USA, ⁵Division of Infectious Diseases, University of Texas Southwestern Medical Center, Dallas, Texas, USA, ⁶Division of Infectious Diseases, Perelman School of Medicine, University of Pennsylvania, Philadelphia, Pennsylvania, USA, ⁷Internal Medicine, HIV and Infectious Disease, Desert AIDS Project, Palm Springs, California, USA, and ⁸Division of Infectious Diseases, Mount Sinai Health System, New York, New York, USA

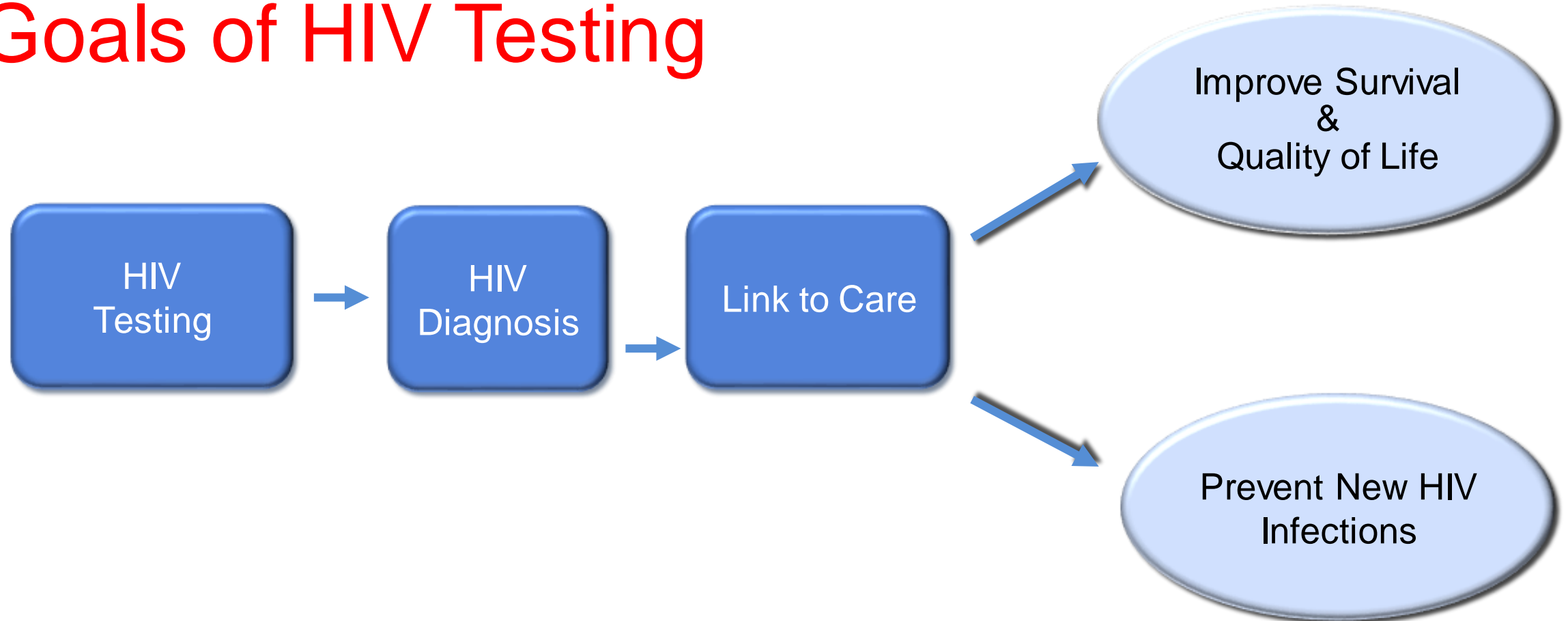


Roadmap

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- **Diagnosis**
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Goals of HIV Testing



Who Should We Screen?

- CDC recommends routinely **screening all patients aged 13-64** for HIV infection after notifying them that testing will be performed unless declined
- USPSTF recommends **testing all patients aged 15-65**
- More frequent screening (e.g., repeat testing as indicated) in:
 - People with multiple partners, or whose partner has multiple partners
 - People who inject drugs, and their partners
 - Partners of people with HIV
 - People with an STI, viral hepatitis, or TB
 - People who exchange sex for money, commodities, drugs
- Prevention counseling is **not** required with HIV diagnostic testing or as part of HIV screening programs in healthcare settings



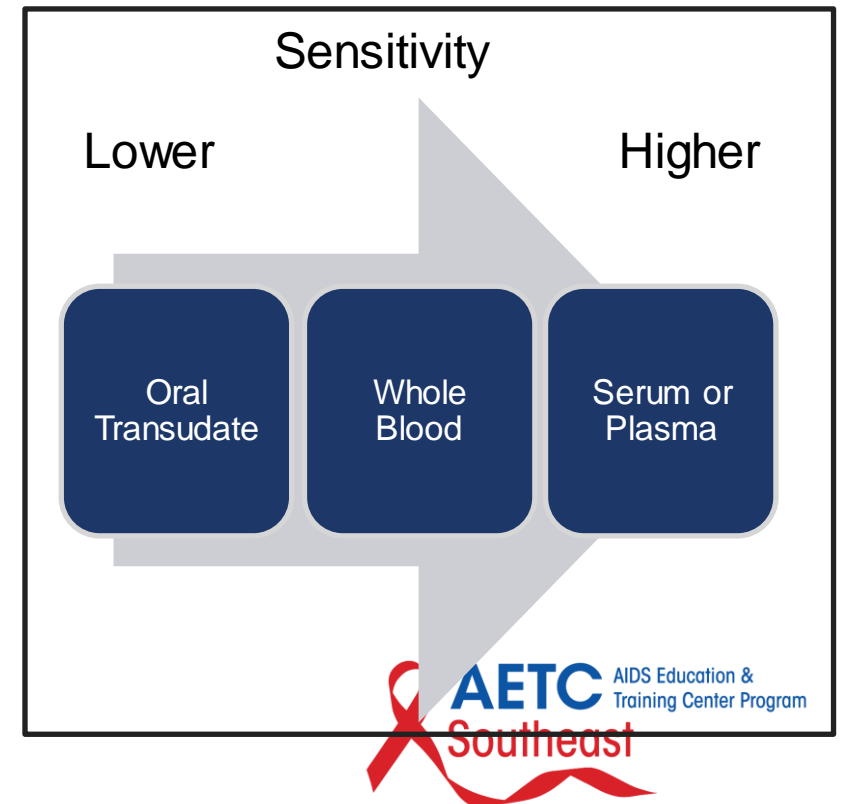
Opt-out HIV screening

- Patients should be informed that HIV screening will be included as part of their standard evaluations
- Patients may decline (i.e., opt-out)
- Risk-based screening (vs. opt-out screening) miss HIV diagnoses among those who have a perceived low HIV risk
- Routine testing allows
 - Early linkage to care and treatment
 - Stigma reduction
 - Transmission reduction


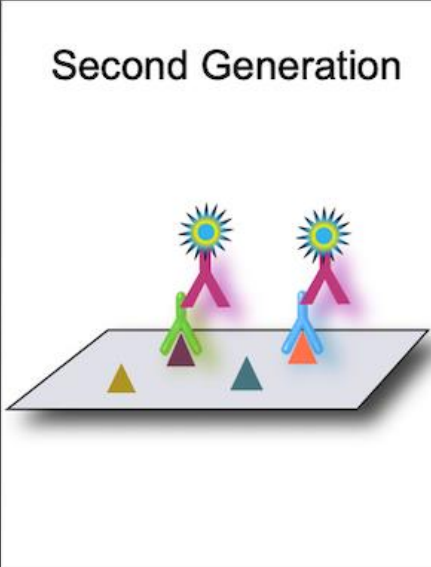
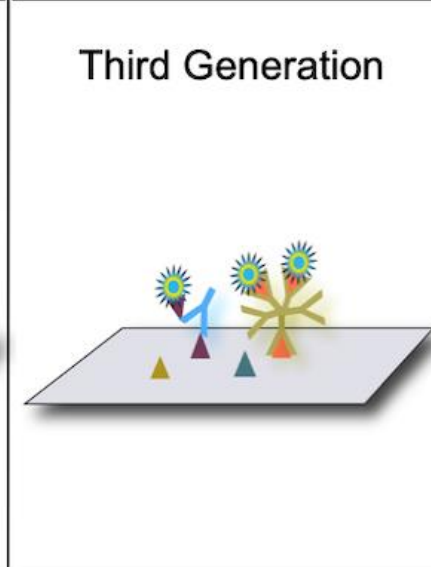
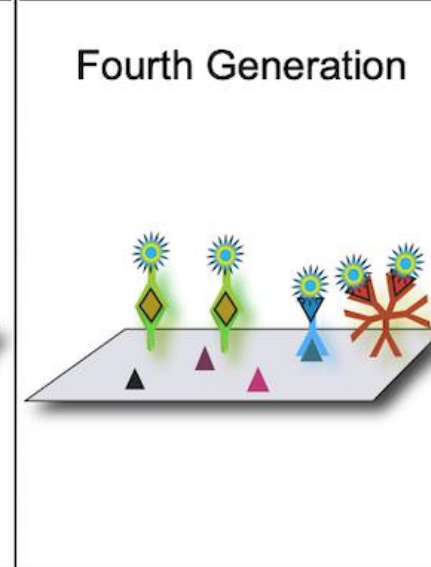


Options for HIV Testing

- **HIV Antigen/Antibody Test (4th generation testing)**
 - *Can detect acute HIV infection*
- HIV Antibody Test (3rd generation)
- Rapid HIV Test
 - Blood or saliva
 - Requires confirmation
- HIV viral load
 - *Can detect acute HIV infection*

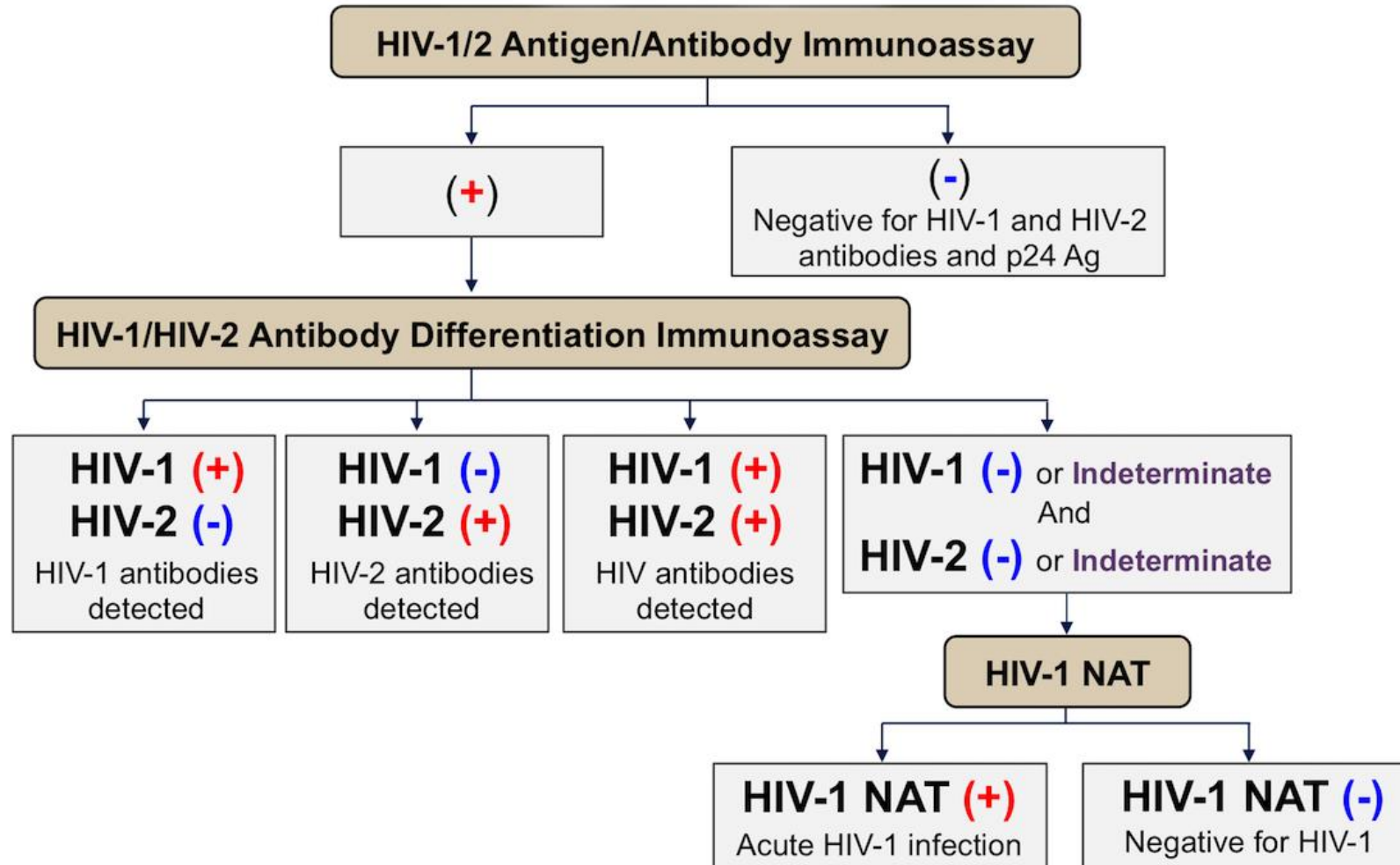


Evolution of HIV Assays

IgG-Sensitive		IgM-Sensitive	Antigen-Antibody
First Generation	Second Generation	Third Generation	Fourth Generation
			
Uses crude viral lysate Detects IgG antibodies	Uses recombinant HIV antigens or peptides Detects IgG antibodies	Uses "Sandwich" EIA Detects IgM and IgG antibodies	Detects HIV IgG and IgM antibodies and p24 antigen



CDC HIV Diagnostic Algorithm



What happens if a test is positive?

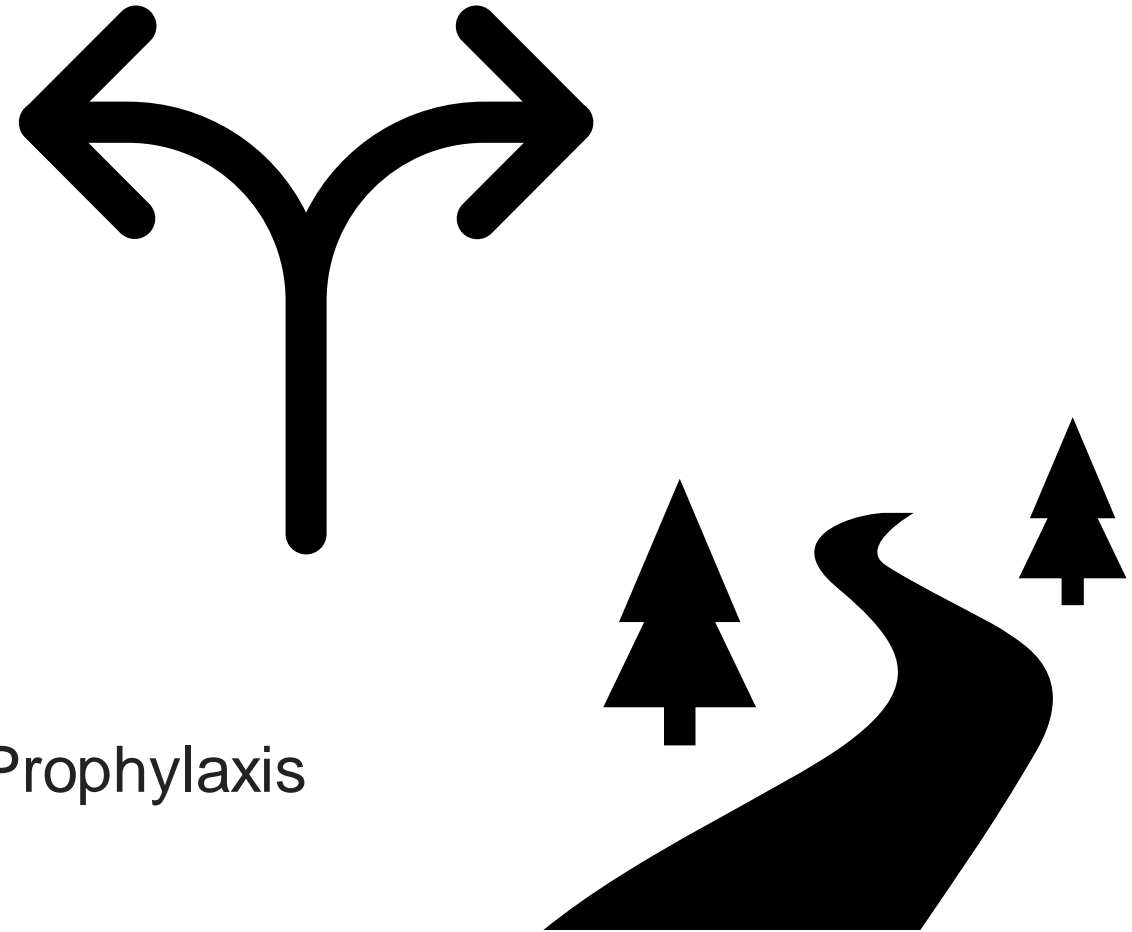
- Positive rapid tests require confirmation with 4th generation testing algorithm
- Results should be confidentially and directly, ideally through personal contact
- **Provide counseling**
 - HIV is a manageable condition that can be effectively treated
 - Patient should inform current and prior partners
 - Discuss HIV risk reduction practices
 - Discuss ways and resources to process diagnosis
 - Link patient to care

What if a test is negative?

- Reinforce safer sex and needle sharing practices, when appropriate
- Recommend additional and/or repeat testing as indicated
- Consider HIV pre-exposure prophylaxis (PrEP)

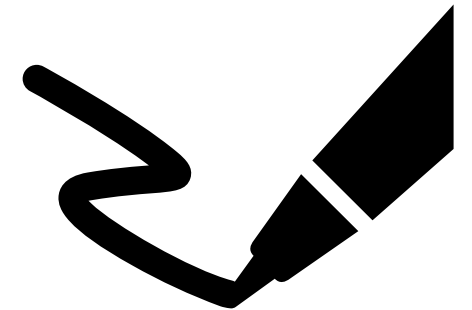
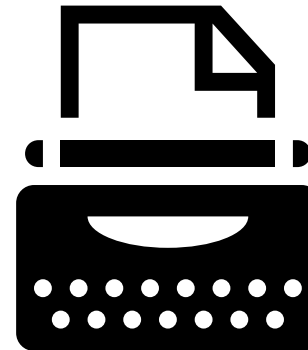
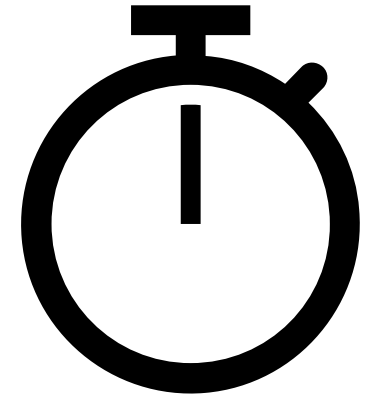
Roadmap

- Resources
- Diagnosis
- **History Taking**
- Physical Exam
- Laboratory Studies
- Immunizations & Opportunistic Infection Prophylaxis
- Counseling



Active Learning: History Taking

- Work independently
- Write down (on paper, a device, or in the text box) what you would attempt to learn at an initial evaluation of a person with HIV
- Take 60 seconds



Initial Evaluation: History Taking

- **HIV-Related History**
 - *Date of diagnosis*
 - *Risk factors*
 - *Prior HIV-associated complications and comorbidities*
- **Past Medical, Surgical, and Mental Health History**
- **Medication and Allergy History**
- **Sexual History**
- **Substance Use History**
- **Social, Family, and Travel History**
- **Review of systems**

Sexual History Goals

- To learn about the patient's sexual health
 - Assess HIV and/or sexually transmitted infection (STI) risk, as people tend to underestimate/not believe own risks

- To help the patient achieve the goals in their sexual health
 - Emphasize benefits over risk to motivate patients toward prevention and positive care behavior

General Approach To Taking a Sexual History

- Be respectful, professional, and non-judgmental.
- Appropriate verbal and non-verbal communication.
- Use open-ended and specific questions.
- Use appropriate but specific language.
- Be aware and ask regarding gender identity and orientation.



Two Frameworks for Taking a Sexual History

- 5 Ps
- GOALS

The 5 “Ps” of Sexual Health

- Partners
- Practices
- Protection from STIs
- Past History of STIs
- Pregnancy Intention



The GOALS Framework

- Give a preamble/preface
- Offer opt-out HIV and STI testing
- Ask open-ended questions
- Listen for relevant information, and ask more pointed questions to fill in the blanks
- Suggest a course of action, highlighting benefits
 - Consider HIV and STI testing, PrEP, contraception counseling
 - Benefits include 1) exerting greater control of their sexual health and 2) decreasing anxiety about potential STI/HIV transmission



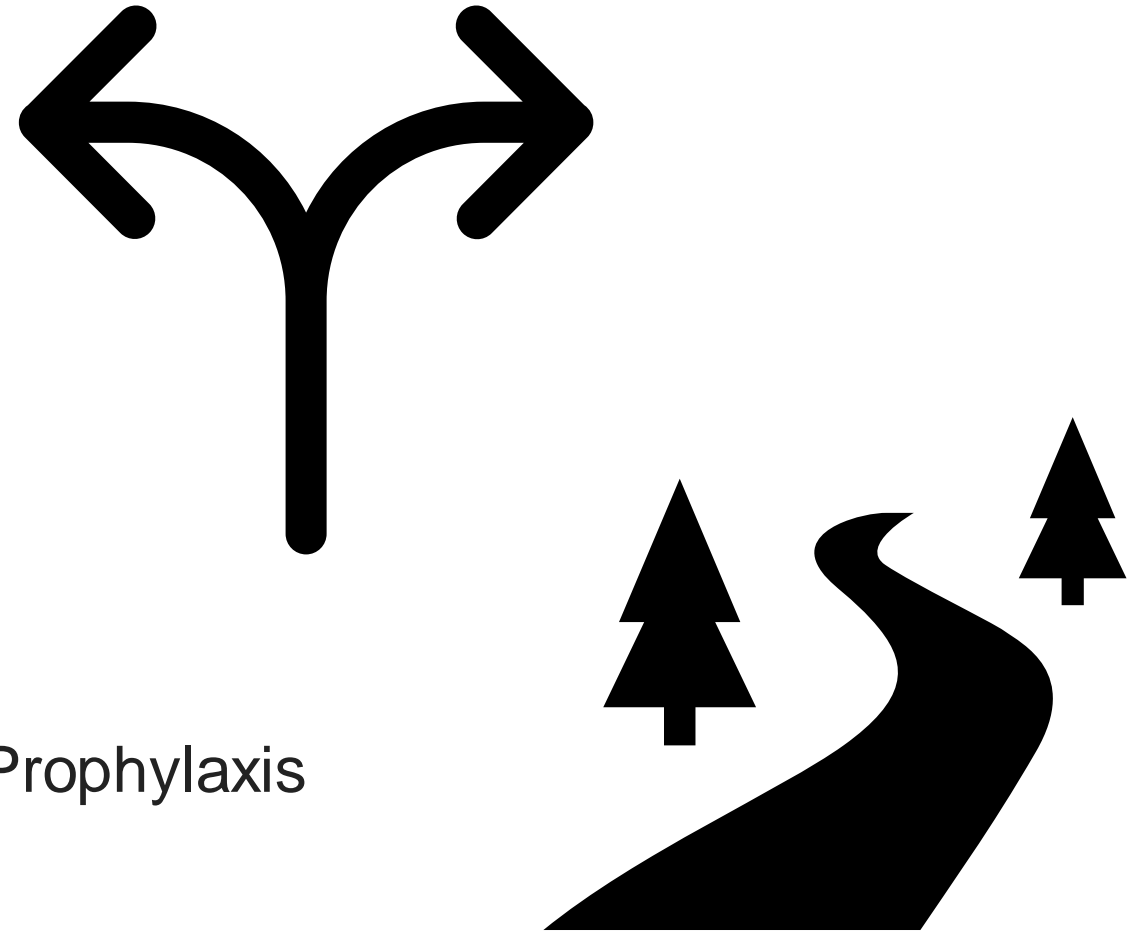
GOALS: Preamble/Preface Example

- *“I talk to all my patients about sexual health, because it’s such an **important part of their overall health**. Some of my patients have **questions or concerns** about their sexual health, so I want to make sure I understand what **your questions or concerns might be** and provide whatever information or other help you might need.”*



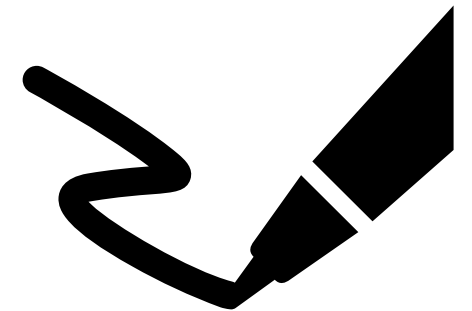
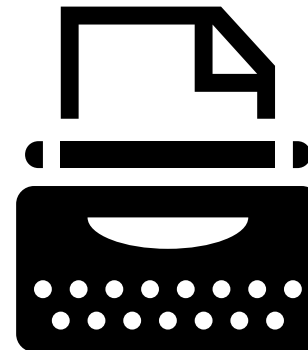
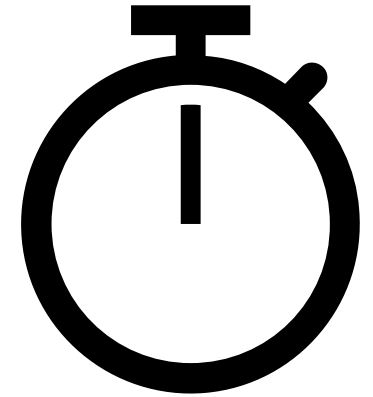
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Active Learning: Physical Exam

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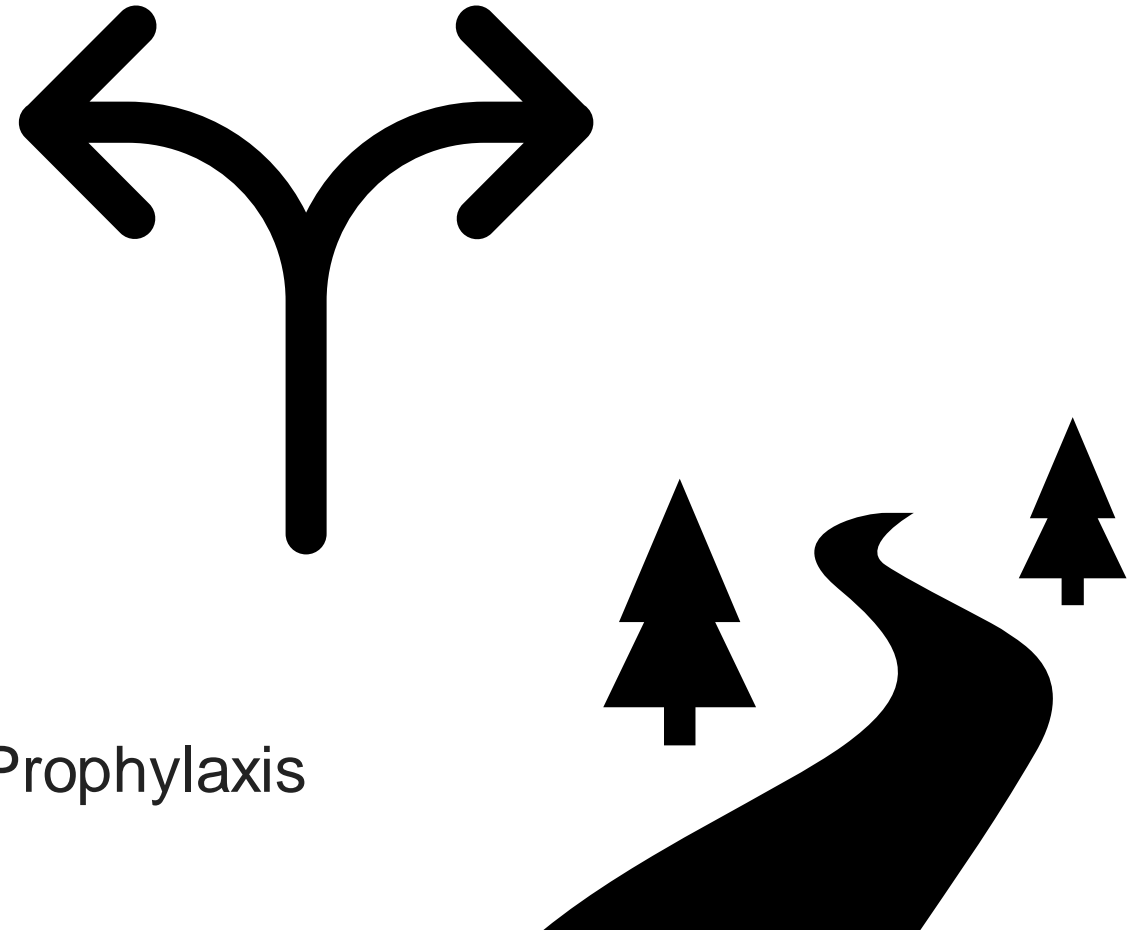


Initial Evaluation: Physical Examination

- Vital Signs
- General Appearance
- Skin
- Lymph nodes
- Eye
- Oropharynx
- Cardiovascular
- Chest / Pulmonary
- Breast
- Abdomen
- Genitourinary
- Anorectal
- Neurologic
- Psychiatric

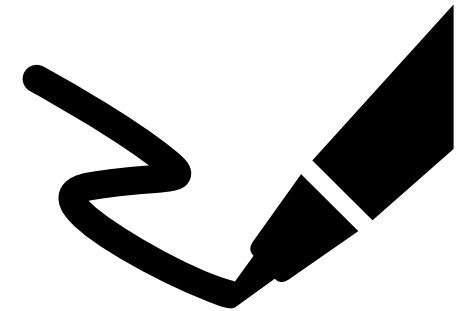
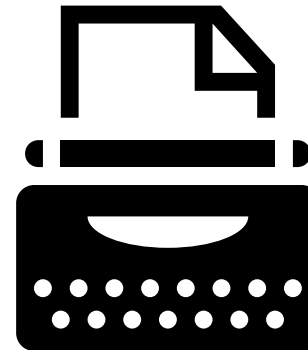
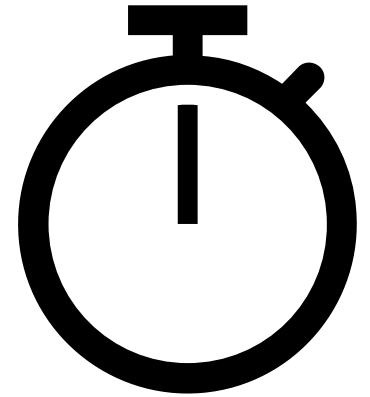
Roadmap

- Resources
- Diagnosis
- History Taking
- Physical Exam
- **Laboratory Studies**
- Immunizations & Opportunistic Infection Prophylaxis
- Counseling



Active Learning: Laboratory Studies

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- Take 60 seconds



Initial Evaluation: Laboratory Studies

HIV Disease Related Tests

- Confirmation of HIV
- CD4 cell count with %
- Quant Plasma HIV RNA
- HIV Drug-Resistance Testing
- *HLA-B*5701*
- *Coreceptor Tropism*
- *G6PD Deficiency Screening*

Routine

- Complete blood count with diff
- Basic chemistry panel
- Hepatic aminotransferase levels
- Urinalysis
- Fasting lipid panel
- Fasting plasma glucose or hemoglobin A1C
- *Serum testosterone*
- *Pregnancy test*

Coinfection & Comorbidity Screening

- Hepatitis A Virus
- Hepatitis B Virus
- Hepatitis C Virus
- TB Screening
- *CMV screening*
- *Mycobacterium avium complex screening*
- *Cryptococcus screening*
- *Toxoplasma gondii screening*

Sexually Transmitted Infection Screening

- Syphilis
- Gonorrhea
- Chlamydia
- Cervical and anal cancer screening +/- HPV
- *Trichomonas*

Laboratory Studies: HIV Disease Related Tests

- Confirmation of HIV
- CD4 cell count with %
- Quant Plasma HIV RNA
- HIV Drug-Resistance Testing
- *HLA-B*5701*
- *Coreceptor Tropism*
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Laboratory Studies: Routine

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Laboratory Studies: Coinfection & Comorbidity Screening

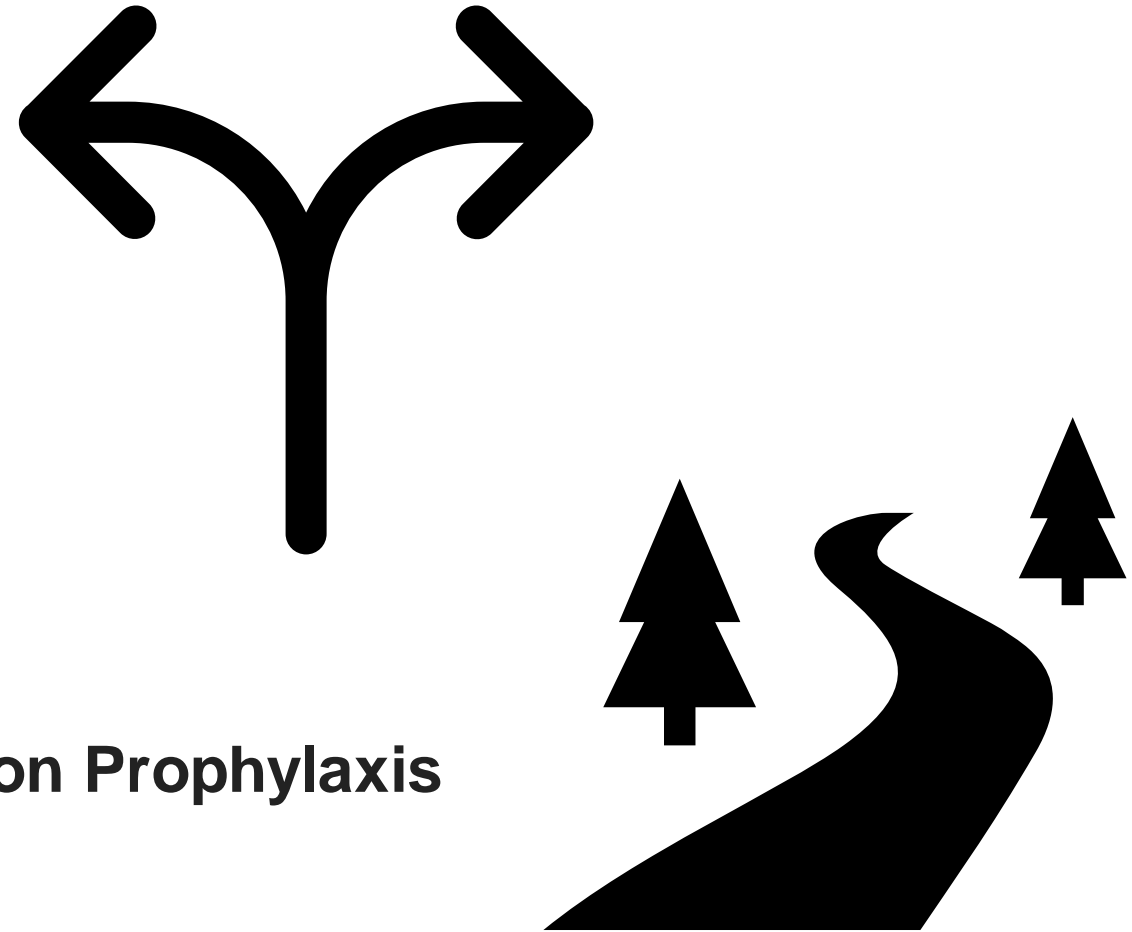
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Roadmap

- Resources
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- **Immunizations & Opportunistic Infection Prophylaxis**
- Counseling



4 Lesson 4
Immunizations in Adults

Learning Objectives

- Summarize immunization recommendations for persons with HIV
- Explain the principles of safety and efficacy concerning the immunization of persons with HIV



Quick Reference

**Immunizations in Adults
Core Concepts**

- Background
- COVID-19 Vaccines
- *Haemophilus influenzae* type b (Hib) Vaccine
- Hepatitis A Virus (HAV) Vaccine
- Hepatitis B Virus (HBV) Vaccine
- Human Papillomavirus (HPV) Vaccine
- Influenza Vaccine
- Measles-Mumps-Rubella (MMR) Vaccine
- Meningococcal Vaccine
- Pneumococcal Vaccine
- Tetanus, Diphtheria and Pertussis (Tdap) Vaccine
- Varicella Vaccine
- Zoster Vaccine
- Travel Vaccines
- Contraindicated Vaccines
- Summary Points

Next Session on Fundamentals Track 8/31/23

10:00am CT/11:00am ET

Breakout Session: Primary Care Management in People with HIV | Meagan Schaeffner, MD, FACP, AAHIVS

Clinical Infectious Diseases

MAJOR ARTICLE



Primary Care Guidance for Persons With Human Immunodeficiency Virus: 2020 Update by the HIV Medicine Association of the Infectious Diseases Society of America

Melanie A. Thompson,^{1,a} Michael A. Horberg,^{2,a} Allison L. Agwu,³ Jonathan A. Colasanti,⁴ Mamta K. Jain,⁵ William R. Short,⁶ Tulika Singh,⁷ and Judith A. Aberg⁸

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2021;73(11):e3572–605



Legend

Recommended vaccination for adults who meet age requirement, lack documentation of vaccination, or lack evidence of past infection	Recommended vaccination for adults with an additional risk factor or another indication	Recommended vaccination based on shared clinical decision-making	Precaution—vaccination might be indicated if benefit of protection outweighs risk of adverse reaction	Contraindicated or not recommended—vaccine should not be administered. *Vaccinate after pregnancy.	No recommendation/ Not applicable
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Vaccine	Pregnancy	Immunocompromised (excluding HIV infection)	HIV infection CD4 count		Asthma, COPD, or other lung disease	End-stage renal disease, or on hemodialysis	Heart or lung disease; alcoholism ^a	Chronic liver disease	Diabetes	Healthcare personnel ^b	Men who have sex with men	
			<15% or <200mm ³	≥15% and ≥200mm ³								
COVID-19 ⓘ			See notes									
IIV4 ⓘ or RIV4 ⓘ			1 dose annually									
or LAIV4 ⓘ			Contraindicated				Precaution			or 1 dose annually		
Tdap or Td ⓘ	1 dose Tdap each pregnancy		1 dose Tdap, then Td or Tdap booster every 10 yrs									
MMR ⓘ	Contraindicated*	Contraindicated	1 or 2 doses depending on indication									
VAR ⓘ	Contraindicated*	Contraindicated		2 doses								
RZV ⓘ			2 doses at age ≥19 years				2 doses at age ≥50 yrs					
HPV ⓘ	Not Recommended*		3 doses through age 26 yrs				2 or 3 doses through age 26 years depending on age at initial vaccination or condition					
Pneumococcal (PCV15, PCV20, PPSV23) ⓘ			1 dose PCV15 followed by PPSV23 OR 1 dose PCV20 (see notes)									
HepA ⓘ					2, 3, or 4 doses depending on vaccine							
HepB ⓘ	3 doses (see notes)		2, 3, or 4 doses depending on vaccine or condition									
MenACWY ⓘ			1 or 2 doses depending on indication, see notes				for booster recommendations					
MenB ⓘ	Precaution		2 or 3 doses depending on		vaccine and indication, see notes for booster recommendations							
Hib ⓘ			3 doses HSCT ^c recipients only		1 dose							

a. Precaution for LAIV4 does not apply to alcoholism.
 b. See notes for influenza; hepatitis B; measles, mumps, and rubella; and varicella vaccinations.
 c. Hematopoietic stem cell transplant.



Opportunistic Infection Prevention

(<https://clinicalinfo.hiv.gov/en/guidelines/hiv-clinical-guidelines-adult-and-adolescent-opportunistic-infections>)

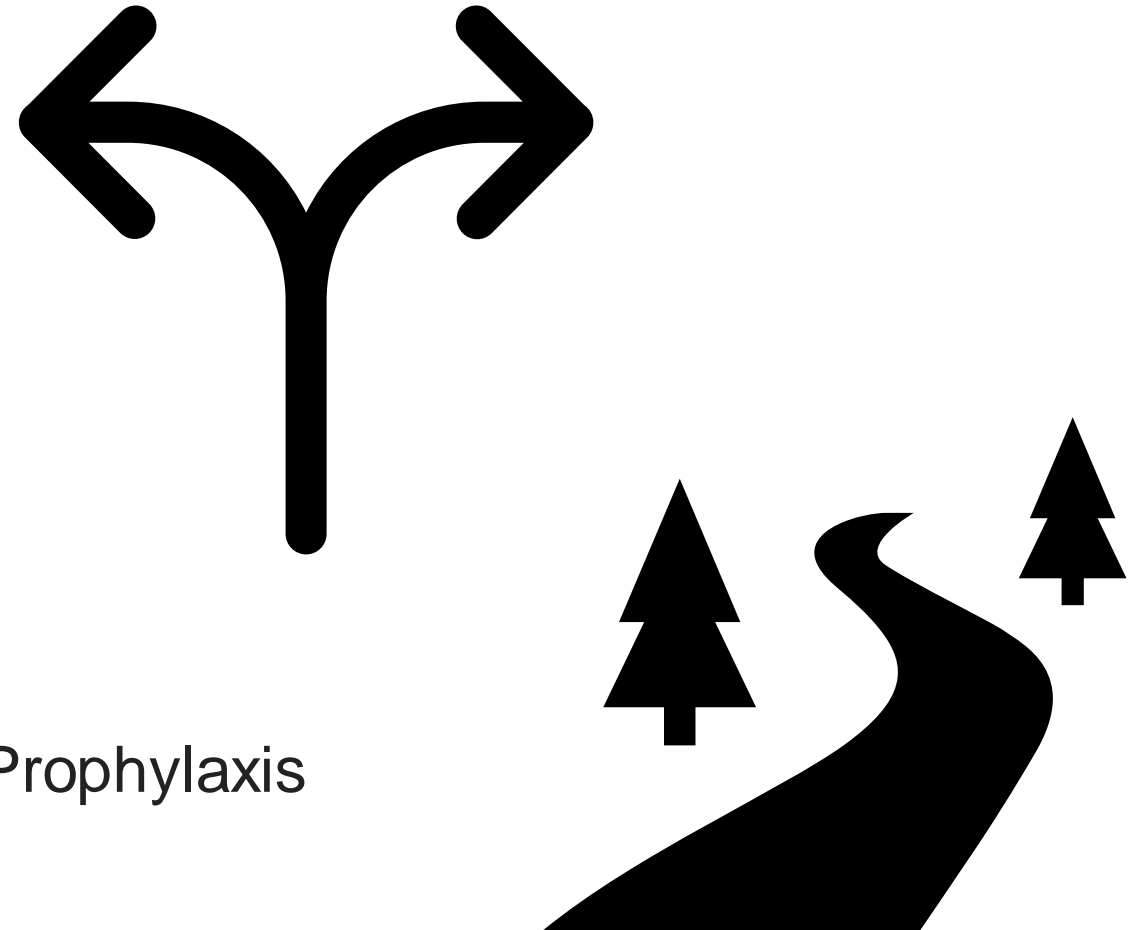
- **Pneumocystis Prophylaxis (i.e., if CD4 \leq 200 cells/ μ L, or ratio \leq 13%)**
 - TMP/SMX SS 1 tab PO daily or DS 1 tab PO daily for primary
 - TMP/SMX DS 1 tab PO daily for secondary prophylaxis
 - *Alternative:* alternative TMP/SMX dosing strategies, dapsone PO daily or pentamidine inhaled monthly
 - Continue until CD4 $>$ 200 cells/ μ L or ratio \geq 14% for 3 months

- **Toxoplasmosis (i.e., if CD4 \leq 100 cells/ μ L)**
 - Only indicated if *Toxoplasma* serology positive
 - TMP/SMX DS 1 tab PO daily
 - *Alternative:* dapsone PO + pyrimethamine PO + leucovorin PO
 - Continue until CD4 $>$ 100 cell/ μ L for \geq 3 months

- ***Mycobacterium avium* complex (i.e., if CD4 \leq 50 cells/ μ L)**
 - **Not routinely** recommended if taking ART
 - *Alternative:* Azithromycin 1200mg PO weekly
 - Continue until CD4 $>$ 100 cell/ μ L for \geq 3 months

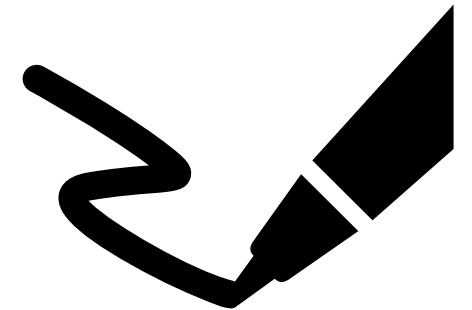
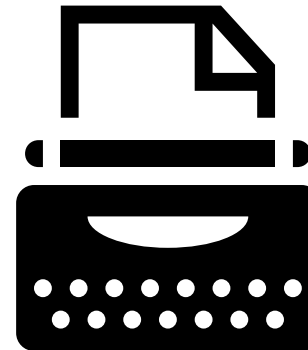
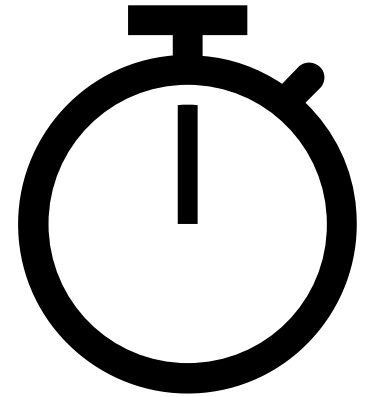
Roadmap

- Resources
- Diagnosis
- History Taking
- Physical Exam
- Laboratory Studies
- Immunizations & Opportunistic Infection Prophylaxis
- **Counseling**



Active Learning: Counseling

- Work independently
- Write down (on paper, a device, or in the text box) what you would attempt to learn at an initial evaluation of a person with HIV
- Take 60 seconds



Counseling at Initial Visit

- HIV infection and prognosis
- HIV transmission counseling (e.g., U=U, barrier precautions)
- Mental health assessment and supportive care
- Substance use assessment and resources
- Social support assessment and resources
- Treatment counseling (e.g., adherence, laboratory monitoring)

The patient and their concerns should be the primary focus!

Primary Care for People with HIV

Increased Risk

- Cardiovascular disease
- Diabetes mellitus
- Chronic kidney disease
- Osteoporosis
- Testosterone deficiency
- Tobacco use
- Obstructive lung disease
- Cancer

Approach

- Evidence-based screening
- Guideline-based interventions
- Awareness of HIV adverse effects and drug-drug interactions
- ***“Primary care in the fast lane”***



MYTH: Delivering HIV Care is Too Challenging Outside Specialty Care

	HIV Care	Heart Disease Prevention
Assess risk	Take a past medical, family, social, sexual history Perform pertinent physical examination	Take a past medical, family, social history Check cholesterol and screen for diabetes Calculate 10-year ASCVD risk by ACC/AHA guidelines
Laboratory evaluation	Complete blood count, Comprehensive metabolic profile Immune function assessment HIV assays and associated infection screening	Comprehensive metabolic panel Cholesterol profile Hemoglobin A1C
Further risk reduction	Condom use Sexual health and substance use counseling STI screening	Lifestyle and diet modification counseling Treat comorbid conditions (e.g., hypertension, diabetes) Smoking cessation
Medication options	Several first-line single-tablet treatment options	Atorvastatin Rosuvastatin Pravastatin Pitavastatin Simvastatin Fluvastatin Aspirin



MYTH: Delivering HIV Care is Too Challenging to Provide Specialty Care

	HIV Care	Cardiovascular Disease Prevention
Assess risk	Take a past medical, family, social, sexual history Perform pertinent physical examination	Take a past medical, family, social history Review medications and screen for diabetes Estimate 10-year ASCVD risk by ACC/AHA guidelines
Laboratory evaluation	Complete blood count Comprehensive metabolic panel Immune function HIV assay	Comprehensive metabolic panel Lipid profile Hemoglobin A1C
Further risk reduction	Counseling	Lifestyle and diet modification counseling Treat comorbid conditions (e.g., hypertension, diabetes) Smoking cessation
Medication options	Tablet treatment options	Atorvastatin Rosuvastatin Pravastatin Pitavastatin Simvastatin Fluvastatin Aspirin

**HIV CARE IS POSSIBLE
OUTSIDE SPECIALTY CARE**



Next Session on Fundamentals Track 8/31/23

10:00am CT/11:00am ET

Breakout Session: Primary Care Management in People with HIV | Meagan Schaeffner, MD, FACP, AAHIVS

Objectives

After this session, participants can:

- Confirm a diagnosis of HIV from prior testing during an initial visit with a person with newly diagnosed HIV
- Describe key elements of the patient history during an initial visit with a person with newly diagnosed HIV
- Identify key elements of the physical exam during an initial visit with a person with newly diagnosed HIV
- List and interpret laboratory studies that should be obtained prior to or during an initial visit with a person with newly diagnosed HIV
- Recommend appropriate immunizations and/or opportunistic infection prophylaxis during an initial visit with a person with newly diagnosed HIV
- Identify appropriate resources to support providers during an initial visit with a person with newly diagnosed HIV

Goal

- Empowered you to provide evidence-based care to a person with newly diagnosed HIV so that their health potential is optimized



AETC Program National Centers and National HIV Curriculum

- National Coordinating Resource Center serves as the central web-based repository for AETC Program training and capacity building resources; its website includes a free virtual library with training and technical assistance materials, a program directory, and a calendar of trainings and other events. Learn more: <https://aidsetc.org>
- National Clinician Consultation Center provides free, peer to peer, expert advice for health professionals on HIV prevention, care, and treatment and related topics. Learn more: <https://nccc.ucsf.edu>
- National HIV Curriculum provides ongoing, up to date HIV training and information for health professionals through a free, web-based curriculum; also provides free CME credits, CNE contact hours, CE contact hours, and maintenance of certification credits. Learn more: www.hiv.uw.edu



Thank You!
Questions?
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