HIV Guidelines Cheat Sheet

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Screening and Evaluation

Who to Screen and What to Screen For

The Centers for Disease Control and Prevention (CDC) and U.S. Preventive Services Task Force (USPSTF) recommend screening the following groups of people:

- Everyone between 13 and 64 years of age (at least once)
- Individuals who engage in high-risk behaviors (annually)
  - Men who have sex with men (MSM)
  - People who have had anal or vaginal sex with someone who has HIV
  - People who have had ≥1 sex partner since their last HIV test
  - People who share needles, syringes, or other drug injection equipment
  - People who have exchanged sex for drugs or money
  - People who have been diagnosed with or are being treated for another sexually-transmitted infection, hepatitis, or tuberculosis (TB)
  - People who have had sex with anyone who has done any of the above or whose sexual history is unknown
- Gay and bisexual men (every 3 to 6 months)
- Pregnant people (each pregnancy)

The following should be included in the baseline evaluation:

- Complete medical history
- Lab tests
  - HIV antigen/antibody testing
  - CD4 count
  - HIV RNA (viral load)
  - Complete blood count (CBC)
  - Chemistry panel
  - Urinalysis
  - Hepatitis A, B, and C serologies
  - Lipid panel
  - HLA-B*5701 test†
  - Genotypic drug-resistance testing
  - Sexually transmitted infection (STI) screening
  - Opportunistic infection screening
  - Cancer screening
  - Immunization history
  - Pregnancy test
- Physical exam
- Patient Counseling

Treatment

Treatment Goals

Prevention of HIV-associated morbidity and mortality

Maximal and durable suppression of HIV viral load

Restoration and preservation of immune function

Improvement in quality of life

Prevention of HIV transmission

Initiation of Treatment

Who is antiretroviral therapy (ART) recommended for?

> All persons with HIV (to prevent morbidity and mortality and to prevent transmission of HIV to others)

When should ART be initiated, and why?

> ART should be initiated at diagnosis, if possible, or as soon as possible afterward in order to:
> (1) increase ART uptake,
> (2) decrease time to viral suppression, and
> (3) improve the rate of virologic suppression

What do patients need to know when beginning on ART?

> Patients should be educated on the benefits of ART and strategies to improve adherence with healthcare visits and their medications.

Treatment Pearls

• ART typically consists of 3 to 4 agents from 2 or more drug classes. Monotherapy is not recommended.
• When choosing an ART regimen for a patient, it is important to consider pre-treatment labs, previous treatment regimens, drug resistance, individual preferences, likelihood of adherence to treatment, and presence of coinfections, comorbidities, and pregnancy.

Recommended for Treatment-Naïve Patients

INSTI + 2 NRTIs	• BIC/TAF/FTC • DTG/(TAF or TDF)/(FTC or 3TC)
INSTI + NRTI	•DTG/3TC*

These regimens are recommended for most people with HIV who have *no* history of using long-acting injectable cabotegravir (CAB-LA) as pre-exposure prophylaxis (PrEP).

* Use only if HIV RNA <500,000 copies/mL, no HBV coinfection, and genotypic resistance testing results are available.

Recommended for Patients Exposed to CAB-LA

Boosted PI + 2 NRTIs	• DRV/(COBI or RTV)/(TAF or TDF)/(FTC or 3TC)

These regimens are recommended for most people with HIV who *have* a history of using CAB-LA as pre-exposure prophylaxis (PrEP).

Other Regimens for Certain Clinical Scenarios

Regimen	When to Use
DTG/ABC/3TC	When wanting to avoid TAF or TDF due to risk of renal- or bone-related adverse effects