ALL RECOMMENDATIONS (continued from P.1)

Monitoring ART in Individuals With HIV-2
- Clinicians should monitor the virologic and immunologic status of patients with HIV-2 by performing viral load and CD4 count testing at the same intervals recommended for patients with HIV-1. See the NYSDOH AI guideline: Virologic and Immunologic Monitoring in HIV Care > Viral Load and CD4 Count Monitoring Intervals. (A1)
- Because HIV-2 viral load testing is available in NYS only through the Wadsworth Center, clinicians who do not have access to Wadsworth laboratory testing services should refer patients to practices that do. (A3)
- Clinicians should continue to monitor CD4 count every 6 months in all patients with HIV-2, even those with persistent viral suppression. (B2)
- If HIV-2 viral load testing is not available, clinicians should suspect treatment failure if patients experience a sustained decrease in CD4 count, defined as a 30% decrease in CD4 count or a 3-point decrease in CD4%, confirmed by repeat testing (B2), or have clinical disease progression. (A2)
- If patients with HIV-2 have either virologic or immunologic treatment failure, clinicians should consult with an experienced HIV-2 clinical management specialist. (A3)

Management of HIV-2 in Pregnancy
- Clinicians should recommend ART for all pregnant individuals with HIV-2. (A2)
- Clinicians should recommend one of the ART regimens in Table 3. (A3)
- Clinicians should not delay ART initiation in pregnant individuals even if there is no or limited access to HIV-2 viral load testing. (A2)
- In selecting an ART regimen for a pregnant individual with HIV-2, clinicians should not include:
  - Boosted ATV, because of its lack of efficacy against HIV-2. (A*)
  - EFV and RPV, the NRTIs recommended for treatment of HIV-1 during pregnancy, because of a lack of efficacy against HIV-2. (A*)

Pre- and Post-Exposure Prophylaxis (PEP and PrEP*) for HIV-2
- Clinicians should recommend TDF/FTC and RAL as PEP after HIV-2 exposure (3TC may be substituted for FTC). (A2)
- DTG can be used instead of RAL in a PEP regimen.

Wadsworth Center Bloodborne Viruses Laboratory
The Wadsworth Center Bloodborne Viruses Laboratory offers HIV-2 viral load testing, free of charge, for patients and healthcare providers in New York State. To submit a specimen for HIV-2 viral load testing, clinicians who do not have access to Wadsworth laboratory testing services should refer patients to practices that do. (A3)
- Clinicians should continue to monitor CD4 count every 6 months in all patients with HIV-2, even those with persistent viral suppression. (B2)
- If HIV-2 viral load testing is not available, clinicians should suspect treatment failure if patients experience a sustained decrease in CD4 count, defined as a 30% decrease in CD4 count or a 3-point decrease in CD4%, confirmed by repeat testing (B2), or have clinical disease progression. (A2)
- If patients with HIV-2 have either virologic or immunologic treatment failure, clinicians should consult with an experienced HIV-2 clinical management specialist. (A3)

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FIGURE: HIV Laboratory Testing Algorithm

**Step 1: Perform HIV-1/2 antigen/antibody (Ag/Ab) immunoassay**
- HIV Ab detected
  - HIV-1 Ab (+) and HIV-2 Ab (-)
  - Initiate therapy initiation and provide or refer for counseling
- HIV-1 Ab (-)
  - ART occurs before baseline laboratory test results are available.
  - If acute HIV infection is suspected, performing the test in-house or referring the specimen to another laboratory is recommended. Additional samples or supplemental orders may be required. Other labs may have different results-reporting policies. Many labs will reflex additional screening to the laboratory’s internal testing algorithm and repeat algorithm in 2 to 4 weeks to assess HIV-2 infection.

**Step 2: Perform HIV-1 RNA test**
- HIV RNA is not detected.
- HIV RNA is detected.
  - A1: For TDF/FTC, initiate only in patients with CrCl ≥50 mL/min.
  - A2: For TAF/FTC, consider bone mineral density.
  - A3: For TAF/FTC, initiate only in patients with CrCl ≥30 mL/min.
  - A4: Magnesium- or aluminum-containing antacids may be taken 2 hours before or 6 hours after DTG; calcium-containing antacids or iron supplements may be taken simultaneously if taken with food.

**Step 3: Perform HIC-1 NAT**
- Reactive result
  - HIV indeterminate antibody differentiation immunoassay result is presumed false positive.
  - Performing the test in-house or referring the specimen to another laboratory is recommended. Additional samples or supplemental orders may be required. Other labs may have different results-reporting policies. Many labs will reflex additional screening to the laboratory’s internal testing algorithm and repeat algorithm in 2 to 4 weeks to assess HIV-2 infection.
- Non-reactive
  - HIV indeterminate antibody differentiation immunoassay result is positive
  - Become familiar with the laboratory’s internal testing algorithm and repeat algorithm in 2 to 4 weeks to assess HIV-2 infection.

**Notes:**
- Adapted from CDC Notes:
- Abbreviations: APHL, Association of Public Health Laboratories; CDC, Centers for Disease Control and Prevention; EVG, elvitegravir; FTC, emtricitabine; HD, high dose; HIV indeterminate antibody differentiation immunoassay result is positive; indeterminate; FDA, U.S. Food and Drug Administration; NAT, nucleic acid testing.