ALL RECOMMENDATIONS

Please see full guideline for additional information P.1

Diagnosis of HIV-2

- To diagnose HIV-2 infection, clinicians should follow the standard HIV laboratory testing algorithm. (A1) (see Figure)
- In individuals who are confirmed to have HIV-2 antibodies, clinicians should perform a clinical evaluation for HIV-2 infection that is similar in scope to the evaluation of patients with HIV-1. (A1) HIV-2 antibodies are confirmed by a reactive result to an HIV-1/2 Ag/Ab combination immunoassay and a positive result for HIV-2 Abs on an FDA-approved supplemental HIV-1/2 Ab differentiation immunoassay.

Treatment of HIV-2

- Clinicians should recommend ART for all individuals diagnosed with HIV-2. (A2)
- Before initiating ART in patients with HIV-2, clinicians should perform all of the standard laboratory testing recommended for patients with HIV-1 except for HIV drug resistance testing, which is not available. (A3)
  - Testing includes CD4 cell count, HIV-2 viral load, creatinine clearance, and status of coinfections such as HBV, HCV, and TB.
  - Clinicians should not prescribe any NNRTI for treatment of HIV-2 infection. (A1)
- Clinicians should recommend a single–tablet regimen that includes 2 NRTIs plus an INSTI as the initial treatment for adults with HIV-2 who are not pregnant and not planning to become pregnant, including those with acute HIV-2 infection (see Tables 1 and 2). (A2)
- For individuals with HIV-1/HIV-2 coinfection, clinicians should:
  - Perform HIV-1 drug resistance testing to guide the choice of an initial regimen or to modify a regimen if virologic failure develops. (A3)
  - Recommend an ART regimen that will suppress both viruses effectively. (A2)

HIV CLINICAL RESOURCE

VISIT HIVGUIDELINES.ORG TO LEARN MORE OR VIEW COMPLETE GUIDE

DIAGNOSIS AND MANAGEMENT OF HIV-2 IN ADULTS

NEW YORK SDOH AIDS INSTITUTE HIV CLINICAL GUIDELINE

JUNE 2023

- Before initiating ART in patients with HIV-2, clinicians should perform all of the standard laboratory testing recommended for patients with HIV-1 except for HIV drug resistance testing, which is not available. (A3)
  - Testing includes CD4 cell count, HIV-2 viral load, creatinine clearance, and status of coinfections such as HBV, HCV, and TB.
- Clinicians should not prescribe any NNRTI for treatment of HIV-2 infection. (A1)
- Clinicians should recommend a single–tablet regimen that includes 2 NRTIs plus an INSTI as the initial treatment for adults with HIV-2 who are not pregnant and not planning to become pregnant, including those with acute HIV-2 infection (see Tables 1 and 2). (A2)
- For individuals with HIV-1/HIV-2 coinfection, clinicians should:
  - Perform HIV-1 drug resistance testing to guide the choice of an initial regimen or to modify a regimen if virologic failure develops. (A3)
  - Recommend an ART regimen that will suppress both viruses effectively. (A2)
Figures and tables are not provided in the image. The text seems to be about HIV laboratory testing and ART regimens. A brief summary of the content is as follows:

- **Figures and Tables**
  - An algorithm for HIV laboratory testing is mentioned, including steps for reactive and non-reactive results.
  - Table 1: Preferred ART Regimens for Initial Treatment of Nonpregnant Adults With HIV-2
  - Table 2: Alternative ART Regimens for Initial Treatment of Nonpregnant Adults With HIV-2
  - Table 3: ART Regimens for Initial Treatment of Pregnant Adults With HIV-2

- **Text Content**
  - The text outlines various ART regimens, including the use of TAF/FTC, Truvada, and Biktarvy.
  - It also discusses the use of Mg- or Al-containing antacids with these medications.
  - The text mentions the importance of considering drug-drug interactions, especially with COBI.
  - The document advises on the use of antiretroviral therapy to prevent transmission.

- **Key Points**
  - ART regimens are prescribed based on documented DTG resistance or HIV-2 infection.
  - Mg- or Al-containing antacids may be taken 2 hours before or 6 hours after DTG, Ca-containing antacids may be taken simultaneously if taken with food.
  - RAL HD is recommended in patients with CrCl ≥30 mL/min.

Abbreviations and other terms are used throughout the document, which may require additional context to fully understand.