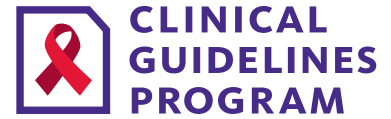


FLOWCHART 1: Initial Visit: New Patient, New HIV Diagnosis, NOT Taking ART

Available at: hivguidelines.org/hiv-primary-care



First visit with a new patient who has a new HIV diagnosis and is NOT taking ART

Note: Treat or refer for emergency care when a patient has red flag symptoms, e.g., fevers, dyspnea, severe headaches, mental status changes.

Confirmed HIV diagnosis:

- Assess HIV treatment readiness and facilitate [shared decision-making](#) regarding ART (see NYSDOH AI guideline [Rapid ART Initiation > Benefits and Risks of ART](#))
- Recommend and offer [same-day or rapid ART](#)
- If the patient is not ready to start ART:** Schedule a return visit within 1 week to allow the patient time to process the new diagnosis, then recall as needed to reassess treatment readiness

Unconfirmed HIV diagnosis:

- Explain the diagnosis confirmation process and order confirmatory HIV testing; see the [standard HIV testing algorithm](#)
- Assess HIV treatment readiness, recommend and facilitate shared decision-making regarding same-day or rapid ART; discuss harm reduction [a], including transmission prevention
- If the patient is taking PrEP, manage per the recommendations in the NYSDOH AI guideline [PrEP to Prevent HIV and Promote Sexual Health](#)

All patients:

Obtain:

- Pronoun(s) and gender identity
- Patient concerns and goals
- Standard medical, surgical, and family histories
- Standard ROS and physical exam, including sex organ inventory
- Current medications; note potential [drug-drug interactions](#)
- [Immunization status](#)

Provide counseling and patient education:

- ART options and benefits of ART, including [rapid start](#) and [U=U](#)
- HIV transmission prevention [a]
- HIV disclosure status
- Age-, sex-, and risk-based [screening](#) and [preventive care](#) recommendations, including immunizations
- Adherence requirements and support resources
- Substance use [treatment](#) and [harm reduction](#) options
- [Sexual health](#), including condom use, STI prevention, and other harm reduction options (e.g., [doxy-PEP](#))

Assess (also see [Checklist 1](#)):

- Comorbidities
- Symptoms of common opportunistic infections (PJP, TB, CMV, CM); initiate [OI prophylaxis](#) if the patient's CD4 count is <200 cells/mm³
- [Substance use](#), including tobacco; if high-risk, engage in shared decision-making regarding [SUD treatment](#)
- Harm reduction knowledge and needs
- Functional status
- Urgent psychosocial or behavioral needs
- Trauma experience, including medical trauma

Order:

- [Baseline laboratory testing](#)
- [Seasonal and other priority vaccines](#), e.g., influenza, COVID-19, mpox, pneumococcal; avoid live vaccines in patients with CD4 count <200 cells/mm³
- STI and other indicated age-, sex-, and risk-based screening and preventive care if not available on site

Refer, as indicated, for:

- Imaging
- Urgent specialty care
- Assistance with urgent psychosocial needs
- Screening and preventive care that cannot be provided on site

Follow-up:

After ART is initiated:

- 1 week after, in-person visit:** Review laboratory test results, including [confirmatory HIV test result](#); assess and manage adverse effects and adherence challenges
- 2 weeks after, in-person, telephone, or telemedicine visit:** Assess and manage adverse effects and adherence challenges
- 4 weeks after, in-person visit:** Assess and manage adverse effects and adherence challenges; assess for symptoms of [IRIS](#); identify [drug-drug interactions](#); order HIV viral load testing
 - Continue [immunizations](#) until the patient has received all indicated vaccines; avoid live vaccines until CD4 count is >200 cells/mm³
 - Assess [b]: Comorbidity management, preventive and specialty care needs, psychosocial status and urgent psychosocial needs
 - Provide counseling, as above
- HIV viral load and comprehensive metabolic panel:**
 - 4 weeks after ART initiation
 - At least every 8 weeks until complete virologic suppression is documented
- CD4 cell count:**
 - 12 weeks after ART initiation
 - Every 4 months until CD4 count >200 cells/mm³ is obtained on 2 measurements at least 4 months apart, then at least every 6 months if CD4 count is ≤350 cells/mm³
 - Optional if CD4 count is >350 cells/mm³ and viral load is suppressed, i.e., <20 to <50 copies/mL
 - See NYSDOH AI guideline [Virologic and Immunologic Monitoring in HIV Care](#)

If rapid ART is not initiated:

- 1 week after the first visit, in-person:** Review laboratory test results, including [confirmatory HIV test result](#)
 - Reassess treatment readiness and barriers
 - Engage the patient in motivational interviewing and shared decision-making regarding ART initiation
 - Provide counseling, as above
- Ongoing:** Schedule return visits to encourage ART initiation, monthly or at intervals that respect the patient's autonomy and at a frequency that the patient agrees to

Abbreviations: ART, antiretroviral therapy; CM, cryptococcal meningitis; CMV, cytomegalovirus; doxy-PEP, doxycycline post-exposure prophylaxis; HBV, hepatitis B virus; HCV, hepatitis C virus; HPV, human papillomavirus; IRIS, immune reconstitution inflammatory syndrome; OI, opportunistic infection; PEP, post-exposure prophylaxis; PJP, *pneumocystis jirovecii* pneumonia; PrEP, pre-exposure prophylaxis; ROS, review of systems; STI, sexually transmitted infection; SUD, substance use disorder; TB, tuberculosis; U=U, undetectable=untransmittable.

Notes:

- Ongoing discussion and education regarding HIV disclosure, [U=U](#), [PrEP and PEP](#) for sex partners, and [harm reduction](#) is recommended.
- Ongoing surveillance for diseases transmitted through the same routes as HIV, including HCV, HBV, HPV, and other STIs, is recommended.