FLOWCHART 2: Initial Visit: New Patient, HIV Confirmed, IS Taking ART

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

CLINICAL GUIDELINES PROGRAM

First visit with a new patient who has a confirmed HIV diagnosis and IS taking ART

Note: Review HIV and ART history, current immune status, and adherence history.

Stable ART regimen, i.e., no change needed if:

- HIV viral load is suppressed, i.e., <20 to <50 copies/mL
- ART regimen is optimized for the patient's needs (i.e., pill burden, pill size, dosing schedule, cost coverage)
- Patient reports no unmanageable adverse effects or adherence challenges
- Comorbidity-related conditions are managed effectively [a]

Order proviral DNA genotype (archived genotype) if unable to obtain complete or clear ART history, including previous regimen failure or results of prior resistance testing

ART switch is needed due to:

- Unsuppressed virus (HIV viral load >200 copies/mL obtained with a highly sensitive assay)
  - Assess possible causes, including nonadherence, accessibility challenges, intolerable adverse effects or drug-drug interactions, and challenges with pill size
  - If appropriate, provide or recommend adherence support and counseling (repeat viral load testing within 4 weeks of the ART switch to assess whether adherence has improved)
  - Order resistance testing
- Change in liver or kidney function
- Patient requested switch to injectable or other new ART regimen to optimize dosing or pill burden, reduce cost, or improve adherence

If the patient is not ready to start a new ART regimen:

- Engage patient in motivational interviewing
- Address challenges related to comorbidities and psychosocial factors

All patients:

Obtain:

- Pronoun(s) and gender identity
- Patient concerns and goals
- Comprehensive HIV history (see Checklist 1)
- Standard and HIV-specific medical, surgical, and family histories [a]
- Standard and HIV-specific ROS and physical exam, including sex organ inventory
- Current medications; note potential drug-drug interactions
- Immunization status

Provide counseling and patient education:

- Benefits of ART, including U=U
- HIV transmission prevention [c]
- 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) [d]

Assess (also see Checklist 1)**:**

- Comorbidities [a]
- Symptoms of common opportunistic infections (PJP, TB, CMV, CM); initiate OI prophylaxis if the patient's CD4 count is <200 cells/mm^3
- Substance use, including tobacco [b]; if high-risk, engage in shared decision-making regarding SUD treatment
- Harm reduction needs
- Functional status
- Urgent psychosocial or behavioral needs
- Trauma experience, including medical trauma

Order:

- Baseline laboratory testing (note: HBV status will inform ART regimen)
- Seasonal and other priority vaccines, e.g., influenza, COVID-19, mpox, pneumococcal; avoid live vaccines in patients with CD4 count <200 cells/mm^3
- STI and 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:

Follow-up for a patient with no change in ART:

- **12 to 16 weeks after initial visit, in-person visit:** Routine monitoring visit
- **Every 4 to 6 months, in-person or telemedicine visit:** Routine visits, initiated once the patient's HIV and health status are stable
  - See Flowchart 4: Annual, Routine, New Illness, or Post-Hospitalization Visit: Established Patient Who IS Taking ART

Follow-up for a patient whose ART regimen is changing:

- **1 to 2 weeks after the initial visit, in-person, telephone, or telemedicine visit:**
  - If the ART switch was not already made during the initial visit, review laboratory test results and switch options
  - Engage the patient in shared decision-making to choose and implement a new ART regimen
  - Confirm that the patient is able to fill the prescription, understands adherence requirements, and is informed about adverse effect management
- **4 weeks after ART switch, in-person or telemedicine visit:**
  - Assess and manage adverse effects and adherence challenges; assess for symptoms of IRIS; identify drug-drug interactions
  - Order viral load testing; repeat at least every 8 weeks until complete virologic suppression is documented (see NYSDOH AI guideline Virologic and Immunologic Monitoring in HIV Care)
  - Continue immunizations until the patient has received all indicated vaccines (avoid live vaccines until CD4 count is >200 cells/mm^3)
  - Assess [d]: Comorbidity management, preventive and specialty care needs, psychosocial status, and urgent psychosocial needs
  - Provide counseling, as above

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:

a. Monitor for potential long-term effects of HIV and ART (e.g., bone density changes, dyslipidemia, weight gain, and renal dysfunction) and for comorbidities that occur more often and at younger ages in people with HIV, including atherosclerotic heart disease, non-HIV-related malignancies, renal disease, liver disease, chronic obstructive pulmonary disease, neurocognitive dysfunction, depression, and frailty.

b. Recent studies have found that smoking and hypertension contribute significantly to morbidity, regardless of HIV-related risk factors such as CD4 cell count or viral load.

c. Ongoing discussion and patient education regarding HIV disclosure, principles of U=U, PrEP and PEP for sex partners, and harm reduction is recommended.

d. Ongoing surveillance for diseases transmitted through the same routes as HIV, including HCV, HBV, HPV, and other STIs, is recommended.