FLOWCHART 3: Initial Visit: New Patient, HIV Confirmed, NOT 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 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.

ART-experienced:

- Assess patient's reasons for discontinuing ART, including any challenges with adherence, accessibility, adverse effects, and drug-drug interactions
- Consultation with an experienced HIV care provider may be helpful if the patient stopped ART due to viremia or adverse effects, including unmanageable drug-drug interactions
- Assess HIV treatment readiness; facilitate shared decision-making regarding ART (see NYSDOH AI guideline Rapid ART Initiation > Benefits and Risks of ART)

If the patient is ready and able to re-start ART:

- Resume the most recent well-tolerated regimen; if the previous ART regimen is not known, initiate an INSTI-based regimen
- If the patient has had previous virologic failure, consider resistance testing, including on proviral DNA (or archive genotype) at 2 to 4 weeks
- If the previous ART regimen failed or was not well-tolerated, including due to drug-drug interactions, construct a new regimen and order resistance testing; note that archived genotype may have a role in identifying RAMs when standard genotype testing may not yield results, i.e., in patients with prior treatment experience who have stopped taking ARVs for >4 weeks or have a viral load <1,000 copies/mL (see NYSDOH AI guideline Second-Line ART After Treatment Failure or for Regimen Simplification > Table 1: Types of HIV Resistance Tests)

If the patient is not ready to re-start ART:

- Engage the patient in motivational interviewing and address challenges related to comorbidities and psychosocial factors
- Schedule a return visit within 1 to 2 weeks to review test results and encourage ART initiation

ART-naive:

- Assess HIV treatment readiness and facilitate shared decision-making regarding ART initiation (see Benefits and Risks of ART)
- Strongly recommend and offer same-day or rapid ART

If the patient is not ready to initiate ART:

- Engage patient in motivational interviewing
- Address challenges related to co-morbidities and psychosocial factors
- Provide education and counseling regarding HIV transmission prevention, condom use, and STI prevention, including doxy-PEP
- Schedule a return visit within 1 to 2 weeks to review test results and encourage ART initiation

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 rapid start and 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 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:

Follow-up for patient starting ART:

- **2 weeks after ART initiation, in-person, telephone, or telemedicine visit:** Confirm that the patient has filled the prescription and initiated ART; review laboratory test results; confirm patient's understanding of adherence requirements and adverse effect management; initiate OI prophylaxis if the patient has a CD4 count <200 cells/mm^3
- **4 weeks after ART initiation, in-person visit:** Assess and manage adverse effects and adherence challenges; assess for symptoms of IRIS; identify drug-drug interactions
  - Order viral load testing and CMP; if the patient is restarting ART, consider genotype testing if there are significant concerns about baseline resistance
  - 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

Follow-up if patient is not ready to start or re-start ART:

- **Schedule monthly, in-person visits to:**
  - Review laboratory test results; reassess treatment readiness, barriers, and options
  - Assess and address any challenges related to comorbidities and behavioral or psychosocial factors
  - Perform or order STI and other indicated age-, sex-, and risk-based screening and preventive care
  - Provide education and counseling regarding HIV transmission prevention, condom use, and STI prevention, including doxy-PEP
  - Address treatment readiness and engage the patient in motivational interviewing
- **Adjust the visit schedule:** Schedule visits at a frequency that respects the patient's autonomy and tolerance

Abbreviations: ART, antiretroviral therapy; ARV, antiretroviral; CM, cryptococcal meningitis; CMP, comprehensive metabolic panel; CMV, cytomegalovirus; doxy-PEP, doxycycline post-exposure prophylaxis; HBV, hepatitis B virus; HCV, hepatitis C virus; HPV, human papillomavirus; INSTI, integrase strand transfer inhibitor; IRIS, immune reconstitution inflammatory syndrome; OI, opportunistic infection; PEP, post-exposure prophylaxis; PJP, *pneumocystis jirovecii* pneumonia; PrEP, pre-exposure prophylaxis; RAM, resistance-associated mutation; 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 comorbidities. **b.** 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.