AETC AIDS Education & Training Center Program Mountain West

Part I: Reviewing the 2020 HIVMA Primary Care Guidance

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No conflicts of interest or relationships to disclose.

2013 HIVMA Primary Care Guidelines

IDSA GUIDELINES

Primary Care Guidelines for the Management of Persons Infected With HIV: 2013 Update by the HIV Medicine Association of the Infectious Diseases Society of America

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Updated 2020 HIVMA Primary Care Guidance

Clinical Infectious Diseases

MAJOR ARTICLE

Primary Care Guidance for Persons With Human Immunodeficiency Virus: 2020 Update by the HIV Medicine Association of the Infectious Diseases Society of America

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What is New in the 2020 Guidance?

- “People First” language is used
- New section on transgender and gender diverse populations
- New section on COVID-19 in PWH
- Incorporates U=U
- Mentions telehealth as an option

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2020 HIVMA Primary Care Guidance Sections

I. Optimizing Care Engagement, Medication Adherence, and Viral Suppression

II. Initial Evaluation and Immediate Follow-Up for PWH

III. Routine Healthcare Maintenance Considerations for PWH

IV. Metabolic and Other Noncommunicable Comorbidities Associated with HIV, ART, and Aging

V. Special Considerations for Cisgender Women and Transgender Men of Childbearing Potential and for Prevention of Perinatal HIV Transmission

VI. Special Considerations for Children

VII. Special Considerations for Adolescents

VIII. Considerations for Transgender and Gender Diverse Populations Aged At Least 18 Years

IX. Considerations for the SARS-CoV-2 Pandemic and COVID-19 in PWH

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Outline

Today:

I. Optimizing Care Engagement, Medication Adherence, and Viral Suppression

II. Initial Evaluation and Immediate Follow-Up for PWH

Next Week:

III. Routine Healthcare Maintenance Considerations for PWH

IV. Metabolic and Other Noncommunicable Comorbidities Associated with HIV, Antiretroviral Therapy, and Aging

Thompson MA et al, CID, 2020.

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Aims

1. Familiarize MWAETC ECHO with the 2020 HIVMA PC Guidance
2. Remind MWAETC ECHO about certain practice recommendations
3. Discuss areas where practice patterns may vary
4. Encourage reflection on how the guidelines may change your practice

I. Optimizing Care Engagement, Medication Adherence, and Viral Suppression

Section I: Recommendations #1-4

1. All PWH should have timely access to routine and urgent primary medical care, including considerations for extended/weekend hours or telehealth.
2. Provide care in a way that is linguistically and culturally appropriate.
3. HIV care should use a multidisciplinary model but identify a primary clinician for each patient.
4. Patients should be started on ART on day of diagnosis or as soon thereafter as feasible.

Thompson MA et al, CID, 2020.

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II. Initial Evaluation and Immediate Follow-Up for PWH

Section II: Recommendations #5-45

- Begins with recommendations for the initial assessment and for taking a history, review of systems, and components of a physical examination
- Key tables include:

Table 4. Recommended Initial Laboratory Screening and Other Studies in Persons With Human Immunodeficiency Virus

Test	Comment(s)
HIV-specific tests for all persons with HIV	
HIV antigen/antibody testing	If written evidence of diagnosis not available or if viral load low or undetectable
CD4 cell count and percentage	Assess need for OI prophylaxis
Plasma HIV RNA polymerase chain reaction (HIV viral load)	Establish baseline and monitor viral suppression
HIV resistance testing	Baseline genotype for protease inhibitor, nonnucleoside reverse transcriptase inhibitor, nucleoside/nucleotide reverse transcriptase inhibitor mutations for persons who have never initiated therapy or who are reengaging in care and not on therapy or with inconsistent access to therapy. INSTI genotype is recommended only if suspicion for INSTI mutation transmission.
HIV-related tests in select patients	
Coreceptor tropism assay	If use of C-C motif chemokine receptor 5 antagonist is being considered
Human leukocyte antigen subtype B*5701	If use of abacavir is being considered

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Section II: Initial Labs

ROUTINE	ONLY IN CERTAIN SCENARIOS	AREAS FOR DISCUSSION
HIV Ag/Ab CD4 cell count HIV RNA level CBC CMP Syphilis screen Trichomonas screen GC/CT screen Viral hepatitis screen TB screening	Tropism testing HLA-B*5701 Varicella immunity Measles immunity Cryptococcal antigen Cervical Pap Pregnancy test	Resistance assay Lipid profile Hemoglobin A1c Urinalysis G6PD level Anal Pap

Not recommended: Routine testing of HSV, CMV, and Toxoplasma IgG

Thompson MA et al, CID, 2020.

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Section II: Initial Labs

ROUTINE	ONLY IN CERTAIN SCENARIOS	AREAS FOR DISCUSSION
HIV Ag/Ab	Tropism testing	Resistance assay
CD4 cell count	HLA-B*5701	Lipid profile
HIV RNA level	Varicella immunity	Hemoglobin A1c
CBC	Measles immunity	Urinalysis
CMP	Cryptococcal antigen	G6PD level
Syphilis screen	Cervical Pap	Anal Pap
Trichomonas screen	Pregnancy test	
GC/CT screen		
Viral hepatitis screen		
TB screening		

Not recommended: Routine testing of HSV, CMV, and Toxoplasma IgG

Thompson MA et al, CID, 2020.

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Reminders

- **HIV Ag/Ab:** Patients who have no documentation of their HIV status or who were tested anonymously should have an HIV antigen/antibody screening test performed upon initiation of care. (Recommendation #6)
- **Trichomonas screen:** All persons who have receptive vaginal sex should be screened for trichomoniasis at entry into care… (Recommendation #20)
- **Measles immunity:** All persons with HIV born in 1957 and after should be tested for immunity to measles, mumps, and rubella (MMR) by measuring antibodies. (Recommendation #31)

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Reminders

- **HIV Resistance Testing**
  - Patients should be assessed for transmitted drug resistance with a genotype assay for protease inhibitor (PI), nonnucleoside reverse transcriptase inhibitor (NNRTI), and nucleoside reverse transcriptase inhibitor (NRTI) mutations upon initiation of care. (Recommendation #10)

  - If transmitted integrase strand transfer inhibitor (INSTI) resistance is suspected, genotypic testing for INSTI resistance should be obtained. (Recommendation #13)

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Section II: Initial Labs

ROUTINE	ONLY IN CERTAIN SCENARIOS	AREAS FOR DISCUSSION
HIV Ag/Ab	Tropism testing	Resistance assay
CD4 cell count	HLA-B*5701	Lipid profile
HIV RNA level	Varicella immunity	Hemoglobin A1c
CBC	Measles immunity	Urinalysis
CMP	Cryptococcal antigen	G6PD level
Syphilis screen	Cervical Pap	Anal Pap
Trichomonas screen	Pregnancy test	
GC/CT screen		
Viral hepatitis screen		
TB screening		

Not recommended: Routine testing of HSV, CMV, and Toxoplasma IgG

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Cryptococcal Antigen: Audience Poll

In which asymptomatic individuals do you check a serum cryptococcal antigen?

A. PWH with CD4 cell count < 50 cells/mm^3
B. PWH with CD4 cell count < 100 cells/mm^3
C. PWH with CD4 cell count < 200 cells/mm^3
D. I do not routinely check a serum cryptococcal antigen

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Cryptococcal Antigen Recommendation

45. Testing for serum cryptococcal antigen may be considered in persons with CD4 cell count < 100 cells/mm^3 or in symptomatic patients.

Will this recommendation change your practice?

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G6PD Deficiency Screening: Audience Poll

In which individuals do you check a G6PD level?

A. All PWH with HIV at entry to care
B. All PWH with CD4 cell count < 200 cells/mm^3
C. PWH with CD4 cell count < 200 cells/mm^3 who are starting dapsone for PCP prophylaxis
D. PWH with CD4 cell count < 200 cells/mm^3 who are starting dapsone for PCP prophylaxis AND who have a predisposing racial or ethnic background

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G6PD Deficiency Screening Recommendation

40. Screening for glucose-6-phosphate dehydrogenase (G6PD) deficiency is recommended before starting therapy with oxidant drugs such as dapsone, primaquine, or sulfonamides in patients with a predisposing racial or ethnic background.

Will this recommendation change your practice?

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Section II: Conclusions

- Tables 1-4 are helpful as a refresher on best practices, as a quick resource, and/or as a teaching tool
- At the initial assessment, remember to check an HIV Ag/Ab level if not already obtained, screen for trichomonas in persons who have receptive vaginal sex, and screen for measles immunity in PWH born in 1957 and after.
- Expert opinion regarding screening for G6PD deficiency and asymptomatic CrAg-emia varies. How will your practice regarding these change?

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Next Week

III. Routine Healthcare Maintenance Considerations for PWH

IV. Metabolic and Other Noncommunicable Comorbidities Associated with HIV, Antiretroviral Therapy, and Aging

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