

HIV

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Screening - We don't do enough!



- CDC: all health care settings: routine in 13 – 64 year olds (how often is routinely?)
- Everyone at high risk of HIV should be screened AT LEAST annually
- All patients seeking care for STIs, all patients going to STI clinics (without ascertaining if at high risk)
- All pregnant women should be screened as part of routine prenatal panel
- NO SPECIAL written consent required. Consent for medical care is sufficient

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HIV



Test: enzyme immunoassay followed by confirmatory western blot

- Rapid Oraquick, UnigGold, Rcombigen

If exposure is suspected or known: EIA should be done at 1, 2, 6 mos (can do a viral load at the same time if REALLY suspicious)

Strains of HIV: 1 and 2 (95% of cases are HIV1, HIV2 primary located in West Africa and is harder to spread) there are 9 subgroups of HIV1

HIV is a reportable disease: form has to be mailed to Indiana State department of Health, fax to county health department as well.

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HIV Patients



New diagnosis:

- LABS: CBC, HIV RNA quantitative viral load, CD4 count, check gonorrhea, chlamydia, syphilis, TB, CMP, Hep B, C. (assume genotype HIV 1, can check later if drug resistant)
- Pap if cervix present (check for hpv), pregnancy test if applicable
- Paps annually until 3 in a row are negative, then follow standard guidelines
- MEDS: start on once a day regimen
- Vaccines: annual flu, pneumonia once before age 65, DTap every 10 years, hep B if not infected and not immune

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HIV Medications



Medication	Possible Side Effects	Dosing/ Monitoring
Atripla Emtricitabine + tenofovir DF + efavirenz	Skin hyperpigmentation (palms and soles) N/V/D/HA, dizziness, insomnia, rash Bloating, abdominal discomfort Decrease kidney function Decreased bone mineral density CNS depression, elevated LFTS Elevated lipids	Take on Empty stomach Check CMP q 3 mos Contains lactose DO NOT USE IN PREGNANCY

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HIV Medications



Medication	Possible Side Effects	Dosing/ Monitoring
Symfi Lamivudine + tenofovir DF + efavirenz	N/D/ HA, fatigue insomnia, anemia, dizziness Bloating, abdominal discomfort Decrease kidney function Decreased bone mineral density CNS depression, elevated LFTS Elevated lipids	Take on empty stomach Check CBC and CMP Contains lactose DO NOT USE IN PREGNANCY

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HIV Medications



Medication	Possible Side Effects	Dosing/ Monitoring
Complera ** Emtricitabine + rilpivirine+ tenofovir DF	Skin hyperpigmentation (palms and soles) N/V/D/HA, dizziness, insomnia, rash Bloating, abdominal discomfort Decrease kidney function Decreased bone mineral density Rash, depression, insomnia, HA	Interacts with PPIs and H2 blockers Take with 400-500kcal food Contains lactose NOT with viral load > 100k or for CD4<200 Check CMP
Stribild ** Cobicistat+ elvitegravir + emtricitabine + tenofovir DF	N/D, renal dysfunction, decreased BMD, abnormal dreams, rash, insomnia HA	Check CMP, lipids

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HIV Medications



Medication	Possible Side Effects	Dosing/ Monitoring
Triumeq Abacavir + dolutegravir + laminudine HLA- B5701 TEST prior Lavender tube Abacavir FATAL hypersensitivity reaction.	Rhabdo, elevated liver enzymes	LFTs, CBC, CK
Genvoya ** (cobicistat +elvitegravir +emtricitabine + tenofovir AF)	N, bad dreams, rash, insomnia, HA, decreased BMD	CMP, UA, lipids

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HIV Medications



Medication	Possible Side Effects	Dosing/ Monitoring
Biktarvy ** Bictegravir + emtricitabine + tenofovir AF	HA, fatigue, dizziness, insomnia, N/D increased serum bilirubin, increased CK	CMP, CK
Cabenuva (approved 2/2021) Cabotegravir + rilpivarinine Injectable q month Should take Vocabria (cabotegravir oral) with rilpivarinine daily for 1 month to be sure well tolerated	Fever, fatigue, HA, msk pain, Dizziness, rash	CMP BRAND NAME ONLY

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HIV Medications



Medication	Possible Side Effects	Dosing/ Monitoring
Odefsey ** Emtricitabine + rilpivarinine + tenofovir	HA, rash, insomnia, renal dysfunction	CMP

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Documentation



DOCUMENT in A/P in EVERY VISIT:

Date diagnosed:

How contracted (if known):

Meds been on previously:

Any genetic testing done: HLA B*5701

Nadir of cd4

Peak viral load

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Treatment



Start as close to day of diagnosis as possible starting early means early suppression

GOAL: undetectable viral load (<50 copies/mL) and sustained CD4 count (varying definitions of undetectable most generous <200 copies/mL)

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HIV to AIDS



Cd4 count <200 cells/mm³ OR 1 AIDS defining illness

CD4 count levels, and prophylaxis for opportunistic infections

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Follow Up



1 month initially: Viral load, cd4 count, lipid panel, UA, cmp

3 mos until sure patient taking meds and viral load suppressed (<20 – 200 copies)

Undetectable = Untransmissible

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