



# HIV Treatment Basics

## Providers have the Power ➡➡➡

# Presenter Bio



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# How Do You Do HIV Primary Care?

## At the first visit:

- Get to know the patient
- Spend most of visit explaining the basics
- Focus on the ease & effectiveness of modern treatment
- Show that you care



# How Do You Do HIV Primary Care?



## Important

- If possible, connect the patient to your treatment team the same day
- Initial workup is lengthy, but on-demand support is available
- Antiretroviral treatment is simple for most patients

# Compassion is Essential



**“The secret of the care of the patient is caring for the patient.”**

-Dr. Francis Peabody

# History

## Make sure to discuss:

- Current symptoms
- Risk factor screening
- Sexual history
- Psychiatric history
- Substance use
- Social supports, employment, housing, etc.
- Domestic violence



# Physical Exam

## Examine patient for:

- Lymphadenopathy
  - Cervical
  - Epitrochlear
- Oral Hairy Leukoplakia
- Oral Thrush



# Physical Exam

- Cotton Wool Spots
- Splenomegaly
- Rashes
  - Acute HIV rash
  - Syphilis







INDIAN HEALTH SERVICE

## HIV Primary Care Treatment Guidelines for Adults and Adolescents

Source:

[https://www.ihs.gov/sites/hivaids/themes/responsive2017/display\\_objects/documents/ihshivguidelinesadultadolescent.pdf](https://www.ihs.gov/sites/hivaids/themes/responsive2017/display_objects/documents/ihshivguidelinesadultadolescent.pdf)

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# Baseline Laboratory Testing

- CD4 Count
- HIV Viral Load
- Genotypic Antiretroviral Resistance Test
- RPR or T. pallidum EIA
- GC/Chlamydia NAAT
- Trichomonas vaginalis
- Toxoplasma Ab
- CMV Ab
- Varicella Ab
- CXR
- Anal PAP Smear
- Lipids
- Urinalysis
- HGB A1c/fasting glucose
- G-6-PD level
- Pregnancy Test
- HLA B\*5701 assay

**DON'T WORRY! ALL OF THIS IS IN THE IHS TREATMENT GUIDELINES!**

# Antiretroviral Therapy Basics



**Treat all HIV positive patients  
regardless of CD4 count.**

# Antiretroviral Basics

**Tenofovir/Emtricitabine/Bictegravir 1 po daily**

*or*

**Abacavir/Lamivudine/Dolutegravir 1 po daily**

(if HLA B\*5701 (-) and HBV negative)

*or*

**Dolutegravir/Lamivudine 1 po daily**

(if HIV VL < 500K, HBV negative, sensitive on GART)

# Antiretroviral Basics

**The Goal:** Undetectable viral load at 4-6 months

## **Consult an HIV Specialist if:**

- Viral load fails to drop to undetectable at 4-6 months
- Viral load rebounds to detectable level after previously undetectable
- Pregnancy or contemplating pregnancy
- Hepatitis B/C, TB co-infection present



# Treatment as Prevention

U=U

## Achieving virologic control for your patient:

- Helps your patient from complications and death
- Protects your patient's partner
- Prevents spread in the community



# Preventing Opportunistic Infections

Organism	CD4 Count Cutoff	Drug Regimens
<b>Pneumocystis</b>	$\leq 200$	TMP/SMZ DS 1 po qd Dapsone 100 mg po qd Atovaquone 1500 mg po qd
<b>Toxoplasmosis</b>	$\leq 100$ & (+) serology	TMP /SMZ DS 1 po qd Pyrimethamine, Leukovorin Dapsone
<b>Mycobacterium Avium complex</b>	$< 50$ and not starting ART	Azithromycin 1200 mg po weekly Clarithromycin 500mg po BID

# Health Maintenance

## Eye Care

- Annual eye clinic check-up to rule out HIV related eye disease

## Dental Care

- Annual dental clinic check-up to rule out HIV related oral disease





# Health Maintenance

**GYN Care**

**Bone Health**

**TB Screening**

**Vaccines**

**Mental Health**

**Spiritual Health**



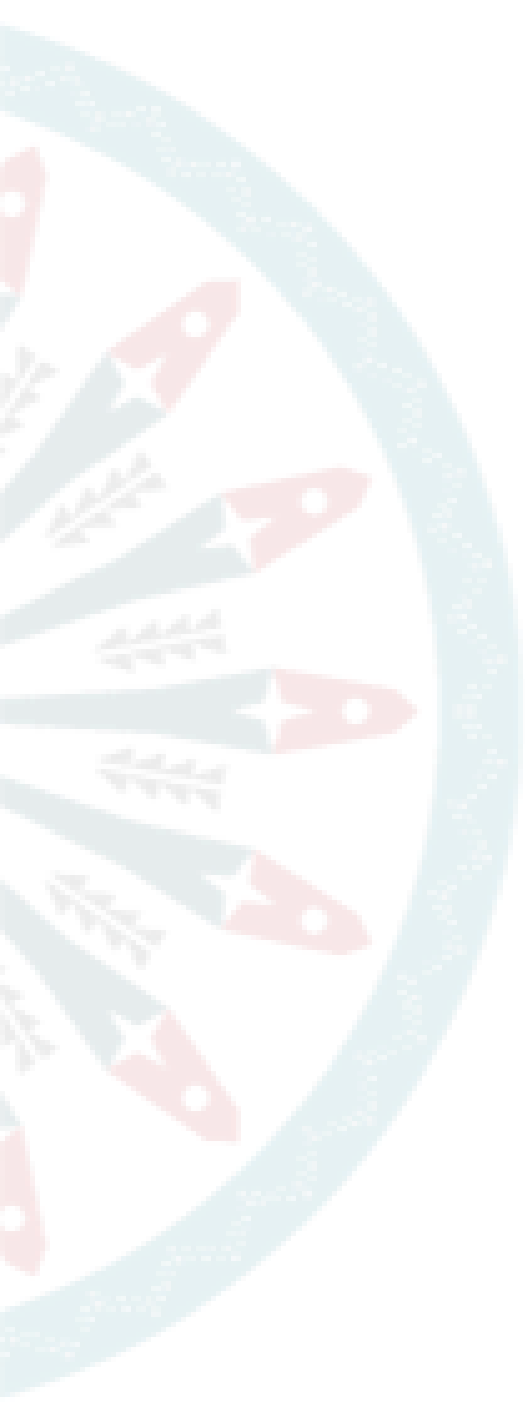
**How do you keep the new patient  
in care?**



# Continued Patient Care

- Home visits
- Jail/detox outreach visits
- Adherence counseling at visit
- Nurse clinic visits
  - STI care
  - Counseling
  - Crisis intervention
- Transgender care
- Suboxone & Naltrexone
- Patient-centered education





**How am I supposed to keep up  
with all of this?!!!**

# IHS HIV Project ECHO

## Monthly IHS telemedicine conference:

- Sponsored by University of New Mexico and IHS
- Twenty-minute didactic talk regarding HIV care
- Participants present 2-3 active cases

## When?

- 2nd Wednesday of the month @ 12pm MT

[IHSECHO@unm.salud.edu](mailto:IHSECHO@unm.salud.edu)



# HIV/AIDS Warmline



The National Clinician Consultation Center is a free telephone advice service for clinicians, by clinicians. Go to **[nccc.ucsf.edu](http://nccc.ucsf.edu)** for more information.

**HIV/AIDS Warmline**  
**800-933-3413**

HIV treatment, ARV management, complications, and co-morbidities

**Perinatal HIV Hotline**  
**888-448-8765**

Pregnancy, breastfeeding and HIV

**Hepatitis C Warmline**  
**844-HEP-INFO/  
844-437-4636**

HCV testing, staging, monitoring, treatment

**Substance Use Warmline**  
**855-300-3595**

Substance use evaluation and management

**PrEPLine**  
**855-HIV-PrEP**

HIV Pre-exposure prophylaxis

**PEPLine**  
**888-448-4911**

Occupational & non-occupational exposure management

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# Summary Thoughts



**A team approach using a  
PCMH Model is the way to go!**

**HIV is a primary care disease**

**We can teach you how to do it!**



# More Information & To Get Connected

**IndianCountyECHO.org**

**For free technical assistance:  
ECHO@npaihb.org**





**Slides that were removed**

# Baseline Laboratory Testing

<b>CD4 Count</b>	At diagnosis, then 3 months after starting ART then ever 3-6 months for two years. After 2 years of virological suppression, monitor CD4 count every 3-6 months when CD4 < 300. If 300 < CD4 < 500, then monitor every year. If CD4 > 500, then monitoring is optional. CD4 monitoring is indicated at any time there is loss of virological control.	<b>Use one laboratory and methodology</b>
<b>HIV Viral Load</b>	At diagnosis & q 3-6 months at first then every 6 months after 2-3 years of virologic control.	<b>Use one laboratory and methodology</b>
<b>Genotypic Antiretroviral Resistance Test</b>	At diagnosis on all patients and with failure of virologic control.	<b>Test prior to starting antiretroviral therapy on all patients: NRTI, NNRTI, PI</b>

# Baseline Laboratory Testing

<b>RPR or T. pallidum EIA</b>	At diagnosis and yearly	<b>LP if evidence for neuro/ocular syphilis</b>
<b>GC/Chlamydia NAAT</b>	At diagnosis and yearly Consider q 3-6-month test if ongoing STI risk	<b>Order rectal &amp; pharyngeal test if at risk, in addition to urine</b>
<b>IGRA assay or PPD</b>	Once for all patients. Test MSM, transgender women and IDUs annually for Hepatitis B and C	<b>Vaccinate for Hep A if serology is negative</b> <b>Vaccinate for Hep B if no prior infection or vaccination</b>
<b>Toxoplasma Ab</b>	Once	<b>Prophylaxis if CD4 &lt; 100</b>
<b>CMV Ab</b>	Once	<b>Test only if low risk (non MSM, non IDU)</b>

# Baseline Laboratory Testing

<b>Varicella Ab</b>	Once if no h/o Chickenpox or Shingles	<b>Consider vaccination if negative and CD4 &gt; 200</b>
<b>CXR</b>	Once	<b>Only if symptoms or PPD+</b>
<b>Anal PAP Smear</b>	Anal cytology annually	<b>Refer positives for high resolution anoscopy/surgery clinic</b>
<b>Lipids</b>	Baseline and annually	<b>Avoid simva/lovastatin</b>
<b>Urinalysis</b>	Baseline and annually if at risk for renal disease	
<b>HGB A1c/fasting glucose</b>	Baseline and annually	<b>Fasting glucose is more accurate for diagnosing DM in HIV (+) persons</b>

# Baseline Laboratory Testing

<b>G-6-PD level</b>	Once	<b>If sulfa allergic</b>
<b>Pregnancy test</b>	Obtain at baseline and before ART initiation	
<b>Trichomonas vaginalis</b>	Screen women at entry to care and annually	
<b>HLA B*5701 assay</b>	Once if considering ART that includes Abacavir	<b>Used to detect risk for Abacavir hypersensitivity</b>

# Health Maintenance

## Eye Care

- Annual eye clinic check-up to rule out HIV related eye disease

## Dental Care

- Annual dental clinic check-up to rule out HIV related oral disease



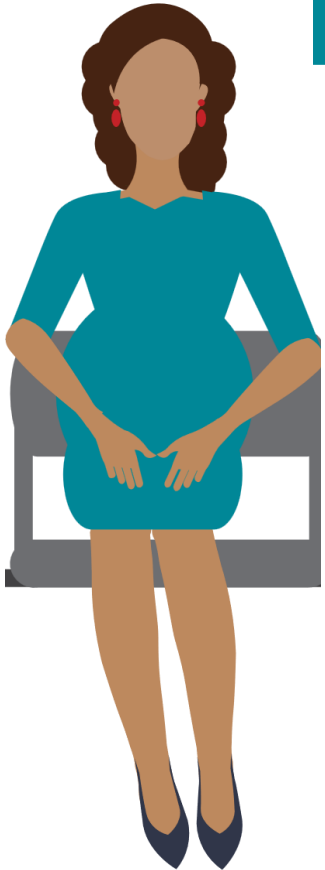
# Health Maintenance

## GYN Care

- Pap smear preferred for women < 30 years of age
  - If negative, repeat in 1 year
  - If 3 consecutive annual Paps are negative, test every 3 years
- Pap plus HPV co-testing can be done every 3 years women > 30
- Biennial Mammography age 50-74



# Health Maintenance



## Bone Health

- DEXA scans are indicated for post-menopausal women and for men aged 50 or greater with HIV, especially those on Tenofovir
- Vitamin D level testing is recommended once and periodically as indicated



# Health Maintenance

## TB Screening

- An IGRA test (or PPD) should be done at diagnosis and annually
- Twelve weeks INH-Rifapentine or 9 months of INH are indicated for PPD tests greater than 5 mm induration (not 10 mm) or positive Quantiferon tests
- INH-Rifapentine can also be used with dolutegravir
- A symptom review and CXR are mandatory to rule out TB disease first

# Health Maintenance

## Vaccines

- Hepatitis B, influenza, TdAP and pneumococcus vaccines
  - Consider double dose Hep B vaccine or Heplisav for failure to convert to HBsAb +
- PCV-20 alone or PCV-15 followed by PPSV-23
- HPV vaccine for females & males 9-26 per ACIP
  - Up through age 45 permitted by FDA and recommended by IHS



# Health Maintenance

## Vaccines

- Meningococcal vaccine (Menactra<sup>®</sup> or Menveo<sup>®</sup>)
- Offer Varicella vaccine if CD4 > 200 and nonimmune
- Shingrix recommended for HIV positive people (aged 19 and up) regardless of CD4 count



# Health Maintenance

## Mental Health

- All patients should be screened for depression, anxiety, suicidal ideation and substance abuse at every visit
- Refer to a mental health provider or substance abuse counselor
- Domestic violence screening is indicated at every visit



# Health Maintenance

## Spiritual Health

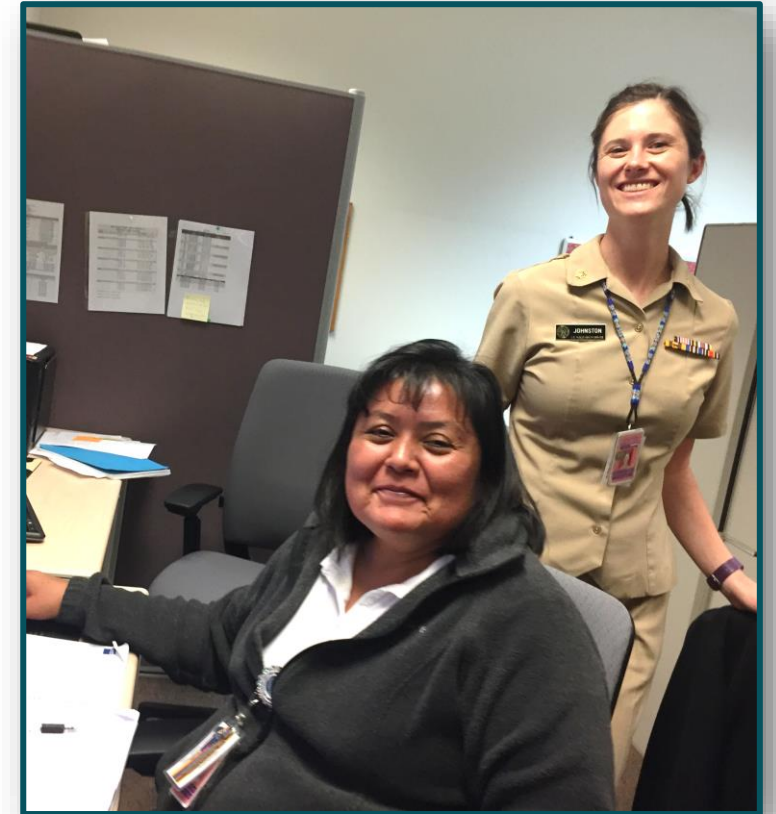
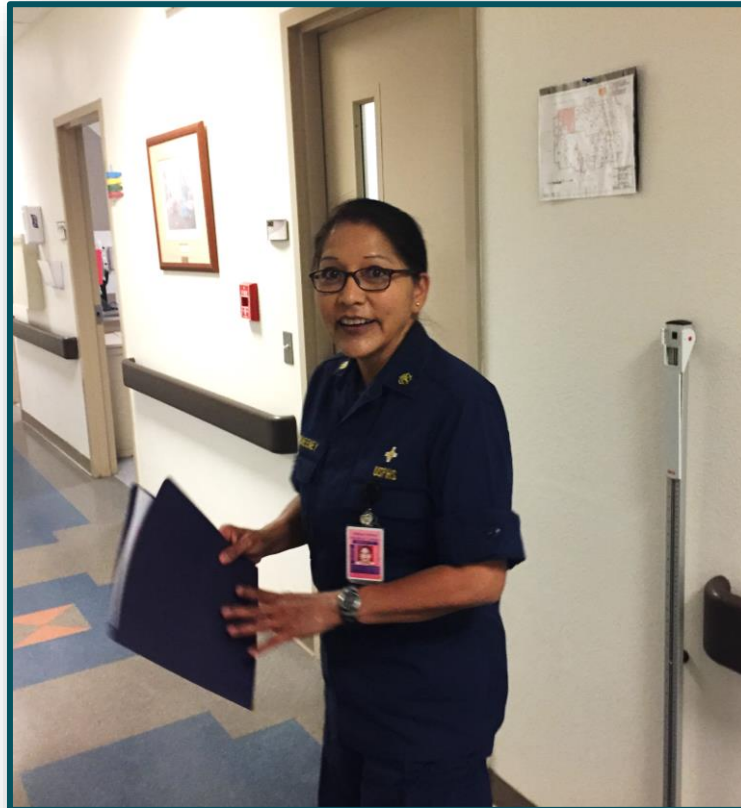
- All patients should be screened for spiritual health issues and referred to a medicine man or other spiritual health provider if desired by patient



# HIV Outreach Patient Empowerment

## Navajo Area IHS HIV Home Treatment

### Team Nizhoni



# Gallup Indian Medical Center

## Team Nizhoni

### HIV Nurse Specialist

- Home visits to monitor therapy
- Jail/detox outreach visits
- Nurse clinic visits
  - STI care
  - Counseling
  - Crisis intervention

### Two Health Technicians

- Navajo speakers
- “Home” visits to established high risk & newly diagnosed patients



# Gallup Indian Medical Center

## Team Nizhoni

### Four Pharmacists

- Med refills
- Adherence counseling in clinic at every visit
- Interactions, prophylaxis, lipids, etc.
- Jail Detox visits

### 2 IM and 3 ID Doctors

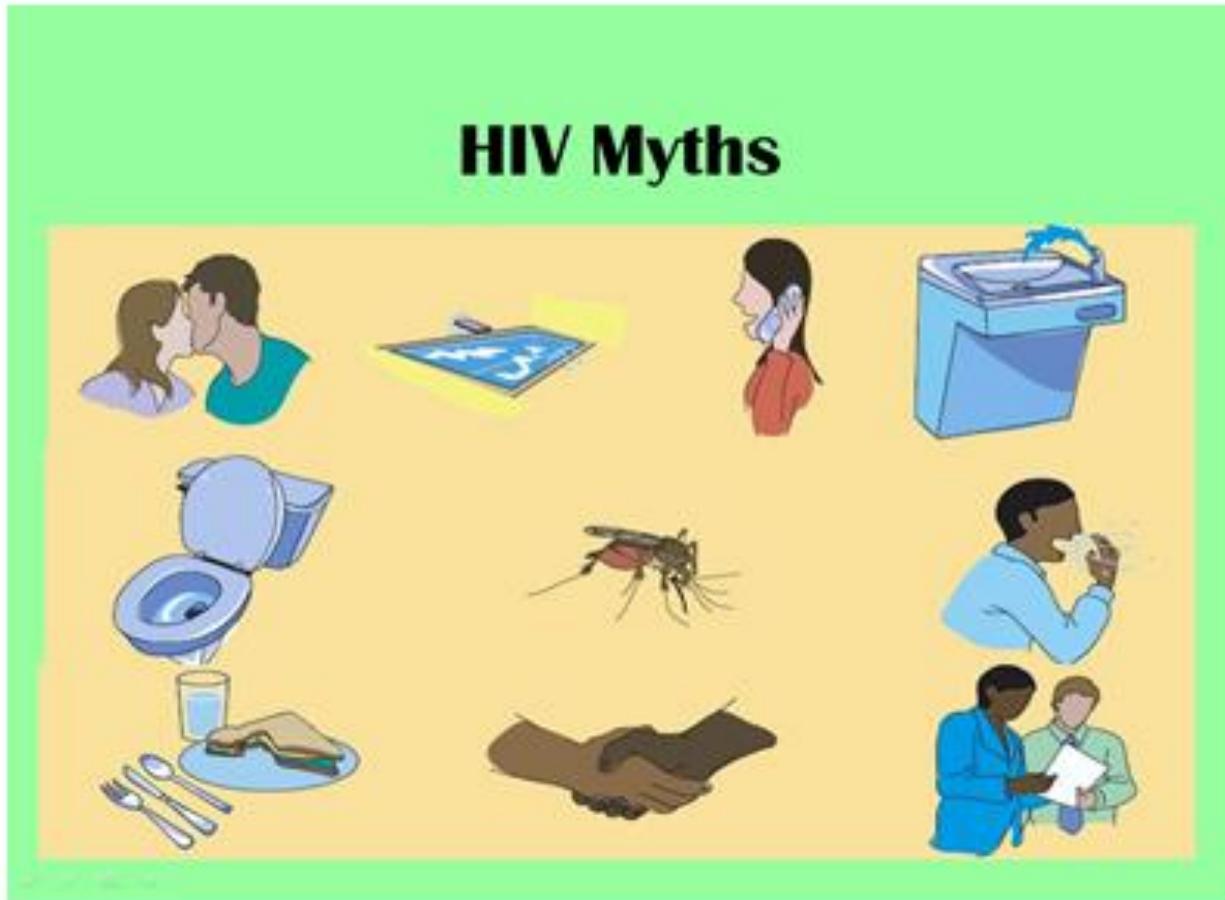
- HIV ID referral and HIV Primary Care
- Transgender care
- Suboxone and Naltrexone
- HCV-coinfection





# HOPE Program Essential Tools

## Flip Charts and Blister Packs



# Home Visits to Monitor Challenging Patients

