

For individuals testing positive for HIV, immediate initiation of antiretroviral therapy (sometimes referred to as I-ART), represents a departure from earlier clinical practice. Studies show that I-ART can help people with HIV to achieve viral suppression more quickly and promote overall health.ⁱ ⁱⁱ People with HIV who use antiretroviral therapy as prescribed and stay virally suppressed, have effectively no risk of sexually transmitting HIV to others.ⁱⁱⁱ Providers at clinical settings should work towards helping HIV-positive persons initiate ART as soon as possible, either on site or through immediate linkage. Providing same day and/or rapid I-ART may also help patients to feel empowered.^{iv}

HIV testing is the first step in initiating I-ART, pre-exposure prophylaxis (PrEP), and post-exposure prophylaxis (PEP). Assuring access to these medications in a timely way can help change the course of HIV for individuals and communities. The graphic below illustrates the steps needed for initiating I-ART for persons who test positive for HIV. It also includes information about re-testing, and eligibility for PrEP^v and PEP^{vi} for individuals with negative test results.

PREVENTION STARTS WITH HIV TESTING

POSITIVE

- Refer for confirmatory lab testing as needed
- Provide baseline lab tests for initiating ART (click [here](#) for guidelines)
- Prescribe ART if patient is interested and ready (same day start is preferred)
- Provide insurance navigation to assist with AIDS Drug Assistance Program (ADAP) and other benefits
- Provide medication adherence counseling
- Confirm medications have been picked up and maintain frequent contact, especially during first month
- Provide follow-up care
- Provide psychosocial support & referral

NEGATIVE

- Provide or refer for PEP if known or suspected exposure through unprotected sex or needle puncture within 72 hours
- If patient is at risk for acute HIV, conduct supplemental testing immediately based on clinical judgement that considers patient's risk status, history of recent exposure, and/or possible signs and symptoms of acute HIV
 - Refer to medical provider immediately for engagement in care if supplemental testing is positive
- Consider the need for re-testing based on the window period and test used
- Offer risk reduction strategies for persons at risk:
 - Prescribe or refer for PrEP; consider same-day start
 - Provide risk reduction counseling and condoms
 - Provide psychosocial support and/or referral

i Cohen MS, Chen YQ, McCauley M, et al. Prevention of HIV-1 infection with early antiretroviral therapy. N Engl J Med. 2011;365(6):493-505. Available at: <https://www.ncbi.nlm.nih.gov/pubmed/21767103>.

ii Dept. of Health and Human Services, Guidelines for the Use of Antiretroviral Agents in Adults and Adolescents Living with HIV. Downloaded from <https://aidsinfo.nih.gov/guidelines>. 7/16/19

iii Centers for Disease Control and Prevention, Treatment as Prevention, <https://www.cdc.gov/hiv/risk/art/index.html>, accessed 9/10/19

iv Ferrus, C et al. "Implementation of Rapid HIV Treatment in Ambulatory Care Settings"

v U.S. Public Health Service, Preexposure Prophylaxis for the Prevention of HIV Infection in the United States – 2017 Update, A Clinical Practice Guideline. Downloaded from <https://www.cdc.gov/hiv/pdf/risk/prep/cdc-hiv-prep-guidelines-2017.pdf>, October 17, 2019

vi CDC, PEP 101, Downloaded from <https://www.cdc.gov/hiv/pdf/library/factsheets/cdc-hiv-pep101.pdf>, October 17, 2019

I-ART IMPLEMENTATION CONSIDERATIONS

- Conduct staff training pertaining to I-ART
- Listen to staff concerns and be prepared to request training and technical assistance as needed *
- Identify potential champion(s) within your health center to be part of implementation team
- Implement and/or modify HIV testing practices to be in alignment with CDC HIV testing guidelines
 - ✓ Click [here](#) for routine HIV testing guidelines which include recommendations for testing individuals ages 13-64
 - ✓ Click [here](#) for HIV testing guidelines for HIV screening of gay, bisexual, and other men who have sex with men^{vii}
- Establish and/or revise protocols and practices for HIV testing including: test selection, confirmatory testing, insurance navigation, medical adherence counseling, psychosocial assessment, and referrals
- Assure that re-testing recommendations are based on last reported exposure, the type of test used, and the window period. If a person gets a laboratory-based antigen/antibody test on blood plasma less than 45 days after a possible HIV exposure and the result is negative, follow-up testing can begin 45 days after the possible HIV exposure. For all other tests, CDC recommends testing again at least 90 days after exposure to be sure that a negative test result is accurate.^{viii}
- Identify possible sources of ART starter pack in collaboration with other entities and organizations (i.e. pharmacy linkages, leveraging pharmaceutical company programs, 340B)
- If unable to provide medication on site, develop and/or revise protocols for linkage to medical providers

Working with Patients Who Test Positive for HIV

- Provide patient-centered health and counseling services that consider the social determinants of health
- Provide counseling on benefits of I-ART and initiate if acceptable to patient
- Acknowledge that patient readiness for treatment and medication adherence are key components of I-ART
- Using a team approach, address patient barriers to I-ART
- If patient wants to initiate ART immediately, prescribe regimen based on patient history and clinical guidelines; click [here](#) to review

We know that ending HIV will require us to address health disparities and engage in partnerships with health care providers, health departments, community-based organizations, and persons with HIV. If your health care organization is not ready to provide I-ART, you can develop a plan to work towards this goal; while establishing relationships with providers in your community where you can refer people with HIV for treatment. While you are working on the plan, remember the time is now to initiate antiretroviral therapy.

* If your organization needs training or technical assistance pertaining to I-ART, or other topics pertaining to HIV testing and treatment, please contact us at hip@pcdc.org or at 212-437-3900.

vii CDC, HIV in Clinical Settings, Downloaded from <https://www.cdc.gov/hiv/testing/clinical/index.html>, Sept. 30, 2019

viii Centers for Disease Control and Prevention, Downloaded from <https://www.cdc.gov/hiv/testing/clinical/index.html>, October 14, 2019