

STEP 1 Could it be HIV?

WHO TO TEST

www.testingportal.ashm.org.au/hiv

- Patients who request testing
- Patients with another STI or BBV
- People at risk (see below) with a flu like illness
- Pregnant women
- People diagnosed with tuberculosis
- Patients with unexplained immunosuppression

PEOPLE AT RISK

- Men who have sex with men (MSM)
- Sexual partners of HIV infected people
- People from a country with high HIV prevalence
- Sexually active overseas travellers
- People who share injecting equipment

STEP 2 Informed consent and testing

BEFORE TESTING:

ASSESS RISK: Ask about previous history of testing, sexual, injecting and travel histories, testing for other STIs

EVALUATE: Patient's general psychological state and social supports

GAINING INFORMED CONSENT

www.testingportal.ashm.org.au/hiv

Discussion should be appropriate to the person's gender, culture, language, behaviour and risk factors.

DISCUSS: the patient's reason for testing, testing procedure, window period, transmission, prevention

TALK ABOUT: confidentiality and privacy issues around testing, implications of positive and negative test results

POST EXPOSURE PROPHYLAXIS (PEP)

In the case of high risk accidental or sexual exposure, a four week course of HIV antiretroviral medication reduces the risk of transmission. PEP is accessed through emergency departments, sexual health clinics and specialised GPs. **PEP must commence ASAP after the exposure and is not effective after 72 hours.**

(www.ashm.org.au/pep-guidelines)

TEST

ORDER HIV Ag/Ab

'Window Period': is generally up to 6 weeks (may be up to 12 weeks depending on the test used) from an exposure and can give a false negative test result.

Initial positive HIV antibody or HIV antigen/antibody test results are automatically sent to a reference laboratory for confirmation.

The laboratory will contact the GP if initial tests are positive. The pathologist will answer any questions at this stage and also advise if more blood needs to be drawn.

Make arrangements for giving results: Check contact details are up to date.

CONVEY RESULTS

CONVEY RESULTS

STEP 3 Conveying test results

IF HIV POSITIVE

GIVE POSITIVE TEST RESULTS IN PERSON

Listen and respond to patient needs

Avoid information overload

Check immediate plans, supports and available services (e.g. www.napwha.org.au)

Arrange other tests if appropriate (see monitoring) and arrange a specialist appointment

Make a follow up appointment (GP) (which should be within the next few days) to review how the patient is coping

Advise safe practices and condom use

Contact tracing: is the responsibility of the diagnosing doctor. If assistance is needed, talk to the specialist service about how best to proceed (ctm.ashm.org.au)

REFER

IF HIV NEGATIVE:

A NEGATIVE RESULT IS AN OPPORTUNITY FOR PREVENTIVE EDUCATION

Recommendations for follow up testing can be discussed.

HIV transmission can be prevented by:

- Using condoms during sexual contact
- Avoiding contact with infected blood
- PEP

STEP 4 Further assessment and referral

Refer patient to a Sexual Health Clinic, Specialist HIV unit or GP with a special interest in HIV for an initial assessment.

These services manage HIV-specific care and HIV treatment when needed. The service will establish health status through baseline blood tests. These tests include those for immune function, viral hepatitis and STIs.

GP should follow up to make sure the patient attended the service

- GPs are well placed to use GP Management Plans and Team Care Arrangements for complex care issues such as:
- Concomitant medical conditions
 - Mental health issues
 - Drug and alcohol issues
 - Dental health
 - Relationship issues
 - Stigma and discrimination
 - Healthy lifestyle
 - Peer support (www.afao.org.au)

REFER

CONTINUE TO MONITOR

CONTINUE TO MONITOR

STEP 5 HIV treatment by specialist services

SPECIALIST REFERRAL:
the GP and treatment of HIV infection

Antiretroviral medication (ARV) reduces viral replication and prevents ongoing damage to the immune system.

The medications are available under the Commonwealth highly specialised drugs scheme (s100) and are prescribed by specialists and s100 GP prescribers. They are dispensed by certain public hospital pharmacies.
(<http://www.ashm.org.au/hiv/prescriber-programs>)

There are five classes of approved antiretrovirals and combination therapy is the norm. Side effects are common initially and if adherence is patchy or drug interactions or absorption problems are present, resistance to therapy can occur.

Once commenced, therapy is lifelong. The decision to initiate therapy is complex and individualised. However pregnant women with HIV are advised to take ARV to protect their babies from contracting HIV during the pregnancy and delivery.

Regular liaison and communication between the GP and specialist service about medication changes is critical to patient safety.

It is important for every patient to have a supportive GP for ongoing general health care

MONITOR

CONTINUE TO MONITOR

STEP 6 Monitoring

Monitoring may be performed by the GP or the specialist service, arranged in consultation between the services and the patient. A basic schedule is shown below. Individual needs will vary. Extra monitoring is required for patients on therapy

AT ALL VISITS: CHECK MOOD, GENERAL HEALTH AND ADHERENCE TO MEDICATION

Note: Watch for dangerous drug interactions e.g. statins, proton pump inhibitors, Viagra, inhaled steroids

THREE TO FOUR MONTHLY REVIEW

- History and symptom review
- Weight, BP, examine mouth, lymph nodes, skin and abdomen
- Bloods; FBC, LFT/UEC, CD4/CD8 count, HIV Viral load
- Health promotion; transmission prevention, healthy lifestyle, smoking cessation, and patient related concerns

SIX TO EIGHT MONTHLY REVIEW As above, plus

- Syphilis serology and STI screen if at ongoing risk
<http://stipu.nsw.gov.au/stigma/sti-testing-guidelines-for-msm/>
- Dental/oral review

ANNUAL REVIEW As above, plus

- Influenza vaccination
- Screen for hepatitis A (HAV) and hepatitis b (HBV); check vaccination status
- Review for hepatitis C (HCV) risk
- Fasting cholesterol, HDL and LDL, triglycerides and glucose
- Cervical cytology in women