

HIV – Ongoing Management

[Disclaimer](#)

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Background – About ongoing HIV management and the role of general practitioners

- *Combination antiretroviral therapy (ART) is lifelong and given to prevent progression to AIDS and reduce transmission. > 95% adherence is required to prevent virological resistance developing. Patients are at increased risk of cardiovascular, renal, and bone complications. The main indicator of success of therapy is an undetectable HIV viral load.*
- *ARTs can only be prescribed by HIV s100 prescribers.*
- *An undetectable viral load means that the virus is not transmissible to sexual partners.*
- *Overall CD4+ T-cell count trend is a key indicator of immunodeficiency. CD4 counts provide the thresholds at which prophylaxis for opportunistic infections is started or ceased. Frequency of CD4 and viral load monitoring depends on stage of infection.*

Assessment

1. Assess patients for adherence to combination antiretroviral (ART), updating medical records where needed.
2. Ask about:

Ongoing barriers to care

- *Alcohol and recreational drug use (often undisclosed)*
- *Mental Health issues*
- *Poor adjustment to HIV diagnosis and denial resulting in poor follow up – poor knowledge of HIV, concerns about impact on sexuality*
- *Fear of discrimination and stigma – community, family, or religious beliefs*
- *Poverty, social isolation, poor understanding of the English language*
- *Medicare card or visa difficulties*

3. Assess:

Coexisting conditions

- *Alcohol and recreational drug use (often undisclosed)*
- *Cardiovascular or renal disease*
- *Diabetes*
- *Depression, thought disorder and severe psychiatric illness*
- *Viral hepatitis*
- *Cancer*
- *Cognitive impairment*
- *Osteoporosis*

Management

1. Check for **ART-drug interactions** before initiating any medication.

ART-drug interactions

- Always check for [drug interactions](#).
- The most important drug interactions occur via the CYP 450 system, such as:
 - Prescribed medications including inhaled steroid medications
 - Over the counter
 - Recreational
 - Herbal
- Adjustments in timing, dosage or monitoring are needed for a range of common drugs.

2. Enhance support of lifelong antiretroviral therapy (ART):

- Use [General Practice Care Plans and Team Care Arrangements](#).
- Review the patient at least annually.
 - Conduct **routine checks**. Other **monitoring** is usually run by HIV-specific team.

Monitoring

These tests are ordered by HIV-specific team:

- CD4+ T-cell count, HIV viral load
- Electrolytes, urea, and creatinine
- LFTs
- FBE
- Urinalysis – if on tenofovir
- Hepatitis B serology – if patient at risk, non-immune, and not chronically infected with HBV
- Hepatitis C serology – if patient at risk, and with a negative result at baseline
- Bone mineral density for osteoporosis and osteopenia – there is a 3 times risk increase in patients with HIV

Routine checks

- [Cardiovascular disease risk factors](#), especially if smoking.
- Cervical screening test every 3 years – colposcopy and specialist management is recommended for even low grade changes.
- Annual anal cancer screening – digital anorectal inspection and examination for men with HIV who have sex with men and who are aged > 50 years.
- Skin checks.
- Regular [STI screening](#), as indicated.

- Be alert for and reduce **HIV and ART related morbidity**.

HIV and ART related morbidity

Be alert for and reduce:

- **drug interactions** with any concomitant medicine, including medicines bought over the counter.
 - side-effects of ART medications.
 - cardiovascular and renal dysfunction.
 - insulin resistance and metabolic syndrome. Manage aggressively.
 - dental problems.
 - psychiatric illness – use general practice mental health care plans and referrals as needed.
 - opportunistic cancers – lymphoma, HPV-related cancers, cervical, anal, and lung cancers.
- Maintain **appropriate vaccinations**. See Australian Immunisation Handbook – [Vaccination For People Who Are Immunocompromised](#) for specific recommendations.

Appropriate vaccinations

People with HIV should have individualised schedules based on their:

- age
- CD4 count (which indicates how immunocompromised they are)
- risk of infection.

Seek advice from the HIV treatment team where required.

Common recommendations for adults with well controlled HIV infection (on ART, low or undetectable viral load, good CD4 count):

- Influenza (annually)
- Pneumococcal vaccines (single dose of 13vPCV, at least one dose of 23vPPV)
- Hepatitis A (if risk factors for acquisition)
- Hepatitis B (check for previous hepatitis B infection serology first)
- Human papilloma virus (female < 45 years, males < 26 years)

- Regular dental review

3. Provide support for:

- [drug and alcohol issues](#)
- [anxiety](#) and [depression](#)
- social issues e.g., housing, relationships, employment
- [specialised reproductive and fertility issues](#).

4. Implement strategies to minimise the risk of HIV transmission, including:

- **Legal requirements around disclosure for patients and doctors**

- *In the experience of clinicians who work closely with people living with HIV, there are numerous benefits that accompany disclosure of HIV status.*
- *Under public health law, there is no legal requirement to disclose HIV status to sexual partners or healthcare providers. People who are HIV positive must take reasonable precautions to prevent transmission. Patients wanting to know more about their legal obligations should be referred for legal advice.*
- *Provide clear and unambiguous advice about the risks of transmitting HIV to others and the patient's responsibility to take steps to avoid transmission. Document the contents of any discussion about risk.*
- *Assistance with [contact tracing](#) and partner disclosure is available through Partner Notification Officers on **(03) 9096-3367**.*
- *See also ASHM – [Guide to Australian HIV Laws and Policies for Healthcare Professionals](#)*

- **Sexual exposure**

- *Offer regular [STI screening](#).*
- *Discuss the use of [pre-exposure prophylaxis \(PrEP\)](#) by the patient's sexual partner.*
- *Encourage the use of condoms during penetrative sex (high risk of transmission) and oral sex (low risk of transmission).*
- *If sustained undetectable viral load, then HIV is considered untransmittable to sexual partners. Discuss [Undetectable = Untransmittable](#) with patient.*

- **Intravenous drug use**

- *Avoiding sharing drug injection equipment.*
- *Safely disposing of used needles.*
- *Encourage the patient to access drug and alcohol treatment.*

- **Blood-to-blood contact**

- *Simple prevention strategies:*
 - *Cover all wounds.*
 - *Clean up any blood from injuries.*
 - *Do not share personal care items e.g., razors.*
- *See [HIV – Post-exposure Prophylaxis](#) for guidance on accidental exposure management.*
- *A wide range of sports can be played. Follow sports club's "blood rule". Disclosure is not needed. Seek specialist advice if professional sport is played.*
- *HIV positive health care [workers](#) should seek HIV specialist advice. HCW with an undetectable viral load may be permitted to perform [exposure](#) prone procedures subject to certain conditions.*
- *Donation of blood or body fluids is not allowed.*

- **Mother to child vertical transmission**
 - Screen all pregnant women for HIV as part of routine early antenatal care. If risk of HIV infection occurs during pregnancy, repeat screening.
 - With appropriate interventions, the transmission rate can be reduced to < 1% by the time of delivery:
 - ART in pregnancy
 - ART at delivery, plus a 1 month course of antiretroviral therapy for baby
 - Elective caesarean – vaginal delivery is an option for women on ART with an undetectable viral load
 - Avoidance of breastfeeding
 - Assisted reproductive techniques may be indicated for HIV discordant couples seeking fertility.

Referral

Refer for [HIV Treatment and Support Services](#).

Information

For health professionals

Further information

- Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine (ASHM):
 - [Antiretroviral Guidelines](#)
 - [Guide to Australian HIV Laws and Policies for Healthcare Professionals](#)
 - [Undetectable = Untransmittable: A Guide for Clinicians to Discuss](#)
- Department of Health – [Australian National Guidelines for the Management of Healthcare Workers Living with Blood Borne Viruses and Healthcare Workers who Perform Exposure Prone Procedures at Risk of Exposure to Blood Borne Viruses](#)

For patients

- Better Health Channel:
 - [HIV, Hepatitis and Sport](#)
 - [HIV and Women Having Children](#)
- Health Translations – [HIV an Introduction](#) [multilingual resources]
- Thorne Harbour Health – [HIV/AIDS Legal Centre \(HALC\)](#)

References

1. [Australian National Guidelines for the Management of Healthcare Workers Living with Blood Borne Viruses and Healthcare Workers who Perform Exposure Prone Procedures at Risk of Exposure to Blood Borne Viruses](#). Canberra: Department of Health; 2018.

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Guide to Australian HIV Laws and Policies for Healthcare Professionals. Sydney: Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine (ASHM); [Safe Behaviours and Disclosure](#). [date unknown]. [cited 2019 Jul 22].

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