Primary Care in HIV

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Faculty and Planning Committee Disclosures
Please consult your program book or the Conference App.

Off-Label Disclosure

There will be no off-label/investigational uses discussed in this presentation.

Objectives

Upon completion of this segment, learners should be better able to:
1. Complete a new patient intake for someone diagnosed with HIV, including asking relevant medical, social and historical information

2. Recommend appropriate lab tests, diagnostic imaging and vaccinations based on the history taken
The Case

- 21 yo AA cisgender female for new patient intake
  - HIV dx approx 2 weeks ago
    - Tested at Planned Parenthood on routine testing
  - Here today because she wants to “get health in order”
  - Has many questions and fears around her new diagnosis
  - Feels well with no complaints

Question 1

What HIV specific information is important to obtain on intake?

A. Did the patient ever have a negative test prior to positive
B. What type of HIV test was performed (e.g. point of care? Whole blood 4th generation HIV assay)
C. Have they previously ever taken anti-retroviral therapy
D. What is their most recent CD4 cell count and their lowest
E. A and B
F. C and D
G. All of the above
What Do You Need to Know

• HIV Information (Past/Present/Future)
  
  • When were they diagnosed (years ago or recent?)
    • By which method (point of care, whole blood 4th generation HIV assay?)
    • Do they have results with them?
    • Risk factor(s) for HIV transmission (could be multiple)

  • Have they been tested for HIV in the past – result?

Antiretroviral History

• Past ART
  
  • For new dx, ever been on Post Exposure Prophylaxis (PEP) or Pre-Exposure Prophylaxis (PrEP)
  • When did patient first start on meds?

  • Any history of intolerance or resistance

  • Current ART (if applicable)
    • Satisfied with therapy? Any side effects? Adherence?
More HIV Specific information

- Last CD4 and Viral load
  - Do they have labs with them for review? Date of last labs?
- Nadir (lowest) CD4 ever
  - How long ago?
- Any history of opportunistic infections
- Any specific HIV related symptoms?
  - Fever, night sweats, weight loss, GI issues

Additional Medical History

- Past Medical History
- Current Medication (including OTC/herbals)
- Allergies (medications/foods/other)
- OB/GYN history (if applicable)
  - Current birth control/wanting birth control?
  - Do they want children? How soon?
- Surgical History/Hospitalizations
- Family Medical History
- Vaccine History
Social History

- Sexual history
  - “tell me about your sexual partners”
- Alcohol/Drug use
  - Illicit drugs vs prescription drugs
  - If not current, any past use/abuse/dependence
- Tobacco use
- Financial/housing
  - Stable housing or unstable?
  - Any food insecurities
  - Medical insurance? Issues in the past with losing insurance
- Travel History
- Incarceration History

A Good Physical Exam Goes a Long Way

- Get patient as exposed as possible
  - Underclothes or gown
- Good head to toe exam including visual
  - Skin is really important and tells you a lot!
- Lymph nodes
  - Check them all!
- GU/GYN exam
  - First visit vs follow up?
  - Any symptoms today that warrants it today?
  - Anal Exam (esp for any person having anal receptive intercourse)
Question 2

If you are concerned about the patient having a CD4 count <200 cells, what specific lab test is highly recommended prior to the start of prophylaxis?

A. HLAB5701  
B. Genotype  
C. Hepatitis Panel  
D. G6PD  
E. CMP

Labs

- CD4/ Viral load – Stage current disease  
- CBC  
- Complete Metabolic Panel – liver/kidneys  
- Hepatitis Panel  
  - Hep A IgG Antibody  
  - Hep B surface Ab, Ag, core ab  
  - Hep C antibody with reflex to viral load  
- G6PD – PCP proph needed  
- Genotype  
- TB screening  
  - PPD vs Quantiferon  
- Lipid Panel  
- Hemoglobin A1C  
- Urinalysis – protein? Glucose?  
- HLA B5701  
- Full STD panel  
  - RPR, GC/CT, trichomonas (if applicable)  
    - GC/CT testing triple screening (pharyngeal, anal, urethral) for all MSM and TGW or any person identifying condomless intercourse in extragenital orifices

Guidelines for the Use of Antiretroviral Agents in Adults and Adolescents Living with HIV. updated Oct 25 2018
Why Repeat 4th Gen HIV test??

- False positives
- Only received rapid testing, never confirmatory
- If VL not detectable and pt not on meds
  - Elite controller vs just not positive
Resistance Testing: When to order, When to Save Money

1) Naïve to treatment on entry to care
   • Also if was recently (within 4 weeks) on PrEP

2) Viral load is greater than 500 copies and ON MEDS
   • If pt reports sub-optimal adherence, can encourage adherence and repeat in 2-4w before ordering

   • IF PREVIOUSLY ON MEDS AND OFF FOR GREATER THAN 4 WEEKS (drug holiday)*
     SOME EXISTING MUTATIONS MAY BE MISSED DUE TO LACK OF DRUG-SELECTIVE PRESSURE

*Expert opinion based on literature regarding optimal timing for resistance testing and result accuracy

Guidelines for the Use of Antiretroviral Agents in Adults and Adolescents Living with HIV, updated Oct 25 2018

Question 3
What are the current guidelines for cervical cancer screening in a person living with HIV who is >30 years old?

A. Every 6 months with HPV co-testing
B. On intake and then annually with HPV co-testing
C. On intake, annually until 2 tests in a row are negative, and then every 3 years with HPV-co testing
D. On intake and then annually without HPV co-testing
Preventive Medicine: i.e. All The Other Stuff!

• Cervical Cancer screening
  • Recently changed to be in line with general guidelines
• Colon Cancer Screening (age appropriate)
• Mammograms (age appropriate)
• DEXA Scan
  • Age 50 for majority of people living with HIV
  • To consider starting at age 40 for certain individuals
• Lung Cancer Screening
  • Based on screening guidelines
• Anal Exam +/- anal pap smear

References in slide notes

The Vaccines (page 1)

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Population</th>
<th># of doses</th>
<th>Dose Interval</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatitis A</td>
<td>Unvaccinated/no antibody</td>
<td>2 doses</td>
<td>0, 6-7 months</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>Unvaccinated/no antibody</td>
<td>3 doses</td>
<td>0, 1-3, 6-7 months</td>
</tr>
<tr>
<td>Hep A/Hep B (Twinrix)</td>
<td>Unvaccinated/no antibody</td>
<td>3 doses</td>
<td>0, 1-3, 6-7 months</td>
</tr>
<tr>
<td>HPV (3 dose) (Gardasil 9)</td>
<td>Initiate 9-26 yrs (up to 45 yrs)</td>
<td>3 doses</td>
<td>0, 1-2, 6 months</td>
</tr>
<tr>
<td>Influenza</td>
<td>All adults</td>
<td>Reoccur</td>
<td>1 dose yearly</td>
</tr>
<tr>
<td>Meningo B</td>
<td>16-23 yrs (Preferred 16-18)</td>
<td>2 doses</td>
<td>0, &gt;1 months</td>
</tr>
<tr>
<td>Meningo ACYW</td>
<td>If HIV+ and &gt;2 yrs</td>
<td>2 doses</td>
<td>0, 2-3 months, then booster q5yrs</td>
</tr>
<tr>
<td>MMR</td>
<td>If not immune and CD4 &gt;200</td>
<td>1 dose</td>
<td>1 dose booster</td>
</tr>
<tr>
<td>Varicella</td>
<td>If not immune and CD4 &gt;200</td>
<td>2 doses</td>
<td>0, 3 months</td>
</tr>
</tbody>
</table>

1. ACIP immunization guidelines 2. FDA Supplemental approval, Gardasil. 5Oct18
The Vaccines (page 2)

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Population</th>
<th># of doses</th>
<th>Dose Interval</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pneumococcal</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Naive</td>
<td>Initiate at 19 yrs</td>
<td>3 doses</td>
<td>PCV 13 → 0 months&lt;br&gt;PSV 23 → 6-12 mos (no less than 8 wks)&lt;br&gt;PSV 23 → &gt;5 yrs from 2nd dose</td>
</tr>
<tr>
<td>2. Hx of #1 PSV 23</td>
<td>Initiate at 18 yrs</td>
<td>3 doses</td>
<td>PSV 23 already completed&lt;br&gt;PCV 13 → &gt;1yr from 1st dose&lt;br&gt;PSV 23 → 6-12 mos (no less than 8 wks)&lt;br&gt;1st and last dose must be &gt;5 yrs apart</td>
</tr>
<tr>
<td>3. Hx of #2 PSV 23</td>
<td>Initiate at 18 yrs</td>
<td>3 doses</td>
<td>PSV 23 x 2 already completed&lt;br&gt;PCV 13 → &gt;1yr from last dose</td>
</tr>
<tr>
<td>4. &gt;65 years old</td>
<td>Adults ≥65 years</td>
<td>1 dose</td>
<td>PSV 23 and PCV 13 already complete&lt;br&gt;PSV 23 → &gt;5 yrs from 1st PSV 13 dose</td>
</tr>
<tr>
<td>Tdap/Td</td>
<td>Initiate at 11-12 yrs</td>
<td>Reoccur</td>
<td>First give Tdap if no documentation in the past of “p”, then Td q10 yrs</td>
</tr>
<tr>
<td>Zoster (RZV)</td>
<td>Adults ≥50 yrs (CD4 &lt;200)</td>
<td>Contraindicated</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Adults ≥50 yrs (CD4 ≥ 200)</td>
<td>No recommendations</td>
<td></td>
</tr>
</tbody>
</table>

1. ACIP immunization guidelines 2. FDA Supplemental approval, Gardasil. 5Oct18; 3. Guidelines for the Prevention and Treatment of Opportunistic Infections in HIV-Infected Adults and Adolescents

It Takes a Village: Team Approach

- Medical Case manager/social worker
  - Assist with insurance issues, access to medication, adherence
  - HIV educational resources
  - Housing/food access issues
- Behavioral Health Consultants
  - Assist with emotions around new dx and how it will and won’t affect life
  - Psychosocial assessment
- Community health worker/Care Outreach
  - Assist and reminders on appts, escort to additional visits
- Ancillary staff (RNs, MAs)
  - Getting comfortable with the clinic setting, helping acclimate, etc
- Pharmacists
  - Questions around medications, drug interactions, adherence
Summary

• HIV is all about knowing about the past and present so we can look to future care

• Good history taking can make it or break it, will determine what tests are needed

• There are a lot of labs/vaccines/tests, determine what is most important and start chipping away