Flowchart 4: Annual, Routine, New Illness, or Post-Hospitalization Visit: Established Patient Who IS Taking ART

Routine visit (annual), new illness work-up, or post-hospitalization visit with an established patient taking ART

Note: Review HIV and ART history, current immune status, and adherence history; if ART switch is needed, see Flowchart 2.

All patients:

Obtain:

- Update medical, surgical, social, and family histories as indicated
- Standard and HIV-specific ROS and physical exam
- Current medications; note potential drug-drug interactions

Assess (also see Checklist 1; see Flowchart 2 if ART switch is needed):

- Patient concerns
- Comorbidities [a]; changes in symptoms or treatment since the last visit
- Substance use, including tobacco [b]; if high-risk, engage in shared decision-making regarding SUD treatment
- Harm reduction needs
- Functional status
- Current behavioral and psychosocial status

Order:

- Annual (routine) laboratory testing
- Seasonal and other priority vaccines, e.g., influenza, COVID-19, mpox, pneumococcal; avoid live vaccines in patients with CD4 count <200 cells/mm^3
- STI and indicated age-, sex-, and risk-based screening and preventive care if not available on site

Provide counseling and patient education:

- Age- and risk-based screening and preventive care recommendations, including immunizations
- Adherence support
- As indicated, ongoing discussion of HIV disclosure status and U=U
- Substance use treatment and harm reduction options
- Sexual health, including condom use, STI prevention, and other harm reduction options (e.g., doxy-PEP) [c]
- Advance directives

Refer as indicated for:

- Imaging
- Preventive care, including cancer screenings
- Specialty care, e.g., case management, optometry, nutrition, dental care, peer support

Schedule return visit:

- In-person, in 12 to 24 weeks for a routine monitoring visit
- Other as indicated

If the patient is ill:

- Evaluate current immune status, keeping in mind the possibility of opportunistic infections in patients with compromised immunity
- Assess for comorbid conditions
- Order additional laboratory testing as indicated
- Treat according to the suspected diagnosis
- Schedule appropriate follow-up

If the patient was recently hospitalized:

- Review laboratory test results and imaging from hospitalization to identify the need for follow-up and assess liver and kidney function
- Review any new diagnoses and treatment plans
- Perform medication reconciliation and assess for potential drug-drug interactions
- Coordinate care with new specialists, including rehabilitation facilities, nursing homes, and hospice; note any changes in the patient's social/familial support network and assess related needs
- If indicated, assess the effects of newly disclosed HIV status
- Review or perform functional status and safety assessment; make referrals as indicated
- Address patient's financial concerns if indicated, e.g., new medications, hospital or specialist care co-pays
- Assess long-term care planning and resources
- Assist with end-of-life planning if indicated

Abbreviations: ART, antiretroviral therapy; doxy-PEP, doxycycline post-exposure prophylaxis; HBV, hepatitis B virus; HCV, hepatitis C virus; HPV, human papillomavirus; ROS, review of systems; STI, sexually transmitted infection; SUD, substance use disorder; U=U, undetectable = untransmittable.

Notes:

a. Monitor for potential long-term effects of HIV and ART (e.g., bone density changes, dyslipidemia, weight gain, and renal dysfunction) and for comorbidities that occur more often and at younger ages in people with HIV, including atherosclerotic heart disease, non-HIV-related malignancies, renal disease, liver disease, chronic obstructive pulmonary disease, neurocognitive dysfunction, depression, and frailty.
b. Smoking and hypertension contribute significantly to morbidity, regardless of HIV-related risk factors such as CD4 cell count or viral load [Althoff, et al. 2019].
c. Ongoing surveillance for diseases transmitted through the same routes as HIV, including HCV, HBV, HPV, and other STIs, is recommended.

Reference

Althoff KN, Gebo KA, Moore RD, et al. Contributions of traditional and HIV-related risk factors on non-AIDS-defining cancer, myocardial infarction, and end-stage liver and renal diseases in adults with HIV in the USA and Canada: a collaboration of cohort studies. *Lancet HIV* 2019;6(2):e93-104. [PMID: 30683625] https://pubmed.ncbi.nlm.nih.gov/30683625