

Immediate ART: Quick Guide for Clinicians

Starting antiretroviral therapy (ART) immediately after HIV diagnosis can improve retention in care and result in earlier HIV viral suppression.



Immediate ART is appropriate for:

- Individuals with a confirmed HIV positive test result (i.e., HIV Ag, Ab, and/or HIV viral load)
- Persons with suspected acute HIV infection, with or without confirmed HIV diagnosis (HIV Ag or Ab test results may be negative)

Immediate ART is not appropriate for:

- Persons with certain untreated opportunistic infections (OI) - e.g., cryptococcal or TB meningitis): treatment for the OI is recommended before starting ART

Compressed HIV Intake

- Review of HIV test results
- Targeted health history
- HIV risk behaviors
- Date of last HIV negative test
- Use of PrEP or PEP
- Counseling, support
- HIV education (including ART benefits, possible adverse effects, adherence, preventing transmission)
- Targeted physical exam
- Benefits counseling, insurance enrollment or optimization

Baseline Labs

- Repeat HIV testing (if indicated)
- HIV viral load
- CD4 cell count
- HIV genotype
- HLA-B*5701
- CBC/differential
- Complete metabolic panel (kidney and liver tests, glucose)
- RPR
- Hepatitis serologies (HAV IgG, HBsAb, HBsAg, HBcAb, HCV IgG)
- Pregnancy test (if appropriate)

Offer ART

- If patient agrees and there are no contraindications, prescribe 30-day supply, give starter pack if available
- If patient declines immediate ART: follow up within 1-2 weeks, re-offer ART, continue HIV education

Follow Up

Schedule a follow-up visit for 1-2 weeks, then at least monthly until well established in care

Consult with Experts

Free, phone-based assistance for clinicians is available from experts on HIV management, including interpreting HIV test results and decisions about immediate ART.

AETC National Clinician Consultation Center

- Monday-Friday 9 AM to 8 PM ET •
(800) 933-3413



Immediate ART Resources

- **Full Clinician Guide:** aidsetc.org/resource/immediate-art
- **Based on resources from the San Francisco Getting to Zero RAPID program** www.gettingtozerosf.org

Recommended Regimens

These recommended regimens can be modified based on results of baseline labs:

- Dolutegravir (Tivicay®) 50 mg + TAF/FTC (Descovy®), 1 of each PO once daily
- Bictegravir/TAF/FTC (Biktarvy®), 1 PO once daily
- Darunavir/cobicistat/TAF/FTC (Symtuza®), 1 PO once daily

If in first trimester of pregnancy or may become pregnant while taking ART:

- Raltegravir (Isentress®) 600 mg, 2 PO once daily + TDF/FTC (Truvada®) or TDF/3TC, 1 PO once daily

Abbreviations: 3TC: lamivudine; FTC: emtricitabine; TAF: tenofovir alafenamide; TDF: tenofovir disoproxil fumarate

