

# Immediate ART: Quick Guide for Clinicians

Starting antiretroviral therapy (ART) immediately after HIV diagnosis is recommended by HHS guidelines.

Immediate ART can improve retention in care and result in earlier HIV viral suppression.



## Immediate ART is appropriate for:

- Individuals with a confirmed positive HIV 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 (OIs) - e.g., cryptococcal or TB meningitis: start treatment for the OI before starting ART (consult with experts)

## Compressed HIV Intake

- Review of HIV test results
- Targeted health history
- HIV risk behaviors
- Date of last negative HIV 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 RNA (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 help with 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](http://aidsetc.org/resource/immediate-art)
- **Based on resources from the San Francisco Getting to Zero RAPID program** [www.gettingtozerosf.org](http://www.gettingtozerosf.org)

## Recommended Regimens

**These can be modified based on results of baseline labs:**

- Dolutegravir (Tivicay) 50 mg once a day + TAF/FTC (Descovy), or TDF/FTC (Truvada), 1 once daily
- Bictegravir/TAF/FTC (Biktarvy), 1 once daily
- Darunavir/cobicistat/TAF/FTC (Symtuza), 1 once daily

**For persons taking PrEP or PEP at or since the time of HIV infection:**

- Consider an enhanced regimen (boosted PI + integrase inhibitor + TAF/FTC or TDF/FTC); seek consultation

**For persons who are pregnant or trying to conceive:**

- Dolutegravir (Tivicay) 50 mg once daily + TDF/FTC (Truvada) or TDF/3TC, 1 once daily
- Raltegravir 400 mg BID + TDF/FTC (Truvada) or TDF/3TC 1 once daily

Notes: Some ARVs are not recommended during pregnancy. Also, dolutegravir use at time of conception is associated with a small increase in risk of fetal neural tube defect. Discuss with patients as appropriate.

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

