

Guidance for Non-HIV-Specialized Providers Caring for Persons with HIV Displaced by Disasters

Essential Information for Managing Patients with HIV who are
Receiving Antiretroviral Therapy

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Prepared by:

HHS Panel on Antiretroviral Guidelines for Adults and Adolescents
HHS Panel on Antiretroviral Therapy and Medical Management of Children Living with HIV
HHS Panel on Treatment of HIV-Infected Pregnant Women and Prevention of Perinatal Transmission
HHS Panel on Opportunistic Infections in HIV-Infected Adults and Adolescents
HHS Panel on Opportunistic Infections in HIV-Exposed and HIV-Infected Children



For more detailed information regarding treatment and care for patients with HIV, visit the federally approved medical practice guidelines for HIV/AIDS at <https://aidsinfo.nih.gov/guidelines>.

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Introduction

The following information provides guidance to health care providers attending to the medical needs of adults and children with HIV displaced from disaster areas who have not yet secured HIV care in the areas where they have relocated.

If possible, management of antiretroviral therapy should be done with the assistance of clinicians with experience in HIV care. Medical consultation may also be available at specific local or regional HIV clinics. After the initial assessment of a patient's immediate medical needs, the patient should be referred to the care of an HIV clinician in the area if at all possible.

The recommendations in this guidance are based on the current standard of care for persons with HIV infection, which emphasize antiretroviral therapy for all patients regardless of CD4 T lymphocyte (CD4) cell count. Interruptions of antiretroviral therapy should be avoided or kept to a minimum period of time. If patients report successful treatment without side effects from their ongoing therapy, that treatment regimen should be continued or reinstated as soon as possible.

Initial Assessment

1. Assess the patient's general health and need for immediate medical intervention. Acute illnesses should be diagnosed and attended to promptly.
2. Obtain the following information from the patient (see [Appendix A](#) for an Intake Form clinicians can use when evaluating a patient):
 - a. Name, location, phone number, pager number, and e-mail address of the primary HIV care provider/clinic and research staff (if the patient is participating in a research study, such as a clinical trial).
 - b. The name, location, and phone number of the pharmacy where the patient obtained medications.
 - c. Pertinent medical history (including whether the patient is currently on treatment for opportunistic infections [OIs], including hepatitis B virus [HBV] or hepatitis C virus [HCV] infection, malignancies, and other conditions such as pregnancy, hypertension, and diabetes mellitus).
 - d. Latest known CD4 cell count and HIV viral load, with the approximate date when they were obtained.
 - e. A list of current medications, including:
 - i. Antiretroviral drugs. Images of Food and Drug Administration (FDA)-approved antiretroviral medications can be found at https://aidsinfo.nih.gov/contentfiles/upload/HIV_Pill_Brochure.pdf.
 - ii. Any investigational medication. If the patient is participating in a clinical trial, obtain information about the clinical trial site and contact information, if available.
 - iii. Medications for treatment of OIs.
 - iv. Medications for prevention of OIs.
 - v. Other medications.
 - f. History of drug allergies and type of reactions, especially if there is any history of serious reactions to antiretroviral medications (such as abacavir) or drugs used for treatment or prevention of OIs (such as trimethoprim-sulfamethoxazole). Patients who have had positive genetic tests for the HLA-B* 5701 allele should not be given abacavir (Ziagen™) or fixed-dose combinations containing abacavir (Epzicom™, Trizivir™, or Triumeq™) because HLA-B* 5701 predisposes patients to life-threatening hypersensitivity reactions.
 - g. History of intolerance to antiretroviral medications and other medications.

Useful Web-Based Resources

A number of web-based resources may be useful for clinicians and other healthcare professionals when providing care for displaced persons with HIV infection (see [Appendix B](#) at the end of this document).

Medication Management Strategies

Patients who had their antiretroviral therapy, prophylaxis, and/or treatment for OIs interrupted by disaster-related displacement should restart these medications as soon as possible.

1. Antiretroviral Therapy Management for Patients Who Were Receiving Treatment Prior to Displacement

- a. All antiretroviral drugs should be continued or restarted as soon as possible.
- b. Similar to HIV, treatment interruption of HBV and/or HCV infection is not recommended. For most patients who have both HIV and HBV infection, HBV treatments are part of the antiretroviral regimen due to dual activity for some nucleoside reverse transcriptase inhibitors, including tenofovir disoproxil fumarate (or tenofovir alafenamide), emtricitabine, and lamivudine. These medications should remain as part of their antiretroviral regimen.
- c. Treatment interruptions due to disaster displacement should not prompt an attempt to modify a regimen; rather, the priority should be to resume therapy as soon as possible, as long as the patient reports tolerating the regimen.
- d. In general, the patient should be on a combination regimen consisting of at least two to three different antiretroviral drugs. Many antiretroviral drugs are now available in fixed-dose formulations where two or more drugs are coformulated into one pill.
- e. If combination pills are not available, some antiretroviral medications are interchangeable if needed. See [Appendix C](#) for a list of these products. Clinicians should consult HIV specialists if there are additional questions regarding switching antiretroviral medications due to supply shortages.
- f. Pediatric patients may be taking liquid, granules, or powder formulations, some of which may need to be refrigerated or may need clean water for reconstitution. Special attention should be paid to appropriate weight- or surface area-based dosing for pediatric patients.
- g. If patients cannot recall drug dosages or cannot recall their regimens, use pill posters to assist them with recall (e.g., https://aidsinfo.nih.gov/contentfiles/upload/HIV_Pill_Brochure.pdf), consult an HIV care specialist or consultation service for recommendations, or contact the pharmacy or affiliated local pharmacy chain store where they most recently obtained their medications.
- h. Antiretroviral medications may interact with each other and with many other drugs. Please consult product labels, an HIV care specialist, or a pharmacist when concerned about drug-drug interactions, especially if new medications will be prescribed for any reason. Tables with common antiretroviral drug interactions can also be found in the latest adult and pediatric antiretroviral guidelines at <https://aidsinfo.nih.gov/guidelines/>.
- i. These guidelines also include information regarding dosing and adverse effects of antiretroviral drugs. The guidelines also discuss special considerations for treatment in certain patient populations, such as patients with HBV, HCV, or tuberculosis coinfections, and antiretroviral dosing for patients with renal or hepatic impairment.
- j. If possible, obtain blood samples for general safety laboratory tests (such as complete blood count

and chemistry panel, including assessment of renal and hepatic functions). Additionally, if feasible, CD4 cell count and HIV viral load tests should also be done and reported to the patient's primary HIV clinician or referral physician. However, resumption or continuation of antiretroviral therapy should not be delayed while these results are pending.

2. Caring for the Pregnant Woman with HIV

- a. All pregnant women with HIV should enter into standard prenatal/obstetric care as soon as possible. When feasible, pregnant women with HIV should be referred to specialists with expertise in both obstetric and HIV management.
- b. The National Perinatal HIV Hotline service provides 24-hour access to consultations with experts on treating pregnant women with HIV and infants exposed to HIV: 888-448-8765. The hotline also serves as a clinicians' network and can assist providers with identifying clinicians nationwide who have experience in the management of pregnant women with HIV and infants exposed to HIV.
- c. Pregnant women with HIV who discontinued antiretroviral drugs during displacement that were used for treatment and for prevention of mother-to-child transmission of HIV should urgently restart therapy.
- d. All pregnant women with HIV should receive antiretroviral therapy regardless of their CD4 count.
- e. Elective cesarean delivery is recommended for women who have HIV RNA >1,000 copies/mL in the late third trimester (i.e., >36 weeks' gestation), regardless of whether they are receiving antiretroviral drugs (see the Perinatal Guidelines, available at: <https://aidsinfo.nih.gov/contentfiles/PerinatalGL.pdf>).
- f. Women with HIV who are in labor should receive their usual oral antiretroviral regimen. Women with HIV RNA >1,000 copies/mL or with unknown HIV RNA should also receive intravenous zidovudine (abbreviated as AZT or ZDV). For dosing, see Table 8 in the Perinatal Guidelines, available at: <https://aidsinfo.nih.gov/contentfiles/PerinatalGL.pdf>.
- g. Infants should receive zidovudine prophylaxis for 4 to 6 weeks (see the Perinatal Guidelines at <https://aidsinfo.nih.gov/contentfiles/PerinatalGL.pdf> for more detailed discussion).
- h. Women with HIV in the United States should not breastfeed their infants.
- i. Treatment and prophylaxis for OIs should also be restarted. A section on "Special Considerations During Pregnancy" is available under each OI in the most current guidelines for treatment and prevention of OIs (<https://aidsinfo.nih.gov/guidelines/html/4/adult-and-adolescent-oi-prevention-and-treatment-guidelines/0>).

3. Treatment and Prevention of Opportunistic Infections

Persons with HIV receiving therapy for treatment or prevention of OIs should continue or be restarted on treatment as soon as possible. For more detailed information and recommendations regarding prevention and treatment of OIs in adults, including pregnant women, and pediatric patients, please refer to the guidelines at <https://aidsinfo.nih.gov/guidelines/>.

4. Vaccinations

General Recommendations:

- a. Practitioners should refer to the Centers for Disease Control and Prevention (CDC) website (<https://www.cdc.gov/disasters/immunizations.html>) for updated general recommendations for individuals displaced by disasters.

- b. Inactivated influenza vaccine, when available, is recommended for all persons with HIV who are >6 months of age, including pregnant women. This is especially important if the residents continue to reside in crowded areas.
- c. All patients who received immunization at temporary medical care facilities should be given written documentation of the date and types of such immunization as records for their primary care providers. If available, immunization administration can be submitted to a local/area immunization registry.
- d. Adult formulation of the tetanus/diphtheria toxoids/acellular pertussis (Tdap) vaccine should be given to adult and adolescent persons with HIV if it has been at least 10 years since last vaccination or the vaccination date is unknown.
- e. Tdap should be given to all pregnant women with each pregnancy.

Specific Recommendations for Children with HIV:

Children with HIV should be vaccinated according to routine childhood immunization schedules (<https://www.cdc.gov/vaccines/schedules/hcp/child-adolescent.html>). The complete recommendations on immunization for children with HIV can be found in the Pediatric OI Guidelines, available at: https://aidsinfo.nih.gov/contentfiles/lvguidelines/oi_guidelines_pediatrics.pdf.

More information regarding antiretroviral management in adult, pregnant, and pediatric patients, as well as recommendations for prophylaxis and treatment of specific OIs, can be found at <https://aidsinfo.nih.gov/guidelines/>.

Appendix A: Short Intake Form for Persons with HIV Seeking Care

Contact Information	
Patient Name	
Location	
Phone number	
E-mail address	
Providers	
Name, location, phone number, pager number, and e-mail address of the primary HIV care provider/clinic and research staff (if the patient is participating in a research study, such as a clinical trial)	
Name, location, and phone number of the pharmacy where the patient obtained medications	
Medical History	
Pertinent past medical history (including history of opportunistic infections [OIs] or malignancies and other medical conditions such as hypertension and diabetes mellitus)	
History of hepatitis B or hepatitis C coinfection (per patient)	Hepatitis B: ____ yes ____ no Hepatitis C: ____ yes ____ no
Latest known CD4 cell count/percentage and HIV viral load, with approximate dates for when each was obtained	
Treatment	
Antiretroviral drugs, including dosing information (e.g., dose, number of pills, dosing frequency) Images of Food and Drug Administration (FDA)-approved antiretroviral medications can be found at https://aidsinfo.nih.gov/contentfiles/upload/HIV_Pill_Brochure.pdf .	
Any investigational medication (if the patient is participating in a clinical trial, obtain information about the clinical trial site and contact information, if available)	
Medications for treatment of OIs	
Medications for prevention of OIs	
Other medications	
Drug Allergies/Intolerance	
History of drug allergy and type of reactions. Especially note allergies to abacavir, or drugs used for treatment or prevention of OIs, such as trimethoprim-sulfamethoxazole. Patients who have had positive genetic tests for the HLA-B* 5701 allele should not be given abacavir (Ziagen™) or fixed-dose combinations containing abacavir (Epzicom™, Trizivir™ or Trumeq™).	
History of intolerance to antiretroviral medications and other medications	

Appendix B: Web-based Resources for Treating and Preventing HIV Infection

Website	Information/Resources	Comments
AIDSinfo guidelines for treating HIV and its complications https://aidsinfo.nih.gov	At this website, users can access: <ul style="list-style-type: none"> • Guidelines for treating HIV infection in adults and adolescents • Guidelines for treating HIV infection in infants and children • Guidelines for treating and preventing opportunistic infections • Information about antiretroviral drugs for HIV infection 	Guidelines and drug database are also available as mobile apps (https://aidsinfo.nih.gov/apps). These guidelines contain summary tables with drug dosing and drug interaction information.
Drugs That Fight HIV-1 https://aidsinfo.nih.gov/contentfiles/upload/HIV_Pill_Brochure.pdf	Images of FDA-approved antiretroviral drugs.	
Texas HIV Medication Program https://www.dshs.texas.gov/hivstd/meds/disaster.shtm 1-800-255-1090	Updated information regarding assistance for persons with HIV, including emergency financial assistance programs.	
National HIV Clinician Consultation Center http://nccc.ucsf.edu	Clinicians' Warmline: 1-800-933-3413 Perinatal HIV Hotline: 1-888-448-8765 PEpline: 1-888-448-491	Provides phone consultations for clinicians seeking assistance with treating people with HIV, as well as specialty advice for pregnant women with HIV (perinatal), and administration of post-exposure prophylaxis (PEP) and pre-exposure prophylaxis (PrEP).
Ryan White HIV/AIDS Medical Providers https://findhivcare.hrsa.gov/	HIV provider locator by geographical area.	A search engine that helps users locate expert HIV care and treatment through the Ryan White HIV/AIDS program.
Post-Exposure Prophylaxis (PEP) https://www.cdc.gov/hiv/risk/pep/index.html https://aidsinfo.nih.gov/understanding-hiv-aids/fact-sheets/20/87/post-exposure-prophylaxis--pep-	Resources for post-exposure prophylaxis against HIV for persons exposed: <ul style="list-style-type: none"> • In an occupational setting • Through sexual contact or nonsterile injection of drugs 	U.S. government websites about how to administer post-exposure prophylaxis against HIV infection for persons who may have been exposed in occupational and nonoccupational settings.
Pre-Exposure Prophylaxis (PrEP) https://www.cdc.gov/hiv/risk/prep/index.html https://aidsinfo.nih.gov/understanding-hiv-aids/fact-sheets/20/85/pre-exposure-prophylaxis--prep-	Resources for pre-exposure prophylaxis against HIV.	U.S. government websites about how to administer pre-exposure prophylaxis against HIV infection for persons who may be at high risk of exposure due to sexual contact or sharing of nonsterile equipment to inject drugs.

Appendix C: Antiretroviral Medications that Can Be Switched Temporarily Due to Supply Shortage

Clinicians are encouraged to consult an HIV specialist with additional questions about regimen switches, if needed. Tenofovir disoproxil fumarate (tenofovir DF)-based products may require dosage adjustment in patients with renal dysfunction. Dosage recommendations can be found at: <https://aidsinfo.nih.gov/guidelines/html/1/adult-and-adolescent-arv-guidelines/44/arv-dosing-for-renal-or-hepatic-insufficiency>.

Brand (Generic Names)	Replace with – Brand (Generic Names)
Atripla (efavirenz + tenofovir DF + emtricitabine)	Sustiva (efavirenz) + Truvada (tenofovir DF + emtricitabine) or Sustiva (efavirenz) + Descovy (tenofovir alafenamide + emtricitabine)
Combivir (zidovudine + lamivudine)	Retrovir (zidovudine) + Epivir (lamivudine) Generic zidovudine + generic lamivudine
Complera (rilpivirine + tenofovir DF + emtricitabine)	Edurant (rilpivirine) + Truvada (tenofovir DF + emtricitabine) or Edurant (rilpivirine) + Descovy (tenofovir alafenamide + emtricitabine) or Odefsey (rilpivirine + tenofovir alafenamide + emtricitabine)
Descovy (tenofovir alafenamide + emtricitabine)	Vemlidy (tenofovir alafenamide) + Emtriva (emtricitabine) or Truvada (tenofovir DF + emtricitabine) or Viread (tenofovir DF) + Emtriva (emtricitabine) or Viread (tenofovir DF) + Epivir (lamivudine) 300 mg <i>Note: Lamivudine is also available as generic drug.</i>
Emtriva (emtricitabine)	Epivir (lamivudine) <i>Note: Lamivudine is also available as generic drug.</i>
Epivir (lamivudine)	Generic lamivudine Emtriva (emtricitabine)
Epzicom (abacavir + lamivudine)	Ziagen (abacavir) + Epivir (lamivudine)
Evotaz (atazanavir + cobicistat)	Reyataz (atazanavir) + Tybost (cobicistat) or Reyataz (atazanavir) + Norvir (ritonavir) 100 mg
Genvoya (elvitegravir + cobicistat + tenofovir alafenamide + emtricitabine)	Stribild (elvitegravir + cobicistat + tenofovir DF + emtricitabine)—only if creatinine clearance (CrCl) >70 mL/min. Consult an HIV expert if CrCl <70 mL/min.
Odefsey (rilpivirine + tenofovir alafenamide + emtricitabine)	Edurant (rilpivirine) + Descovy (tenofovir alafenamide + emtricitabine) or Edurant (rilpivirine) + Truvada (tenofovir DF + emtricitabine) or Complera (rilpivirine + tenofovir DF + emtricitabine)
Prezcobix (darunavir + cobicistat)	Prezista (darunavir) + Tybost (cobicistat) or Prezista (darunavir) + Norvir (ritonavir) 100 mg
Stribild (elvitegravir + cobicistat + tenofovir DF + emtricitabine)	Genvoya (elvitegravir + cobicistat + tenofovir alafenamide + emtricitabine)
Triumeq (dolutegravir + abacavir + lamivudine)	Tivicay (dolutegravir) + Epzicom (abacavir + lamivudine) or Tivicay (dolutegravir) + Ziagen (abacavir) + Epivir (lamivudine) <i>Note: Abacavir and lamivudine are also available as generic products.</i>
Trizivir (abacavir + zidovudine + lamivudine) Please note that the replacement products may have different dosage or dosage frequency—consult product labels for dosage information.	Ziagen (abacavir) + Retrovir (zidovudine) + Epivir (lamivudine) or Epzicom (abacavir + lamivudine) + Retrovir (zidovudine) or Combivir (zidovudine + lamivudine) + Ziagen (abacavir) or Generic formulations of these products (as individual drugs or in combination)