

WHAT YOU AND YOUR PATIENTS NEED TO KNOW IN THE EVENT OF A POSITIVE HIV TEST

Educate and Empower Your Patients With the Following Facts:

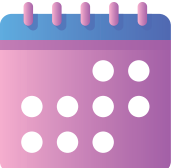
1. **HIV is a chronic disease**; patients can live a normal, healthy life as long as they are adherent to **antiretroviral therapy (ART)** and appointments. Now, patients are more likely to die of non-HIV causes than of HIV or AIDS, as long as they take ART. Adhering to ART and appointments is **critical** for their overall health.

ART

2. **U=U** Once a patient's viral load is undetectable for ≥ 6 months on ART, they cannot transmit HIV sexually (called undetectable=untransmittable, or U = U). Having an undetectable viral load reduces the risk of HIV transmission through sharing of needles or other drug injection equipment but does not guarantee that transmission cannot happen.

3. Patients should know that their sexual partners or people they share injection equipment with can take preexposure prophylaxis (PrEP) to prevent HIV. **PrEP reduces the risk of HIV transmission through sex by at least 90% and through injection drug use by 74%.**



4.  Patients will need to see their doctor **once or twice a year** and have laboratory work done, typically every 6 months, though this may depend on the patient and the length of time from diagnosis.



WHAT IS RAPID ART?

Rapid ART is starting HIV treatment immediately after, or within 7 days, of diagnosis.

Be Prepared to Help Patients Access Rapid ART!

What are the benefits of rapid ART?

Rapid ART improves the likelihood of linkage to care, likelihood of and time to viral suppression, and may improve survival and longitudinal engagement in care.

The sooner a patient is virally suppressed (undetectable), the faster HIV transmission can be prevented in the community.

Which patients are eligible for rapid ART?

Nearly anyone who is interested is eligible, including patients with substance use disorder, whether or not they are taking medication for opioid use disorder!

Patients who are pregnant or undergoing chemotherapy are also eligible. Patients should begin rapid ART regardless of their CD4 count or viral load. If there are any concerns about severe infections, including cryptococcal or tuberculous meningitis, patients should be evaluated by a clinician prior to initiating treatment with rapid ART. Regardless, patients should immediately be referred to an HIV center for rapid ART or assessment.

How can our center ensure patients receive rapid ART?

Identifying a site champion on your staff to educate patients and work to refer them to nearby treatment centers can help your patients with a positive test receive treatment.

Rapid ART can be started at a substance use disorder (SUD) center, primary care office, Federally Qualified Health Center, or Ryan White HIV clinic. It is helpful if patients are referred to clinics convenient to their location so that some logistical barriers are eliminated. Using peer navigators to help patients get into HIV care can be incredibly useful and increases the chances of linkage to and retention in HIV care.

Research your local resources and create a list of clinics to refer to.



**Community
Resource Builder**

Ideally, HIV clinics you refer to:

- » Are welcoming and nonstigmatizing
- » Participate in harm reduction, including providing medication for opioid use disorder
- » Use a peer navigator or person with lived experience
- » Collaborate with external partners, including SUD centers, shelters, and mental health services
- » Have a low barrier to care, including flexible clinic hours, no penalty for missed appointments, and colocated care
- » Can provide incentives or necessities, such as showers and clothing