

Appendix B: Challenging scenarios

Reproduced from NYC Health's "Immediate Initiation of HIV Treatment: Guidance for Medical Providers"

If a patient receives a positive result from a rapid point-of-care HIV test(s)

- It is appropriate to initiate ART based on a positive point-of-care HIV test. Most positive test results will be true positives.
- If subsequent lab testing determines that a positive point-of-care test was a false positive, ART can be promptly discontinued.
- Discuss with the patient the possibility that a point-of-care test could be a false positive, so they are not surprised if a lab test does not confirm HIV infection.

If the patient is reluctant to start HIV treatment

- Do not insist that the patient initiate ART immediately.
- Work with social work and navigation staff to explore any barriers to care and provide support.
- Schedule a follow-up visit to see if they are ready to start treatment and stay in contact. If the patient has social or psychological barriers to care
- Help them address any issues with mental health, substance use or unstable housing. These barriers should not delay the offer of immediate treatment.

If the patient may become pregnant

- Neural tube defects have previously been described in babies born to people taking dolutegravir during conception or pregnancy.
- In response to recent clinical findings on dolutegravir's safety, the World Health Organization has restored recommending the drug as part of a first-line regimen for all adults newly diagnosed with HIV, including patients who may become pregnant.

If the patient is hospitalized

- Immediate treatment is indicated for most inpatients, as long as they are not hospitalized for cryptococcal meningitis or other serious intracranial infections.
 - Inpatient initiation can help eliminate administrative or structural barriers to starting certain patients on ART.
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