

IMMUNITY CLINIC (IC)

PATIENTS WHO SHOULD BE ENROLLED:

- All inmates with Human Immunodeficiency Virus (HIV) positive test will be enrolled in this clinic.

BASELINE HISTORY AND PROCEDURES:

Document data on the following forms:

- DC4-770KK, *Immunity Baseline History and Procedures*
- DC4-701F, *Chronic Illness Clinic*
- DC4-770K, *Immunity Clinic Flow Sheet*
- DC4-730, *Problem List*
- DC4-706, *Health Services Profile*

Documentation shall include a diagnosis and statement as to the control of the disease (Good, Fair, or Poor).

Baseline history will include detail of the history of risk factors including HIV Infection:

- Date of diagnosis
- Risk factors
- History of opportunistic infections/malignancies or other Human Immunodeficiency Virus related complications including hospitalizations
- History of immunizations
- A detailed history of current and past antiretroviral therapy including any medication adverse reactions or allergies
- Any co-morbidities
- History of treatment for syphilis, tuberculosis or hepatitis (should be entered on the "Communicable Disease Record," DC4-710)
- Pertinent medical and surgical history
- Review DC4-710A, *Immunization Record*, for TST, pneumococcal, influenza and hepatitis history (order if necessary)
- Update medical (M) profile to at least M-3 on DC4-706, *Health Services Profile*; inmates who have been on antiretroviral treatment for a minimum of 2 years and have been deemed clinically stable, may be downgraded to Medical Grade 2 with the clarification that they will remain at a 340B facility.

Physical examination will include evaluation and documentation:

- Vital signs and weight
- Description of the inmate's general condition
- Skin
- Mouth
- Lungs
- Heart
- Abdomen
- Perirectal area
- Lymphatic's
- Mental status

- Fundoscopic examination
- Pelvic exam

Baseline Procedures will include:

- Human Immunodeficiency Virus antibody
- Western Blot (unless one is already present in the medical record)
- Urinalysis
- Pap smear
- Comprehensive Metabolic Panel (CMP)
- Complete Blood Count (CBC)
- Cluster of Differentiation with percentage (CD4)
- Human Immunodeficiency Virus Ribonucleic Acid (HIV RNA) viral load
- Rapid Plasma Reagin
- Hepatitis profile.

If clinically indicated:

- Chest x-ray
- Lipid profile

TREATMENT RECOMMENDATIONS:

- Pharmacotherapy: According to current national guidelines
- Immunizations: (Schedule outlined in HSB 15.03.30, *Immunization Requirements for Inmates*)
 - Influenza
 - Pneumococcal (if initial vaccination refused it will be offered annually until accepted unless otherwise documented by physician)
 - Hepatitis B Series, if applicable
- Tuberculin Skin Test status will be addressed and prophylaxis begun if indicated (See HSB 15.03.18, *Identification and Management of Latent Tuberculosis Infection and Tuberculosis Disease*, for recommendations)

EDUCATION:

Education will include:

- Explanation of the disease process
- Diet, if applicable
- Smoking cessation, if applicable
- Medication(s) compliance, side effects, potential drug-drug interactions

FOLLOW-UP VISITS:

Schedule patients based on clinical need and/or as follows:

- Minimum once every 120 days or as ordered by clinician if stable, but no longer than 6 months.
- Inmates with declining immune status may be considered for referral to outside consultation or transfer to a specialty care institution.
- Inmates who have been on antiretroviral treatment for a minimum of 2 years and have been deemed clinically stable, may be downgraded to Medical Grade 2 with the clarification that they will remain at a 340B facility.

- Inmates who have co-morbidities that are not stable and meet the qualifications of M-3 based on those diagnoses, but are HIV/AIDS stable may be seen as stated above.

At each Chronic Clinic visit the clinician shall document:

- Review of the record (labs, treatment records, MARs, etc...)
- Evaluate the control of the disease (Good, Fair, or Poor)
- Current status of the patient compared with the previous Chronic Clinic visit (Improved, Unchanged, or Worsened).
- Provide education as outlined above

Document follow-up visits on forms: (*When seen by DOH Clinician from 340b Program, clinician shall document the "date the patient was seen by DOH clinician".)

- DC4-770K, *Immunity Clinic Flow Sheet***
- DC4-701F, *Chronic Illness Clinic*
- DC4-730, *Problem List*, if there are changes or additional diagnoses

Physical examination at every Chronic Clinic visit will include at a minimum an evaluation and documentation of:

- Vital signs and weight
- Description of the inmate's general condition
- Skin
- Mouth
- Lungs
- Heart
- Abdomen
- Lymphatic's
- Mental status
- Pelvic exam

Procedures (*See frequency):

- CD4* and CBC
- HIV Viral Load*
- CMP*
- The above tests can be done more frequently if clinically indicated

If clinically indicated

- Fundoscopic examination if CD4 <50 and/or visual complaints
- Pap smear - every 6 months
- Perirectal area

***NOTE:** * indicates need to review following guidelines for frequency.

Frequency:

- Every 120 days if patient is stable without antiretrovirals, or if the patient has been started on suppressive antiretroviral therapy or his antiretroviral regimen has been changed within less than 2 years.

- Every 120 days if patient is stable, on suppressive antiretroviral regimen and has less than two- year history of viral suppression
- Annually if patient is stable, on suppressive antiretroviral regimen, two- year history of viral suppression and CD4 range is between 300 - 500 cells/mm3.

GOALS:

- Offer screening
- Identify acute seroconversion
- Identify chronic infection
- HIV viral load undetectable (sustained viral suppression)
- Prevent opportunistic infection
- No adverse effect from medication

This Health Services Bulletin Appendix Supersedes prior revision dates:

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