

Frequently Asked Questions on

HIV

Treatment

Acknowledgement

The FAQ on HIV Treatment is a document for providing information to People Living with HIV (PLHIV) about HIV care and treatment, under the National AIDS Control Programme (NACP) of India. The document is a follow up of the "Treatment literacy initiative" undertaken across the north-eastern states of Manipur, Mizoram, and Nagaland.

NACO extends appreciation to the collaborative efforts of partners, including SACS, DAPCUs, Partner Agencies (WHO, CDC and I-TECH India), National Coalition of People Living with HIV in India (NCPI+), state positive networks, community leaders, and CSO partner organizations. Special recognition is given to Positive Women Network of Mizoram, Mizoram Network of Positive People, SHALOM, ARK Foundation, and NNP+ for their significant contributions.

The document has been prepared in collaboration with the Centers for Disease Control and Prevention (CDC) and UW International Training & Education Centre for Health Private Limited (I-TECH India). Funding support was received from Health Resources and Services Administration (HRSA) through the U.S. President's Emergency Plan for AIDS Relief (PEPFAR).

Acronyms

ADM	Advanced Disease Management
AIDS	Acquired Immunodeficiency Syndrome
ART	Antiretroviral Therapy
ARV	Antiretroviral
ATT	Anti-Tuberculosis Treatment
CDC	Centers for Disease Control and Prevention
CLHIV	Children Living with HIV
CSO	Civil Society Organization
CXR	Chest X-Ray
DAPCU	District AIDS Prevention & Control Unit
DR-TB	Drug-Resistant TB
DTG	Dolutegravir
FDC	Fixed-dose Combination
HBV	Hepatitis B Virus
HCTS	HIV Counselling and Testing Services
Hep B & C	Hepatitis B & C
HIV	Human Immunodeficiency Virus
HRSA	Health Resources and Services Administration
ITS	Index Testing Services
NACO	National AIDS Control Organisation

NCPI+	National Coalition of People Living with HIV in India
NNP+	Network of Naga People Living with HIV/AIDS
OI	Opportunistic Infections
OST	Opioid Substitution Therapy
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
PLHIV	People Living with HIV
RTI	Reproductive Tract Infection
SACEP	State AIDS Clinical Expert Panel
SACS	State AIDS Control Society
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infection
TB	Tuberculosis
TDF	Tenofovir Disoproxil Fumerate
TLD	Tenofovir+ Lamivudine+ Dolutegravir
TND	Target Not Detected
TPT	Tuberculosis Preventive Treatment
U=U	Undetectable = Untransmittable
UW	University of Washington
VL	Viral Load
WHO	World Health Organization

Index

- HIV/AIDS - Basics 5
- Antiretroviral Therapy (ART) 6
- Monitoring of PLHIV on ART 9
- ART Treatment Adherence, Treatment Failure, and Treatment Switch 11
- HIV Index Testing 13
- Co-infections/Oppportunistic Infections 14

HIV/AIDS - Basics



What is HIV?

HIV stands for human immunodeficiency virus. It is a virus that attacks the body's immune system. If not treated it can lead to AIDS.

What is AIDS?

AIDS stands for acquired immunodeficiency syndrome. It is a condition in which a group of symptoms appear as the immune system becomes very weak. It could take years from the time of HIV entry into body to develop AIDS.



What is the difference between HIV & AIDS?



HIV is a virus that attacks the body's immune system. If HIV is not treated, it can lead to AIDS. Healthcare professionals call it AIDS only when people with HIV infection begin to get severe opportunistic infections (OIs), due to lower immunity, or when CD4 cell counts fall below 200 cells/mm³ and HIV viral load increases to >1,000 copies/mL. Being diagnosed with HIV does not mean a person will also develop AIDS, because AIDS is preventable with HIV treatment.

What is Viral Load count?

Viral load (VL) test measures how much HIV is in the blood and to know if the HIV treatment is working well or not. An important goal of antiretroviral therapy is to suppress a patient's VL to an undetectable level - a level too low for the virus to be detected in blood by a VL test.



What is CD4 count?



A CD4 count tells you how many CD4 cells are there in a drop of blood. The more there are, the better. CD4 and viral load test results give essential information about the effect HIV is having on your body.

How can HIV be transmitted?

Most people get HIV through anal or vaginal sex or sharing needles, syringes, or other drug injection equipment. It can also be transmitted through blood transfusions or from a mother living with HIV to her child through childbirth or breastfeeding. HIV doesn't spread through ordinary social contact; for example, by shaking hands, traveling in the same bus, eating from same utensils, by hugging or social kissing, etc.



Antiretroviral Therapy (ART)

Is there a cure for HIV?

There is no cure for HIV, but you can control it with safe and effective HIV treatment which should be started as soon as someone is diagnosed with HIV. When treatment is taken regularly as prescribed, PLHIV live long, healthy, productive, and active lives and can protect their partners.

What is antiretroviral therapy (ART)?

Antiretroviral therapy (ART) refers to the combination of medicines to treat HIV infection. ART stops multiplication of HIV virus and stops it from making more viral copies. When taken regularly as prescribed, ART can suppress the level of virus in the blood (called viral load) and rebuild the immune response (including CD4 immune cells). The current ART require you to take the drugs daily. ART does not prevent or treat other sexually transmitted diseases, like chlamydia and gonorrhoea.

What are the benefits of ART?

HIV treatment can make the viral load very low (viral suppression). Viral suppression means when viral load, after initiation of ART is less than 1,000 copies/ml and remains less than 1000 copies/ml. If your viral load goes down after starting HIV treatment, that means treatment is working and your body is staying healthy. Most people have viral suppression after six months of taking medication regularly, but it is important you continue to take your HIV treatment as prescribed even after viral load is decreasing/suppressed. Stopping treatment may make you sick and could also cause the virus to change (or mutate), resulting in other health complications including medication resistance and limiting your options for effective ART.

I am newly diagnosed with HIV, when should ART be initiated?

It is important to start HIV treatment as soon as possible after diagnosis. Make sure you tell your healthcare provider about all other medicines you are taking (including over the counter supplements), your other medical conditions, and any symptoms you may be feeling. Your healthcare provider may also do some tests at your initial visit. All PLHIV should take HIV treatment, no matter how long they've had HIV or how healthy they are.

What do you mean by the term Opportunistic Infections (OIs)?

Opportunistic infections (OIs) are illnesses that occur more frequently and are more severe in people with HIV. This is because they can have damaged immune systems if they are not on effective treatment. Taking HIV medicine as prescribed is the best way to prevent getting OIs. HIV medicine can keep your immune system strong and healthy. Examples of OIs include tuberculosis and certain pneumonias. If you develop an OI, talk to your health care provider about how to treat it.

What is the current suggested ART regimen available under the national program?

The national program provides a safe and effective medicine called TLD. It comprises of three medications - tenofovir disoproxil fumarate (TDF 300 mg) + lamivudine (3TC 300 mg) + dolutegravir (DTG 50 mg) regimen (TLD) as fixed dose combination (FDC) in a single pill, taken once a day.

When and how should I take TLD?

One tablet of TLD should be taken once daily. It is important to take TLD 2 hours before or 6 hours after taking medications containing *polyvalent cations* such as antacids and/or dairy products. Talk to your healthcare provider about all medications, including over-the-counter supplements, you are taking.

Sticking with my ART is hard. How do I deal with the challenges?

Taking daily medication can be hard, but there are easy steps to help you. Often, taking the medication at the same time daily and/or associating it with a common habit (like brushing your teeth) can help you remember. You can keep reminder alarms on your mobile or ask your family/friends to remind you to take medication. If you are traveling, always carry your ART medicine with you. Being sick or depressed or using substances like alcohol or drugs may make it difficult to take your medication. Talk to your healthcare provider for further support to enable you to adhere to the medication schedule and stay healthy.



What if I missed my dose?

In most cases, you can take your pill as soon as you realize you missed a dose. Then take the next dose at your usual scheduled time (unless your healthcare provider has told you otherwise). However, never take two doses on the next day to make up for a missed dose on the previous day.

What are some of the common side effects of TLD?

TLD is safe and effective. Few people may experience stomach upset from starting a new medication, though this usually resolves after a few weeks by itself. TLD may also rarely cause lack of sleep, headache, dizziness, tiredness, and allergic reactions. Some people may experience weight gain as well. If you experience any side-effects, consult with your healthcare provider immediately.



Can I stop taking ART once my health improves?

No. ART needs to be taken lifelong. Taking ART regularly keeps people with HIV healthy and prevents HIV transmission. Taking ART every day as prescribed also reduces the risk of drug resistance.

What can I expect during my medical visits?

During your medical visits, your health care provider may ask questions and conduct routine medical exams to see how HIV is affecting your body.

Your health care provider may

- Take a blood sample to check the viral load and other important parameters.
- Ask questions about your health history.
- Look for other infections.
- Give immunizations, if needed.
- Discuss, prescribe, and monitor HIV regimen.
- Discuss ways to help you follow your HIV treatment plan.
- Help identify other support that you might need.
- Ask about your sexual or injection partners and discuss ways to protect them from getting HIV.



Monitoring of PLHIV on ART

How can we know that the ART is working?

To know if the treatment is effective, one needs to take HIV medication the right way every day as prescribed for at least 6 months. One also needs to get a VL test done. If the viral load is suppressed, that is below 1,000 copies/ml it indicates that the ART is working. Continue to take your HIV medicines as prescribed.

What is TND in a viral load test?

All viral load tests have a cut-off point below which they cannot reliably detect HIV viral particles. This is called the limit of detection. When your viral load is below the level of detection of the specific test that is being used, it is said to be undetectable or "Target not detected" (TND).

If my viral load comes out to be TND, does it mean I am cured of HIV and can stop taking HIV medications?

No, just because the level of HIV is too low to be measured doesn't mean that HIV has disappeared completely from your blood. It might still be present in the blood, but in amounts too low to be measured. Continued ART is necessary to ensure that the viral load remains undetectable.

Is it mandatory to do VL testing every 6 months?

For PLHIV on first line ART, VL testing should be done at 6 months, 12 months of ART initiation and thereafter at every 12 months. For PLHIV on second/third line ART, VL testing should be done every 6 months. It is important to monitor response to ART by VL testing for timely identification of treatment failure.

What should I do if my VL is ≥ 1000 copies/ml (unsuppressed)?



Patient with viral load ≥ 1000 copies/ml should undergo step-up adherence counselling for at least three months. ART centre counsellor should guide and provide counseling support to improve adherence. Repeat viral load testing should be done once treatment adherence is $>95\%$ for three months in continuation. If repeat viral load report is <1000 copies/ml, patient should be continued on same ART regimen. If repeat viral load report is ≥ 1000 copies/ml, patient should be referred to State AIDS Clinical Expert Panel (SACEP) for further management.

When should VL and CD4 testing be done for PLHIV on 1st, 2nd, and 3rd line ART?

- For PLHIV on first line ART, viral load testing should be done at 6 months, 12 months of ART initiation and thereafter at every 12 months. For PLHIV on second/ third-line ART, viral load testing should be done every 6 months.
- CD4 testing should be done every 6 months. However, as routine VL testing becomes available, CD4 testing can be discontinued for PLHIV (except those with HIV- 2 infection) when CD4 count ≥ 350 cells/mm and viral load is less than 1000 copies/ml.
- CD4 monitoring should be re-started for any patient if:
 - (a) the patient has been switched due to treatment failure i.e., virologic failure (VL ≥ 1000 copies/ml) or
 - (b) when deemed necessary for clinical management by the clinician at any point in time



What does U=U mean?



U=U stands for Undetectable equals Untransmittable. Undetectable means that the amount of HIV in your blood is too low to be detected on a viral load test. An undetectable VL for U=U is less than 200 copies/ml or TND (target not detected). If you take your ART daily and maintain an undetectable viral load, you will not pass HIV to your partners through sex. You need to continue to take your ART every day and have your viral load checked as advised by your doctor, to be sure your viral load stays undetectable. Undetectable does not mean that your HIV is cured; it means that you are taking ART regularly and the ART is working really well and has stopped the virus from growing.

ART Treatment Adherence, Treatment Failure, and Treatment Switch



When is my ART adherence adequate?

If ART adherence is more than 95% in a month, it is termed as good adherence. Ideally, you shouldn't miss any dose, you should take ART every day as advised by your doctor.

What are the potential benefits of Dolutegravir (DTG) when compared to other drugs?

DTG lowers the VL faster and has fewer side effects than other medicines. DTG based regimens are comparatively more effective than other regimens and hard to get resistance.



Why do I need a DTG based regimen when my current regimen is working properly and my VL is already suppressed or TND?

DTG based regimens comes in a fixed-dose combination (FDC) consisting of three key antiretroviral components. It is a key component of DTG based regimens, offers many benefits including a stronger barrier to resistance, minimal side effects and drug interactions, and a more rapid achievement of viral suppression. Hence, NACO is transitioning all eligible PLHIV to the new DTG based regimen in a phased manner as DTG is a better drug.



When should I do a VL test after transition to DTG based ART?

All patients should have a VL test 6 months after starting or switching or transition to a DTG-based regimen or TLD.



What is step-up counselling? Is it different from routine counselling?

Routine counselling is done for either a newly diagnosed PLHIV or a virally suppressed PLHIV. Step up counselling is specifically done for PLHIV who has an unsuppressed VL (of ≥ 1000 copies/ml) to identify any barriers to adherence and help and guide the patient to develop a treatment plan that will help improve their ART adherence.

What is SACEP?

Patients with suspected ARV treatment failure, severe toxicities, and complicated clinical cases are referred for review to a panel of experts called State AIDS Clinical Expert Panel (SACEP) at Centre of Excellence/ART Plus centres for further evaluation and timely switch/substitution to appropriate ART.

What is advanced HIV disease?

For adults and adolescents, and children older than 5 years, advanced HIV disease is defined as CD4 cell count <200 cells/mm³ or WHO stage 3 or 4. All children younger than 5 years of age (who are not already receiving ART and are clinically stable) with HIV are considered as having advanced HIV disease.

Why do we need an Advanced Disease Management (ADM) package?

Nearly 30-35% of patients present late to HIV care with an AIDS defining illness or advanced immunosuppression. HIV-associated morbidity and mortality remains high in this group. ADM is a special package of services provided to PLHIV with advanced HIV disease to reduce morbidity and mortality by early diagnosing, treating, or preventing opportunistic infections.

What are the components of ADM?

ADM package components include rapid (within a week) ART initiation, Anti-TB treatment initiation, cotrimoxazole prophylaxis, TB preventive therapy, serum cryptococcal antigen assay, and ART adherence counselling. It also includes urine Tuberculosis Lipoarabinomannan (TB-LAM) screening test; however, it is currently not available under the national program.

HIV Index Testing

What is index testing?



Index testing services (ITS), or partner notification services, is a voluntary case-finding approach where trained providers, with the consent of the HIV-positive client, focus on the elicitation of the sexual and/or needle sharing partners and biological children of <19 years age and offer them HIV Counselling and Testing Services (HCTS).

Why is index testing important?

Implemented appropriately and safely, index testing can link HIV positive individuals to life-saving treatment, break the chain of transmission and link HIV negative people to other appropriate prevention services (e. g. consistent and correct use of condom and lubricants, pre-exposure prophylaxis, opioid substitution therapy, etc).

Index testing are beneficial to:

- a. **Index Client** - Provides support to PLHIV to assist them in getting their partner(s) and biological child(ren) tested for HIV.
- b. **Partners/Biological children of index client** - Index testing can link HIV positive individuals to life-saving treatment and HIV negative people to appropriate prevention services.
- c. **Community** - Its an effective case finding strategy to reach undiagnosed population and to break the chain of transmission.



Co-infections/Oppportunistic Infections



What are the routes of transmission of Hep B & Hep C?

Hep B & C are transmitted like HIV i.e. through sex, contaminated blood transfusion, sharing contaminated needle etc.

If I am diagnosed with hepatitis B, how am I treated?

Some ARV drugs help in the management of Hep B. Drugs that are active against both HIV and HBV include Tenofovir (TDF), Lamivudine (3TC), Dolutegravir (DTG), Emtricitabine (FTC) etc.

Your healthcare provider can also refer you to the model treatment centre/ treatment centre for management of Hepatitis B in your state under the National Viral Hepatitis Control Programme.



Can I take vaccination for prevention of Hepatitis B?

Yes. PLHIV can take vaccination for prevention of Hepatitis B after consulting his/her healthcare provider.

What is the Hepatitis B vaccination schedule?

For adults, 3 doses should be taken at 0, 1 and 6 months.



What are the 4 symptoms (4S) for TB screening among children and adult PLHIV?

The 4S symptoms for TB screening among adult and adolescent PLHIV include current cough, fever, weight loss, and night sweats. In children the 4S symptom screening includes current cough, fever, poor weight gain, and history of contact with a TB case.

Who is eligible for Tuberculosis Preventive Therapy (TPT)? What are the criteria for initiating TPT? Does TPT completely prevent TB?

PLHIV who are 4S negative and do not have any other indications like active TB disease, hepatitis or history of DR-TB or contacts of DR-TB can be given TPT. TPT helps in preventing the progression of latent TB to TB disease. It does not prevent you completely from getting TB. If you are diagnosed with TB during TPT, you should take ATT along with ART for a period of six months.



When should TPT be started?

All the 4S negative should be assessed by the medical doctor to determine eligibility for TPT. If found eligible and there are no contraindications, then TPT should be initiated immediately for a period of six months.



Is TPT mandatory for everyone?

It is not mandatory, but since TB prevalence is very high among PLHIV, it is recommended for all eligible PLHIV to take TPT.



Is Chest X Ray (CXR) done to rule out Tuberculosis?

Yes, CXR is mainly done to rule out TB, and there are some other diseases which can be diagnosed by looking at CXR.



What is the dose of DTG in PLHIV who is on TB treatment?

PLHIV on Rifampicin based TB treatment should be given one additional tablet of DTG 50 mg, 12 hours after taking their TLD. Remember to switch back to TLD standard dose after 2 weeks of completion of anti-TB therapy.





Does Opioid Substitution Therapy (OST) prevent Opportunistic Infections (OIs)?

No. OST is opioid substitution therapy and is effective in enabling people to reduce or stop injecting drug use, and among people who are HIV negative, it greatly reduces their risk of HIV and HCV infection.

Is Hepatitis B & C treatment freely available in the government sector?



The National Viral Hepatitis Control Programme provides free diagnosis and treatment for all the people infected with Hepatitis B & C Virus, including PLHIV and key populations (KP). Facilities for treatment are available at designated model treatment units (MTUs) and treatment centres (TC) in select medical colleges and district hospitals in public sector.



Should all pregnant women get tested for HIV?

It is recommended that all pregnant women should be tested for HIV and, if found to be infected, must be offered treatment for themselves to improve their health and to prevent passing the virus to the infant before, during, or after child birth. Hence, all pregnant women should get tested for HIV and treatment should be started immediately if found HIV positive.

When to conduct VL testing in a pregnant women?



Apart from the usual VL testing, in pregnant women VL testing should be conducted between 32 and 36 weeks of pregnancy to see the viral load suppression which will determine the ARV prophylaxis of child depending on the risk of transmission.

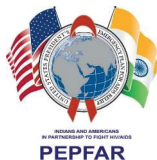


Are some sexually transmitted infections (STIs) associated with HIV?

Yes, some of the STI/RTI increase the risk of acquiring/transmitting HIV infection. These infections include syphilis, gonorrhoea, herpes, chlamydia etc. If you are sexually active, then using condoms regularly, limiting the number of partners, and choosing less risky sexual activities can lower your chances of getting STDs and HIV.

This document aims to enhance the knowledge of PLHIV and communities and provide them with up-to-date information about the HIV continuum of care, thereby supporting informed health decisions and actions. This document had been developed with support of I-TECH & CDC-India (through PEPFAR) and inputs of CST division of NACO.

Supported by



For more information, please contact

nacocst@googlegroups.com | dlcsinfo@itech-india.org