HIV Health Checklist

ABOUT THIS CHECKLIST

People with HIV should have some laboratory tests and vaccinations on a regular basis. You might want to keep your own file of test results. Also, keep track of any antiretroviral medications (ARVs) you take and when changes are made to your antiretroviral therapy (ART) regimen. This will be very helpful if you ever change healthcare providers.

ROUTINE LABORATORY TESTS

CD4 Cell Count: This test measures the strength of your immune system. It also indicates your risk of developing opportunistic infections (OIs). Higher results are better. Get a baseline test and then every few months, depending on the results. Once your viral load is undetectable, CD4 count monitoring may be stopped. Baseline is an initial reference value and is usually measured when you first test HIV-positive or when you start ART.

Viral Load: This test measures how quickly HIV is multiplying in your body. Lower results are better. The best result is undetectable, but this does not mean zero. This test shows how well ART is working. Get a baseline test and then every few months, depending on the results. The ultimate goal of ART is viral suppression or an undetectable viral load. This means that the amount of HIV in your bloodstream is so low that you won't develop OIs or transmit HIV to others.

Resistance Testing: This test shows if your HIV has mutated (changed) so that some ARVs may not work against it. Get a baseline test then test again if your ART regimen is not keeping your viral load below 500-1,000 copies per milliliter of blood. Most resistance tests require a viral load in this range in order to get results.

Complete Blood Count (CBC): This test measures red blood cells (RBCs), white blood cells (WBCs), and platelets (cells that help your blood clot). Test at baseline and every 3-6 months.

Metabolic Panel: This combination of tests measures various chemicals in your blood to see whether your kidneys and liver are working correctly. Test at baseline and every 3-6 months.

Toxoplasmosis: This test shows if you have ever been infected with the single-celled parasite *Toxoplasma gondii*. Test at baseline. If the result is positive, and your CD4 cell count falls below 100 cells/mm^3, your healthcare provider may start medication to prevent toxoplasmosis.

Blood fats: This test measures triglycerides and cholesterol. It helps show your risk for cardiovascular disease (CVD). Test at baseline and at least every year, or more often if you are taking medications that raise blood fat levels. Blood should be drawn in the morning after fasting overnight.

Blood sugar: This test helps show your risk for diabetes or insulin resistance. Test at baseline and about once a year. Blood should be drawn in the morning after fasting overnight.

Pap smear: This test looks for abnormal cells in the cervix or anus. Test at baseline and every three years, or more often if abnormal cells are found. The cervical Pap smear is a standard test for people who have cervixes. The anal Pap smear is done at many health centers in all people.

Hidden (latent) tuberculosis: This test shows if you have ever been exposed to tuberculosis (TB). Test at baseline and once a year if you are at high risk of exposure to TB. Positive test results should lead to further tests or treatment. This test can be less accurate if your CD4 cell count is low. Repeat if needed when your CD4 cell count is higher. Some healthcare providers use a blood test instead of a skin test to look for latent (hidden) TB infection. A chest x-ray can be helpful in addition to a skin test to look for latent TB infection if other tests are positive.

Urinalysis: This test looks for protein, sugar, or signs of infection in your urine. Test at baseline and periodically if you are taking medications that affect the kidneys.

Sexually Transmitted Infections (STIs): Test at baseline and at least once a year or if you have symptoms.

- **Syphilis:** blood test
- **Gonorrhea and Chlamydia:** urine test for people with penises; urine tests or vaginal swabs for people with vaginas; throat and/or anal swabs in people having oral and/or anal sex.

Hepatitis: There are multiple tests that look for hepatitis antibodies and antigens for hepatitis A, B, and C. Positive results can lead to further tests or treatment. A negative test result can suggest vaccination.

SPECIAL LABORATORY TESTS

Bone Density Scan (DEXA): A DEXA is recommended for people assigned female at birth (AFAB) after menopause and men over age 50. The test helps show if you are losing bone density due to smoking, age, or other risk factors, a condition known as osteoporosis. Repeat in AFAB people after menopause, men over age 50, and people with low testosterone.

HIV Tropism: This test shows if your virus can be controlled by a new type of ARV. Test only if your healthcare provider is considering using maraviroc (Selzentry).

HLA B*5701: This test shows if you are likely to have an allergic reaction to taking abacavir, an ARV found in Ziagen, Epzicom, and Triumeq. Test if you are considering using one of these drugs.

Testosterone: This is not a routine test but is recommended for people assigned male at birth (AMAB) with erectile dysfunction, fatigue, loss of sex drive, or depression. This test is also done in transgender people on gender affirming hormone therapy (GAHT). The test should be done in the morning.

If you are of African or Mediterranean descent, you might be tested for low levels of the enzyme G6PD. Deficiency of G6PD may cause severe anemia if you take certain drugs.

VACCINATIONS

Vaccinations will be more effective if your immune system is strong. If you're about to start ART, you may want to wait until your CD4 cell count is higher and your viral load is under control. Talk to your healthcare provider about the best timing. Several vaccines are recommended for people with HIV:

- **Pneumonia:** Protection lasts for about 5 years in people with HIV. There are 2 types of vaccine. Make sure your healthcare provider knows about your vaccination history.
- **Hepatitis:** Two **hepatitis A virus (HAV)** vaccine shots are given. Three **hepatitis B virus (HBV)** vaccine shots are given. Antibody tests will show if you are already immune. If this is the case, you don’t need the vaccine. There is no vaccine for **hepatitis C virus (HCV).**
- **Flu shots** are recommended in the fall for all people with HIV. **FluMist nasal spray should not be used by people with HIV.**
- **Measles, Mumps, and Rubella (MMR)** vaccine usually gives life-long protection. If you did not get these vaccines as a child, you should get an MMR vaccination. However, this live vaccine is not recommended for people with CD4 cell counts below 200 cells/mm^3.
- **COVID-19**: People with HIV should receive the COVID vaccine, regardless of CD4 cell count or viral load because the potential benefits outweigh potential risks. If you decide to get vaccinated, continue to take everyday preventive actions to protect yourself against COVID-19.
- **HPV** (Human Papillomavirus). All people with HIV ≤ 26 years; consider up to 45 years
- **Mpox: JYNNEOS**

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