Shelby County Rapid Linkage to HIV Care and ART Initiation Program

Standard Operating Procedures

Version 1.0 (May 23, 2024)

CONNEXTION

Your *Next* Connection To *Care*

CONEXIÓN

Tu *Próxima* Conexión Con La *Salud*

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I. Introduction

The Memphis-Shelby County rapid linkage to HIV care and antiretroviral therapy (ART) program (branded “ConneXtion” in English or “ConeXión” in Spanish) is being implemented as part of the United States (US) and Memphis Ending the HIV Epidemic Initiatives. The goals of the 2019 US Ending the HIV Epidemic Initiative are a national 75% decrease in incident HIV cases within 5 years and a 90% decrease in incident HIV cases within 10 years (1). Specific to ART initiation, one goal of the Memphis Ending the HIV Epidemic—End HIV 901-- is for 90% of individuals newly diagnosed with HIV to initiate ART within 72 hours of diagnosis (2). The goal of the program outlined in this document is to rapidly link people in Shelby County newly diagnosed with HIV to ART initiation on the same day, or within 72 hours of HIV diagnosis.

Purpose of this document

a. Provide rationale for rapid linkage to HIV care and ART initiation
b. Serve as a practical guide for rapid linkage program components
c. Propose evaluation metrics for this rapid linkage program

II. Rationale for rapid linkage to HIV care and ART initiation

The US Department of Health and Human Services (3), World Health Organization (4), and International Antiviral Society-USA (5) all endorse initiation of ART as soon as possible following HIV diagnosis. These recommendations are supported by the START (6) and TEMPRANO (7) trials which both compared early with delayed ART initiation and found that early ART initiation led to significant reductions in morbidity and mortality. Additionally, rapid ART initiation has been shown to be acceptable to both patients and providers (8). Following is a summary of the individual-level benefits of rapid ART initiation:

- Decreased immune activation (9,10)
- Improved CD4+ cell recovery (11)
- Decreased size of HIV reservoir (10,12)
- Decreased HIV and non HIV-related morbidity and mortality (6,13–16)
- Reduced time from HIV diagnosis to linkage to care, ART initiation, viral suppression (8,9,17–20)
- Improved long-term retention in HIV care (8)

There are also population-level benefits to rapid ART initiation. Viral suppression has been shown to be 100% effective at reducing sexual HIV transmission (i.e. **Treatment as Prevention [TasP]**) (21–25) resulting in the **Undetectable=Untransmittable (U=U)** messaging endorsed by the US Centers for Disease Control and Prevention (26).

III. Eligibility Criteria for Rapid ART

This initiative will serve individuals for whom the risk of starting ART without the knowledge of baseline chemistries or resistance testing is assessed to be low.

a. People newly* diagnosed with HIV:
   i. Laboratory-based HIV testing confirmation based on CDC guidelines (27) typically using the 4th generation HIV testing algorithm (28); OR

ii. Two point-of-care rapid FDA-approved HIV tests from different test types or different manufacturers (orthogonal) according to TDH Double Rapid HIV Testing Guidelines (29)

b. Contraindications include:

i. A suspected intracranial opportunistic infection (i.e. TB or cryptococcal meningitis) or cytomegalovirus retinitis based on HIV care provider assessment using US DHHS Guidelines for the Prevention and Treatment of Opportunistic Infections in Adults and Adolescents (30).

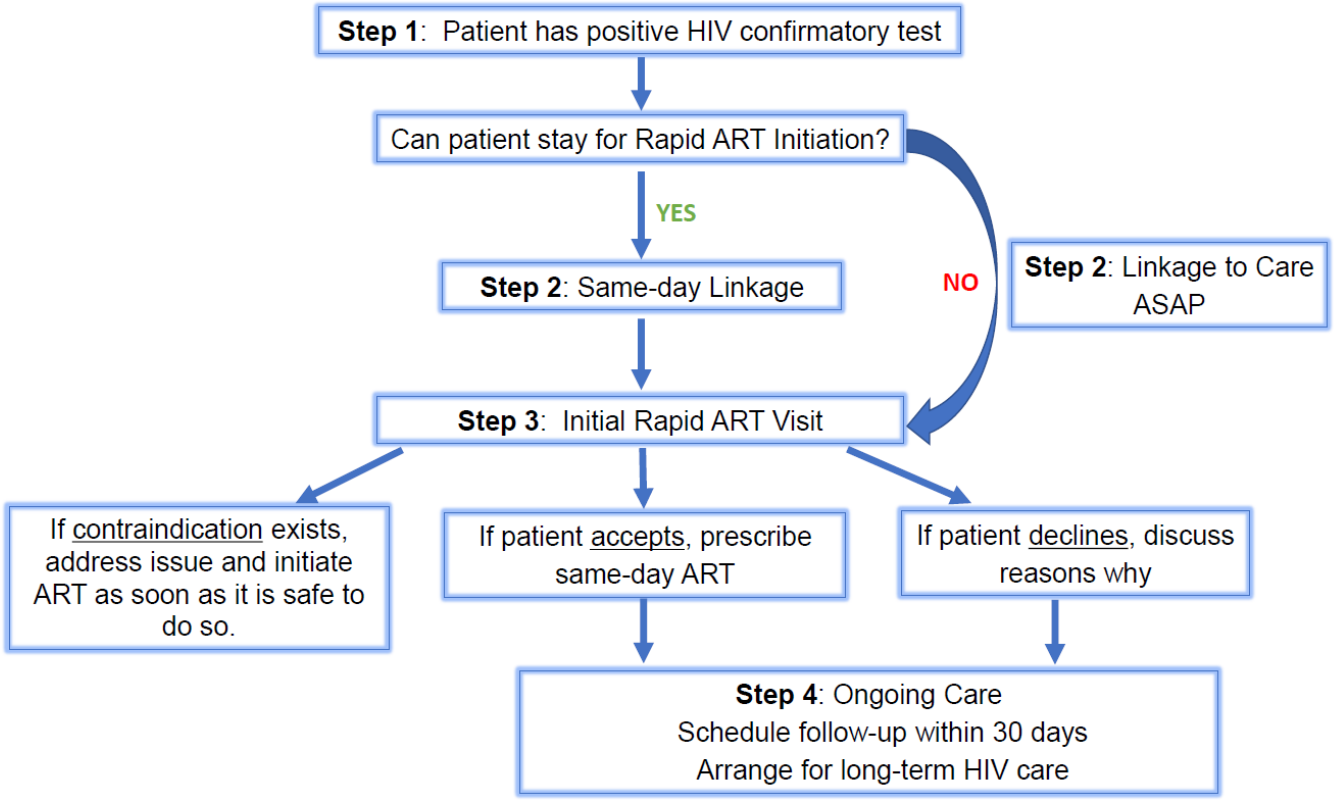
ii. Patients not willing or ready to start ART

Consideration of expanding to people re-engaging in HIV care will be considered in future protocols.

IV. Operations

A person with a new HIV diagnosis (Section IIIa, above) can proceed through the following steps to achieve the goal of rapid ART initiation.

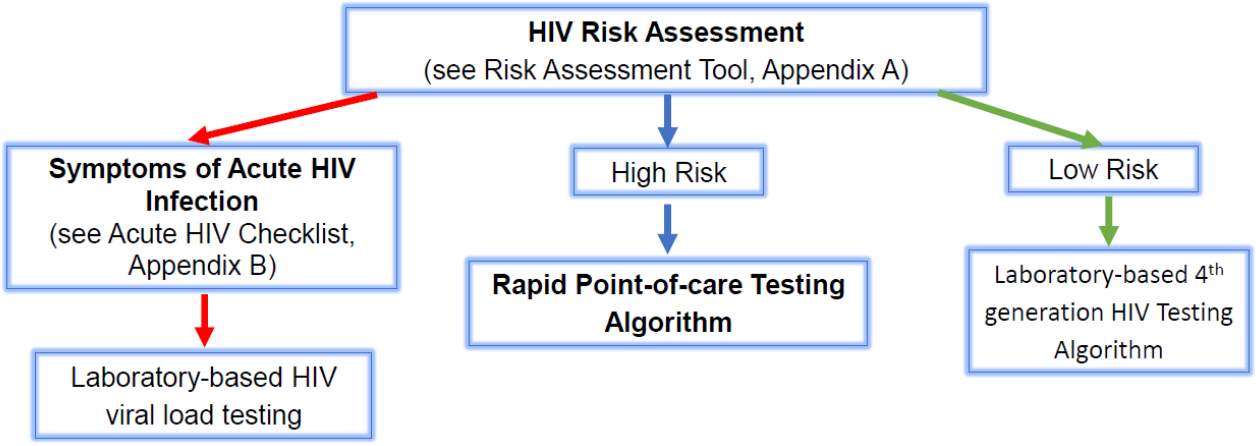
Figure 1. Flow Chart of Steps in Rapid ART Initiation Program



Step 1: Confirmation of HIV Diagnosis (Figure 2)*

1. Rapid point-of-care HIV screening will be performed among all clients identified as high risk (**See HIV Risk Assessment Tool, Appendix A**) with an INSTI® rapid HIV antibody test via finger stick (1 minute). If HIV screening was performed at another facility and the result report is verified, then proceed straight to HIV confirmation if HIV screen was positive.
2. Rapid point-of-care HIV confirmation will be performed among all those screening positive by INSTI® with an OraQuick® rapid HIV antibody test via finger stick (20 min).
3. Patients with signs or symptoms of acute HIV, regardless of HIV screening or confirmatory results, will have an HIV-1 qualitative RNA testing performed via venipuncture (**See Acute HIV Assessment Tool, Appendix B**).
4. Patients with a positive INSTI® screening result and a negative OraQuick® confirmatory result should have blood drawn via venipuncture for 4th generation HIV testing.
5. A confirmed HIV diagnosis will be defined as above (**Section III.a Eligibility Criteria**).
6. Results of rapid confirmatory tests should be documented on PH-1600 Reporting Form and reported per the TN Department of Health Double Rapid HIV Testing Guidelines (29). The PH-1600 Reporting Form should be submitted to TDH at https://is.gd/TNReportableDiseases. A copy of this form can be given to the client for their own documentation of test results.
7. Laboratory-based 4th generation HIV testing can be performed for clients identified as low risk (**See HIV Risk Assessment Tool, Appendix A**).

Figure 2. Confirmation of HIV Diagnosis



***Persons testing negative for HIV should be informed about PrEP as current CDC PrEP guidelines** (31) **state that all sexually active adolescents (weighing at least 77 pounds or 35 kilograms) and adults are eligible for PrEP. Please see getpreptn.com or preplocator.org for current PrEP providers in the Memphis, Shelby County area.**

Step 2: Linkage of person newly diagnosed with HIV-infection to medical care

1. If a patient is not able or willing to complete their initial HIV provider visit (~30 minutes) at the time of their HIV diagnosis, HIV testing staff will:
    a. Deliver HIV post-test counselling and education per Tennessee Department of Health "HEAT" or similar training (**see Section VI. Recommended Trainings**)
    b. Administer a psychosocial assessment (acute mental health issues, housing stability, transportation needs, food insecurity, HIV status disclosure, stigma reduction)
    c. Discuss partner HIV testing and prevention services
    d. Determine the patient's insurance status and enroll the patient in Ryan White if eligible (including presumptively).
    e. Arrange for a "warm handoff" or direct verbal communication of patient contact information between HIV testing and treatment teams.
2. If a patient is willing to stay for rapid linkage to care and ART initiation, HIV testing and care staff will arrange for a "warm handoff" of patient physically between teams. Here a "warm handoff" requires HIV testing site staff personnel physically escorting a client to an HIV treatment site or HIV treatment site staff picking a patient up at the HIV testing site and escorting them back to the HIV treatment site.

Table 1. HIV Treatment Site Warm Handoff Contacts*

HIV Treatment Site	Age of Patient	Contact number
Adult Special Care Clinic	≥18 years	Larry Dean 901-671-5535 901-545-8125 ljdean@regionalonehealth.org
Christ Community Health Services Broad, Hickory Hill, and Orange Mound Locations	≥18 years	Angela Sims 901-842-2397 angela.sims@christchs.org
Christ Community Health Services Frayser, Raleigh, and Third Locations	≥18 years	Kineather Barksdale 901-842-1443 kineather.barksdale@christchs.org
St. Jude Children's Research Hospital	Everyone ≤17 years 18-21 years if preferred by patient	Robin Bell 901-857-7783 robin.bell@stjude.org

*Any HIV treatment site in Memphis, Shelby County is eligible to participate if they meet SOP requirements and provide a signed Memorandum of Understanding (**see Appendix C**).

Step 3: Initial Rapid Linkage to Care and ART Initiation Visit

1. HIV treatment staff will deliver post-test counselling and education, administer a psychosocial assessment, discuss partner services, determine the patient's insurance status, and enroll the patient in Ryan White if not already completed in Step 2.
2. The content and duration of visit will be determined by provider and client preference as well as individual site protocols. At a minimum, the client will see an HIV provider for brief (~30 minute), targeted medical history and physical exam assessment (Table 2, below) to determine eligibility and identify an appropriate rapid ART regimen. The presence of any symptoms consistent with an intracranial opportunistic infection (i.e. TB or cryptococcal meningitis) or cytomegalovirus retinitis are contraindications to rapid ART initiation (see US DHHS Guidelines for the Prevention and Treatment of Opportunistic Infections in Adults and Adolescents) (30).

Table 2. Components of Targeted History during Rapid ART Initiation Visit

HIV History	Medical History
Date of last negative HIV test and prior HIV tests	Co-morbidities (particularly liver or kidney disease)
PrEP or PEP use	Medications
Sexual practices and serostatus of partners	Drug allergies
Substance use and Injection drug use practices*	Review of systems (to identify Opportunistic Infections, seroconversion, acute mental health issues)
	Pregnancy and childbearing plans
***Persons reporting injection drug use should be referred to Syringe Services Programs (SSPs). Please see https://www.tn.gov/health/health-program-areas/std/std/syringe-services-program.html for current SSPs in the Memphis, Shelby County community.**	

3. If there are concerns for opportunistic infection contraindications (**see Section III.b. Eligibility Criteria**), the patient will undergo evaluation/treatment and return to clinic for ART initiation.
4. If there are no concerns for opportunistic infection, then the patient will be counselled on the risks (i.e., immune reconstitution syndrome) and benefits (both individual- and population-level) of rapid ART initiation. The concepts of TasP and U=U, viral load monitoring, and importance of adherence, and therapy goals will also be included (**See Section VI Recommended Trainings**). Patients will be advised of the importance of close contact with the health system during early months of treatment, and about contacting the clinic immediately with any concerns. **Emphasis will be placed on listening to patient concerns and conveying to the patient that they will have additional questions through this process and that the team is happy to address these questions as they arise.**
5. If the patient declines rapid ART initiation, the provider will discuss reasons for declining and schedule a follow-up appointment within 30 days. If the patient prefers, a follow-up appointment can be made with another HIV treatment provider. HIV treatment providers should arrange for a "warm hand-off" of patient information between teams.

6. If the patient agrees to rapid ART initiation, ART will be prescribed and a 30-day follow-up appointment will be made (**See Tables 3 and 4 for rapid ART initiation regimens**):
    a. If the patient has immediate drug coverage (private insurance, TennCare, Medicare), then a 30-day supply of ART will be prescribed via pharmacy of patient choice.
    b. If the patient has Ryan White (necessitating drug shipment from Nashville Pharmacy Services in Nashville, Tennessee) or no drug coverage, then 7-to-30-day supply of ART will be dispensed from the on-site sample supply and a prescription for another 30-day supply of ART will be sent to the appropriate pharmacy. The sample supply is intended to cover the period until drug assistance or insurance becomes active. The client will need to provide documentation showing proof of residency and income within 30 days of presumptive Ryan White enrollment or they will be disenrolled. Request for rapid eligibility for Ryan White Part B drug assistance must be approved and tracked by the TDH Ryan White Program. **On-site sample medications may be distributed by nurses, clinicians, or pharmacists and do not need to be distributed by a provider with prescribing privileges.**
    c. The patient is encouraged to take their first dose of medication while still in the clinic if feasible.

Table 3. Rapid ART regimens (32)

Preferred Rapid ART regimens

- Dolutegravir 50mg once daily + tenofovir alafenamide (TAF)/emtricitabine (FTC) 1 tablet once daily OR tenofovir disoproxil fumarate (TDF)/FTC OR TDF/lamivudine (3TC) 1 tablet once daily
- Bictegravir/TAF/FTC 1 tablet once daily

Reasonable Rapid ART regimens

- Darunavir/cobicistat/TAF/FTC 1 tablet once daily
- Darunavir 800 mg once daily + ritonavir 100 mg once daily + TAF/FTC (or TDF/FTC or TDF/3TC) 1 tablet once daily

Preferred Rapid ART regimens during pregnancy or for women planning pregnancy

- Dolutegravir 50mg once daily + TDF/FTC 1 tablet once daily
- Raltegravir 400mg twice daily +TDF/FTC 1 tablet once daily

*Dolutegravir had previously been associated with a small increase in risk of neural tube defects in infants born to women taking dolutegravir at conception **(33)** although more recent data have not supported this association **(34)**. Providers should discuss risks and benefits of dolutegravir and alternative ART and select a regimen through shared decision making. TAF, bictegravir, and elvitegravir/cobicistat/TAF/FTC are not currently recommended in pregnancy.

Table 4. Rapid ART regimens in special circumstances
Preferred Rapid ART regimens for those with recent PrEP or PEP exposure at the time of HIV-infection or since the time of HIV-infection while awaiting genotype results • Darunavir/cobicistat/TAF/FTC 1 tablet once daily • Darunavir 800 mg once daily + ritonavir 100 mg once daily + TAF/FTC (or TDF/FTC or TDF/3TC) 1 tablet once daily
The following regimens are contraindicated for rapid ART initiation: • 2-drug ART regimens, e.**g.,** dolutegravir/rilpivirine, dolutegravir/3TC, boosted darunavir + 3TC, and others (high risk of virologic failure if transmitted resistance is present) • Abacavir (results of HLA B5701 testing will not be available, and risk of abacavir hypersensitivity reaction in persons with HLA B5701 allele is substantial) • NNRTIs (efavirenz, rilpivirine, doravirine, etravirine) (results of pretreatment genotype will not be available and likelihood of transmitted NNRTI mutation is high)

7. Following receipt of ART, patient will proceed to the laboratory for the following baseline testing:
    a. Quantitative HIV viral load
    b. HIV genotype
    c. CBC with differential and CD4+ cell count
    d. Comprehensive metabolic panel (including creatinine and liver function tests)
    e. Syphilis testing, and gonorrhea/chlamydia testing of urine, rectum, and throat (guided by sites of exposure).
    f. Hepatitis A IgG
    g. Hepatitis C IgG
    h. Hepatitis B surface Ag, Hepatitis B surface Ab, Hepatitis B total core Ab
    i. Pregnancy test (if appropriate)
    j. Interferon gamma release assay, Toxoplasma IgG, HLA-B5701 genotyping, and G6PD testing may also be considered

Step 4: Follow-up Care

Within 72 hours of Rapid ART Initiation Visit: If feasible, HIV treatment site staff calls the patient to provide psychosocial support, assess for clinical symptoms or side effects, and encourage patient to fill their long-term prescription. Clinical symptoms will be relayed to the provider for follow-up.

Day 30: The patient has a follow-up appointment, ideally with the provider that would see them long-term. At this visit, laboratory results will be reviewed and the provider will assess for clinical symptoms or side effects. ART may be adjusted as appropriate. Routine primary HIV care is scheduled either at current facility or another facility of patient preference. HIV treatment providers should arrange for a “warm hand-off” of patient information between teams.

Ongoing: Access to the case management team is available to provide ongoing support with education and coping with stigma, HIV disclosure, and other psychosocial issues (mental health, substance use, unstable housing, immigration, insurance, food insecurity, transportation, etc.). Appointment reminders via phone call or text will be made and missed appointments will be immediately addressed.

V. Proposed Performance Measures

Assessment and trending of performance measures is important to determine success of the rapid ART program the need for future improvements.

Table 5. Rapid ART Performance Measures

Performance Measure	Goal
Proportion of positive rapid INSTI® HIV screening tests confirmed by a second rapid OraQuick® confirmatory HIV test	90%
Median time from positive HIV screening test to confirmatory HIV testing	1 business day
Proportion of patients newly diagnosed with HIV who complete a same-day HIV provider visit (or as soon as possible within 72 hours)	90%
Median time to linkage to from HIV diagnosis date	3 business days
Proportion of patients newly diagnosed with HIV who initiate same-day ART (or as soon as possible within 72 hours)	90%
Median time to ART initiation from HIV diagnosis date	3 business days
Median time to viral suppression (VL<200) from HIV diagnosis date	120 days
Disparities in the above patient related performance measures based on age, race/ethnicity, gender, insurance status	No differences in above performance measures

VI. Recommended Training for HIV Testing and Treatment Site Staff

Table 6 describes the recommended trainings suggested for HIV testing and treatment site staff providing rapid ART. Staff training should be tracked and reviewed periodically. *****HEAT training is REQUIRED for all staff performing HIV testing and Disease Intervention Specialists using test kits provided by the Tennessee Department of Health. All virtual and in-person TDH training information can be found at https://www.tn.gov/health/health-program-areas/std/std/capacity-building-assistance-for-hiv-prevention-providers.html. Southeast AIDS Education and Training Center (SEAETC) archived webinars can be found at https://www.seaetc.com/education-training/ .

Table 6. Recommended Trainings

Training Subject	Source	Trainees	Frequency
HIV Education, Access, and Testing (HEAT) Training	TDH	Staff who perform HIV testing and Disease Intervention Specialists	Once*
General HIV Training **https://www.hiv.uw.edu/**	University of Washington National HIV Curriculum	Healthcare providers (nurses, mid-level providers, physicians) without previous HIV care experience	Once
General Rapid ART Initiation	SEAETC Archived Webinar	All Staff	Once
Motivational Interviewing	SEAETC Archived Webinar	All Staff with direct client contact	Once
U=U/Treatment as Prevention	SEAETC Archived Webinar TDH	All Staff	Once
Unconscious Bias/Cultural Humility **https://www.seaetc.com/wp-content/uploads/2021/07/Stigma-Handbook-June-2021.pdf**	SEAETC Cultural Humility and Reducing Stigma Discrimination Provider Handbook	All Staff	Annually
End the Syndemic Language Guide **https://endthesyndemictn.org/wp-content/uploads/2021/03/ETS-Language-Guidance-03_15_21.pdf**	TDH	All Staff	Annually

Trauma Informed Care	SEAETC Archived Webinar	All Staff	Annually
Early Intervention Services Refresher Course	TDH	Early Intervention Services Staff	Annually

VII. Rapid ART Testing and Treatment Site Communication

Site communication for successful rapid ART programs is essential.

- Website https://endhiv901.org/ will have monthly administrative updates by Memphis Connect To Protect HIV Community Coalition Leadership to ensure up-to-date information regarding community services is available
- Quarterly in-person or virtual meetings will be coordinated by Memphis Connect To Protect HIV Community Coalition Leadership for participating site members to discuss program successes and challenges
- Rapid ART champions for each participating site have been identified and will serve as points of contact for cross-site communication

Site Name	Champion Name	Champion Contact
Adult Special Care Clinic	Nathan Summers	901-448-3291 nsummer2@uthsc.edu
Christ Community Health Services	Tanyelle Dunlap	901-842-2394 tanyelle.dunlap@christchs.org
Shelby County Health Department	Misty Hayes-Winston	901-356-1699 misty.hayes-winton@shelbycountytn.gov
Le Bonheur HIV Community Network	Remera Cage	901-287-4731 remera.cage@lebonheur.org
St. Jude Children's Research Hospital	Nehali Patel	901-595-4646 nehali.patel@stjude.org

VIII. Stigma Reduction Recommendations

Engagement in evidence-based interventions shown to reduce intersectional stigma related to HIV status, race, and sexual/gender identity. Participation in stigma reduction activities are encouraged among HIV testing and treatment sites participating in Memphis Rapid ART initiation.

- Environmental Change: Snap Out Stigma Clinic Displays (35)
    - https://snapoutstigma.com/
    - Displays boards of choice available on-loan for limited time periods or as re-prints available for purchase
    - Contact: Latrice Pichon, PhD (lcpichon@memphis.edu)

- Staff trainings when hired and annually (**See Section VI. Recommended Trainings**)

IX. Acknowledgements

The Shelby County Rapid Linkage to HIV Care and ART Initiation Program Committee (**Appendix D**) would like to acknowledge the **Connect to Protect (C2P) Memphis HIV Community Coalition** for the feedback and input on this document. Support was provided by the Tennessee Department of Health and Tennessee Center for AIDS Research (National Institutes Health **P30 AI110527)** and Centers for Disease Control and Prevention (**PS21-002**).

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XI. Appendix A: HIV Risk Assessment Tool (English)

TO PROMPTLY SERVE YOU, YOU MUST COMPLETE ALL QUESTIONS BELOW
YOUR PERSONAL AND MEDICAL RECORD INFORMATION HELD IN THIS CLINIC IS STRICTLY CONFIDENTIAL

Please print and fill out completely **Clinic# _____**

Appointment time: _____ **Clinic check in time: _____**

Name _____ Date of Birth ____/____/_____ **SSN#:_____/_____/_____**

Marital Status (circle one): **Single** **Married** **Divorced** **Widowed** **Separated**

Address _____ City _____ State _____ Zip Code _____

Home Phone # (_ _ _) _ _ _- _ _ _ _ Cell Phone (_ _ _) _ _ _- _ _ _ _

Race (circle one): **White Black Asian American Indian/Alaskan Hawaiian/Pacific Islander Multiple Races Other**

Ethnicity (circle one): **Hispanic Non-Hispanic**

What sex were you assigned at birth (circle one)? **Male Female Declined to answer**

What is your current gender identity (circle one)?

Male Female Transgender Male/Trans Man/Female to Male

Transgender Female/Trans Woman/Male to Female Genderqueer Other _____

Person to notify in case of an emergency:

Name _____ Address_____

Phone (_ _ _) _ _ _ - _ _ _ _ Relation to you _____

In order to better serve you today, your health care provider would like to assess how you may benefit from available services such as testing for HIV and Sexually Transmitted Diseases (STDs).

In the PAST 12 MONTHS:

1. What gender of sex partners have you had (circle all that apply)? **Men Women Transgender/Non-binary**
2. Have any of your male partners had sex with other men? **No male sex partners Yes No I don't know?**
3. Have you injected drugs or had sex with someone who has injected drugs? **Yes No I don't know?**
4. Had sex with someone who you know has HIV? **Yes No I don't know?**
5. Been treated for gonorrhea, chlamydia, or syphilis? **Yes No I don't know?**
6. Exchanged sex for money, drugs, or other items/needs? **Yes No I don't know?**
7. Had sex without a condom with more than one person? **Yes No I don't know?**
8. Served time in prison or had sex with someone who has spent time in prison? **Yes No I don't know?**

Appendix B: HIV Risk Assessment Tool (Spanish)

PARA SERVIRLE PRONTAMENTE, COMPLETE TODAS LAS PREGUNTAS
SU INFORMACIÓN PERSONAL Y FICHA CLINICA SON ESTRICTAMENTE CONFIDENCIALES

Por favor imprima y complete este formulario **Clínica# _____**

Hora de la cita: _____ **Hora de llegada a la clínica: _____**

Nombre _____ Fecha de nacimiento ____/____/_____ **SSN#: _____/_____/_____**

Estado civil (marque uno): **Soltero(a)** **Casado(a)** **Divorciado(a)** **Viudo(a)** **Separado(a)**

Dirección _____ Ciudad _____ Estado _____ Código postal _____

Teléfono domicilio # (_ _ _) _ _ _- _ _ _ _ Celular (_ _ _) _ _ _- _ _ _ _

Raza (indique uno): **Asiático** **Blanco** **Nativo-estadounidense o nativo de Alaska** **Negro**
Nativo de Hawái o de las islas del Pacífico **Varias Razas** **Otra**

Etnicidad (indique uno): **Hispano** **No Hispano**

Sexo asignado al nacer (indique uno): **Hombre** **Mujer** **Prefiero no responder**

¿Con cuál género se identifica? (indique uno)
Hombre **Mujer** **Hombre transgénero/Hombre trans/Mujer a hombre**
Mujer transgénero/Mujer trans/Hombre a mujer **Queer** **Otro _____**

En caso de emergencia, notificar a:
Nombre _____ Dirección _____

El proveedor de salud quisiera saber cómo podría usted beneficiarse de servicios de salud adicionales durante su visita (por ejemplo, pruebas de VIH y enfermedades de transmisión sexual - ETS).

En el ÚLTIMO AÑO:

1. ¿Cuál es el género(s) de su(s) pareja(s) sexual(es)? (puede indicar más de uno)	**Hombre**	**Mujer**	**Transgénero/ No-binario**
2. ¿Si su pareja(s) se identifica como hombre(s), sabe si él o ellos han tenido relaciones sexuales con otros hombres?			
Mi pareja(s) no se identifica como hombre	**Si**	**No**	**No sé**
3. ¿Usted, o su pareja sexual, se inyectan drogas?	**Si**	**No**	**No sé**
4. ¿Ha tenido sexo con alguien que usted sabe que tiene VIH?	**Si**	**No**	**No sé**
5. ¿Ha recibido tratamiento para gonorrea, clamidia o sífilis?	**Si**	**No**	**No sé**
6. ¿Ha intercambiado sexo por dinero, drogas u otros artículos/necesidades?	**Si**	**No**	**No sé**
7. ¿Ha tenido sexo sin condón con más de una persona?	**Si**	**No**	**No sé**
8. ¿Ha estado encarcelado o ha tenido relaciones sexuales con alguien que estuvo en prisión?	**Si**	**No**	**No sé**

Appendix C: Acute HIV Checklist

The presence of any one of the following symptoms could indicate acute HIV infection may indicate the need for HIV viral load testing regardless of HIV screening or confirmatory test results.

- ☐ Fevers
- ☐ Fatigue
- ☐ Lymphadenopathy or enlarged lymph nodes
- ☐ Tonsilitis or enlarged tonsils
- ☐ Sore throat
- ☐ Arthralgias (joint aches) and myalgias (muscle aches)
- ☐ Diarrhea
- ☐ Rash

Source: Centers for Disease Control and Prevention
https://www.cdc.gov/hiv/pdf/prep_gl_patient_factsheet_acute_hiv_infection_english.pdf

Appendix D. Shelby County Health Department Rapid Linkage to HIV Care and ART Initiation Program Committee Members

- Aditya Gaur, St. Jude Children's Research Hospital
- Aimalohi Ahonkhai, Vanderbilt University Medical Center
- Andrea Stubbs, St. Jude Children's Research Hospital
- Angela Sims, Christ Community Health Services
- April Pettit, Vanderbilt University Medical Center
- Audrey VanWylen, Christ Community Health Services
- Benjamin Andrews, Christ Community Health Services
- Bruce Randolph, Shelby County Health Department
- Carla Harvey, Shelby County Health Department
- Carolyn Audet, Vanderbilt University Medical Center
- Cedric Robinson, Shelby County Health Department
- Christina Underhill, Le Bonheur Children's Hospital HIV Community Network
- Courtney Tipper, Shelby County Health Department
- Cristóbal Valdebenito, University of Memphis School of Public Health
- Dana Moore, Le Bonheur Children's Hospital HIV Community Network
- Daniel Thompson, Christ Community Health Services
- Dominick White, Christ Community Health Services
- Erica Williams, Shelby County Health Department
- Jocelyn Meeks, Le Bonheur Children's Hospital HIV Community Network
- Kandis Scurlock, Shelby County Health Department
- Kathy Esposito, Le Bonheur Children's Hospital HIV Community Network
- Kimberly Truss, Tennessee Department of Health
- Kineather Barksdale, Christ Community Health Services
- Larry Dean, Regional One Adult Special Care Clinic
- Latrice Pichon, University of Memphis School of Public Health
- Lesa Williamson, Christ Community Health Services
- Lela Gregory, Tennessee Department of Health
- Lorrie Brooks, Shelby County Health Department
- Maretta Cox, Regional One Adult Special Care Clinic
- McCaa Russum, Christ Community Health Services
- Melissa Wright, Regional One Adult Special Care Clinic
- Melody Evans, Shelby County Health Department
- Meredith Brantley, Tennessee Department of Health
- Misty Hayes-Winston, Shelby County Health Department
- Nathan Summers, Regional One Adult Special Care Clinic
- Nehali Patel, St. Jude Children's Research Hospital
- Pamela Talley, Tennessee Department of Health
- Peter Rebeiro, Vanderbilt University Medical Center
- Phyllis Phillips, Shelby County Health Department
- Remera Cage, Le Bonheur Children's Hospital HIV Community Network
- Robertson Nash, Tennessee Department of Health
- Robin Bell, St. Jude Children's Research Hospital
- Sharron Moore-Edwards, Regional One Adult Special Care Clinic
- Shaunda Bonner, Shelby County Health Department
- Sherry Cohen, Shelby County Health Department

- Shunsetha Alexander, Shelby County Health Department
- Susan Steppe, Le Bonheur Children's Hospital HIV Community Network
- Talechia Swims, Le Bonheur Children's Hospital HIV Community Network
- Tamara Crutcher, Shelby County Health Department
- Tanyelle Dunlap, Christ Community Health Services
- Tereva McGee, Le Bonheur Children's Hospital HIV Community Network
- Veronyca Washington, Shelby County Health Department