

HIV Care Management and Treatment

Policy Number 1.242

Policy Function Continuum of Care

Issue Date 5 November 2020 (*eMeds minor changes 19 July 2022*)

Summary This policy outlines the process for testing of people who are at risk of acquiring Human Immunodeficiency Virus. It also provides guidance for management and treatment of people who are newly diagnosed and/or are living with human Immunodeficiency Virus.

Responsible Officer ED Clinical Operations

Applicable Sites

- Administration Centres
- Community Sites (e.g. Court Liaison Service, Community Integration Team, etc.)
- Health Centres (Adult Correctional Centres or Police Cells)
- Health Centres (Youth Justice NSW)
- Long Bay Hospital
- Forensic Hospital

Previous Issue(s) Policy 1.242 (Jun 2017; Dec 2013)

Change Summary

- *Changes to the Public Health Act 2010-Preventing the spread of Sexually Transmissible Infections*
- *Changes to the Public Health Act 2010-HIV information access by clinical staff*
- *Review and update policy according to recent MoH Policy Directives.*

HPRM Reference POLJH/1242

Authorised by Chief Executive, Justice Health and Forensic Mental Health Network

1. Preface

The goal of the NSW HIV Strategy 2016-2020 is to work towards the virtual elimination of HIV transmission in NSW by 2020 and to sustain the virtual elimination of HIV transmission in people who inject drugs, sex workers and from mother-to-child. The Ministry of Health [IB2016_20 NSW Aboriginal Blood Borne Virus \(BBV\) and Sexually Transmissible Infections \(STI\) Framework 2016-2021](#) reinforces that Aboriginal communities remain vulnerable to HIV infection and calls for vigilance to ensure that HIV transmission among Aboriginal people is reduced.

Some of the ways HIV transmission reduction will be achieved are by:

- sustaining the central role of condoms in preventing the transmission of HIV
- reduce sharing of injecting equipment among people who inject drugs by 25%
- assess all people reporting HIV transmission high risk behaviours for Pre-exposure Prophylaxis (PrEP)
- facilitate testing of all recent sexual and injecting partners of people newly diagnosed with HIV
- increase the frequency of HIV testing in priority populations in accordance with risk
- strengthen service integration and models of care to deliver HIV testing in our priority settings
- strengthen systems and service integration for HIV prevention, diagnosis and management for Aboriginal people at risk
- increase the proportion of people with diagnosed HIV on Anti Retroviral Therapy (ART) to 95%
- ensure 90% of people newly diagnosed with HIV are on ART within 6 weeks of diagnosis
- further strengthen systems for timely collection and reporting of data to monitor progress, report outcomes and determine additional focus.

Priority populations are identified as people living with HIV, gay and homosexually active men, sex workers, Aboriginal people, people who inject drugs and people from culturally and linguistically diverse backgrounds. All of these priority populations are over represented in custodial settings.

Prevalence and incident rates of HIV/AIDS in Australia can be found at [NSW HIV Surveillance Data](#).

2. Policy Content

2.1. Mandatory Requirements

This policy provides directions for

- Testing of people who are at risk of acquiring HIV.
- Regular review, treatment and monitoring of People Living with HIV/AIDS (PLWHA).
- Health promotion and harm minimisation principles which underpin the delivery of education, information and advice provided to patients in relation to HIV prevention.

- Discharge planning, ensuring continuity of care post release/discharge, including linkages with community service providers.

Staff must be familiar with Justice Health and Forensic Mental Health Network (the Network) policy [1.363 Early Detection Program for Blood Borne Viruses and Sexually Transmissible Infections](#) and [HIV/AIDS Clinical Management Guidelines](#).

It is the responsibility of all clinical staff to ensure people who are at risk of acquiring HIV, or who are living with HIV, receive care appropriate to their circumstances. All clinical staff are responsible for providing health promotion/harm minimisation education and information to patients. All clinical staff are also responsible for the care of PLWHA, this can be in collaboration with the Public/Sexual Health Nurse (PSHN).

2.2. Implementation - Roles & Responsibilities

2.2.1 Chief Executive

Must provide managers with the resources to support compliance with this policy and its associated procedures.

2.2.2 Executive Director Clinical Operations

Must review all reported incidents of non-compliance with this policy in accordance with the Network policy [2.030 Incident Management](#).

2.2.3 Service Director Population Health

Is responsible for the strategic oversight of key performance indicators and internal outcome measures with regard to screening patients for HIV, managing patients with HIV in accordance with this policy.

2.2.4 Clinical Nurse Consultant Sexual Health/Hepatitis

Is responsible for:

- Updating the Network policy [1.242 HIV Care Management and Treatment](#);
- Ensuring clinical supervision is provided to the PSHNs and ensure that this policy and associated procedures are complied with;
- Liaising with the Sexual Health/Infectious Diseases VMOs.

2.2.5 Network Director of Nursing and Midwifery Services and the Forensic Hospital Director of Nursing and Services

Are responsible for:

- Ensure staff understand, implement and comply with this policy;
- Ensure that staff are provided with adequate and appropriate training, to implement this policy and the time to complete relevant training;
- Ensure that adequate resources are provided to staff to undertake their duties;
- Evaluate compliance with this policy.

2.2.6 Surveillance Officer, Population Health

Is responsible for:

- providing reports to the Population Health team on the proportion of EDP testing within the Network which includes screening for HIV;
- assisting CNC Sexual Health /Hepatitis or the PSHN with NSW Health 'HIV Enhanced Surveillance Case Follow up after Diagnosis' form.

2.2.7 Nurse Managers and Nurse Unit Managers

Is responsible for:

- ensuring compliance with this policy and its associated procedures;
- bringing this policy and its associated procedures to the attention of all Network staff.

2.2.8 Public Sexual Health Nurses

Are responsible for:

- Complying with Network policy 1.242 *HIV Care Management and Treatment*;
- Coordinating the clinical care of the patient with HIV including continuation of antiviral medication, relevant pathology, waitlisting the patient for ongoing VMO review;
- Coordination of clinical care for patients that are newly diagnosed with HIV including education re HIV, contact tracing, support and accommodation consideration.
- Harm minimisation education;
- Discharge planning including referral to ADAHPS, Connections and completing a transfer of care discharge summary for the relevant community care provider.
- Ensuring that the patient takes a supply of their antiviral medication home with them.
- Completing and submitting NSW Health 'HIV Enhanced Surveillance Case Follow up after Diagnosis' form.

2.2.9 Primary Care Nurses are responsible for:

- Identifying PLWHA at reception;
- Notifying the CNC Sexual Health Hepatitis of the patient's reception;
- Sending an ROI to the patient's community health provider in relation to the patients HIV treatment and care plan;
- Wait listing the patient to the PSHN and/or notifying the cluster PSHN;
- Screening patients for HIV in line with the Network policy [1.363](#) *Early Detection Program for Blood Borne Viruses and Sexually Transmissible Infections*.

3. Procedure Content

3.1. Screening for HIV

All new receptions to the custodial environment will be assessed using the *Reception Screening Assessment (RSA)*, and *Adolescent Health Initial Assessment*; these tools will identify a patient's

level of risk relating to communicable diseases. If screening is indicated the patient will be placed on the Primary Health Nurse (PHN) waiting list with a priority rating commensurate with the level of risk, please refer to the Network [Guidelines for Waitlist to PSHN at Reception Centres](#). The patient will be offered screening as per Network policy [1.363 Early Detection Program for Blood Borne Viruses and Sexually Transmissible Infections](#). All patients at reception are to be advised of the risks associated with incarceration; in addition to this a brochure "[Keeping Safe in Custody](#)" will be provided to each patient advising them of harm reduction strategies available while in custody.

For patients in the Forensic Hospital, where screening is indicated and the patient is able to consent to testing, the patient will be placed on the Forensic Hospital Primary Health Nurse (FHPHN) waitlist with a priority rating commensurate with the level of risk.

Pre test discussion should include:

- what a HIV test is
- what it is testing for
- why the person is being offered the HIV test
- what the window period is
- when the results are expected
- what a positive HIV test means
- what does a negative test mean
- confidentiality and privacy issues regarding the results

If consent for the testing is not obtained and the patient is identified as being at high risk of having acquired HIV, or is from a high prevalence country, the PHN must then discuss these risks with the patient, (refer to [ASHM testing Portal](#)), and advise them that they can change their mind and request testing any time while they are in custody. See the Network [HIV/AIDS Clinical Management Guidelines](#) for information relating to levels of risk and high prevalence countries.

3.2. Newly Incarcerated/Detained/Admitted Patients Living with HIV

The CNC Sexual Health/Hepatitis must be notified by phone or email of all newly incarcerated/detained or admitted patients living with HIV. This is to ensure that appropriate management occurs and that there is as little disruption to their clinical care and medication regimes as possible. If there is no supporting documentation in the health record, ask the patient to sign a release of information (ROI) JUS 020.015 form giving permission for health records and test results to be obtained from the external health service provider (see note below). If the patient cannot provide details of a community service provider or if confirmation cannot be obtained from a community service provider, an HIV confirmatory antibody test must be requested, after gaining informed consent as per the Network policy [1.363 Early Detection Program for Blood Borne Viruses and Sexually Transmissible Infections](#).

3.3. Newly Diagnosed Patients with HIV

Because of the critical importance of a new HIV diagnosis, clinicians must ensure that their communication is clear and delivered in a manner which is sensitive, empathic and non-

judgemental. Every effort must be made to ensure that the diagnosis is provided in a manner which will promote the best possible outcome for the patient.

All new positive HIV test results must be discussed with the CNC Sexual Health / Hepatitis before the patient is informed of the result. A Public Sexual Health Nurse (PSHN) will give the result to the patient, following the guidelines described in the Network [HIV/AIDS Clinical Management Guidelines](#). A management plan must be developed by the PSHN in consultation with the VMO according to the particular needs of the individual patient; this could include involvement of mental health clinicians if the patient has a mental health diagnosis, or consideration of support from culturally appropriate health support workers if the patient indicates they would like this to occur.

3.4. Referrals

Newly diagnosed, newly incarcerated or admitted HIV positive adult patients must be referred to the next available Sexual Health / Immunology clinic for an initial consultation with the VMO. This will be either at the Long Bay Complex or the Silverwater Complex depending on the location of the patient and Corrective Services NSW (CSNSW) availability to transport the patient. For patients in the Forensic Hospital an onsite consultation will be negotiated by the CNC Sexual/Health Hepatitis. Subsequent consultations may be via telephone.

The patient may also be referred to a General Practitioner GP or Nurse Practitioner NP for a physical examination.

If the patient is a current injecting drug user an urgent referral to Drug and Alcohol must be made via ROAMS.

All PLWHA must be offered a referral to [Aids Dementia and HIV Psychiatry Service](#) (ADAHPS). See section [3.20 Discharge of PLWHA](#) below.

Further referrals will be made according to need and as described in the Network [HIV/AIDS Clinical Management Guidelines](#).

3.5. Medical Holds for Patients with HIV

If the newly diagnosed or newly incarcerated patient is located at a metropolitan site where there is an Immunology/Sexual Health Clinic (i.e. Silverwater Complex or Long Bay Complex) the patient must remain at this site until they have had an initial on site review by a VMO which will require a Medical Hold as per the Network Policy [1.263 Medical Holds](#). If a newly diagnosed patient is in the Forensic Hospital the CNC Sexual Health/Hepatitis will negotiate an on site review by a VMO. If the patient is a young person the CNC Sexual Health/Hepatitis will negotiate a medical review. To ensure that the patient remains at this centre a Medical Hold will need to be completed. If the patient's condition requires regular face-to-face consultations with the VMO or the medication/treatment regime is complex, the patient must be placed on a Medical Hold until the VMO is satisfied that the patient can be moved to another site. If a patient is diagnosed with HIV at a site that does not have a VMO the patient should be moved to the Silverwater or Long Bay Correctional Complex to facilitate a face to face consultation with the VMO.

3.6. Cell Placement

The patient who is HIV positive can have a normal cell placement as per the Network policy [1.340 Accommodation: Clinical Recommendations \(Adults\)](#) or the Network policy [1.243 Management of](#)

Patients with HIV that Risk Infecting Others, unless there are any co-existing medical or psychiatric conditions which direct cell placement- see the Network [HIV/AIDS Clinical Management Guidelines](#) for more information on cell placements.

3.7. Transfer of people that are HIV Positive

Patients who are taking antiretroviral medication who are to be transferred to another centre must have their antiretroviral medication sent to the receiving centre. The nurse who is packing up the medication for transfer must phone the nurse at the receiving centre to inform them that a patient is being transferred and is on antiretroviral medication. Staff must refer to the Network [Medication Guidelines](#) regarding transfer of Highly Specialised Drugs (HSD). The receiving centre must complete an Incident Information Management System (IIMS) notification if the medications are not sent with the patient and take immediate action to have medications available for the patient.

3.8. Antiretroviral Medication (Highly Specialised Drugs)

Adherence to antiretroviral medication is essential to ensure optimal health outcomes for PLWHA. If patients come into custody are on antiretroviral medication, every effort must be made to continue therapy. Confirmation of medication orders must be obtained from the external health service provider following the Network policy [4.030 Requesting and Disclosing Health Information](#). Once confirmation of the medication has been obtained, the Sexual Health/Hepatitis CNC can be contacted to facilitate the completion of a HSD Authority Prescription and medication chart by an authorised HSD prescriber.

The initial HSD authority script will be obtained by the Sexual Health /Hepatitis CNC from the Sexual Health Physician and the HSD medications will be ordered on the medication chart at this time. The authority HSD script will be posted the Network pharmacy department by the Sexual Health Physician. The Network pharmacy department will notify the Sexual Health/Hepatitis CNC when a new HSD authority script is required.

All patients prescribed HSD medication are requested to give verbal consent for the Network staff to obtain the patients medicare number, this should be documented in the patient's eprogress notes, the Network pharmacist will check this consent has been obtained prior to obtaining the medicare number.

Any changes to medications will be made by the Sexual Health Physician on the medication chart when the patient is reviewed. When an medication is due for a rewrite this will be done prior to the prescription expiring at the Sexual Health Clinic at either Silverwater, second Friday of the month, or Long Bay, first Thursday of the month. Please notify the PSHN that is coordinating the clinic by email prior to the day of the clinic.

3.9. Health Promotion and Harm Minimisation

3.9.1 People Living With HIV/AIDS

It is imperative that all PLWHA be provided with education, information and advice which will enable them to take control of their condition and maintain good health. In this regard, it is critical that such initiatives underpin the spectrum of clinical care.

Such harm reduction and health promotion interventions will include:

- information relating to lifestyle choices, management plans, treatment options and support services
- practical strategies which can be adopted to reduce the risk of transmission of the disease and emphasise their responsibility to others, such as medication compliance
- advice on safer injecting practices and an urgent assessment via ROAMS for Opioid Substitution Treatment (OST) pharmacotherapy if there is current opioid injecting drug use
- management of co-infection through early screening for other blood borne viruses, and emphasis placed on vaccination and/or treatment where appropriate,
- information and education must be readily available, including how to access condoms, dental dams and cleaning injecting equipment. Refer to [Keeping Safe in Custody](#) brochure and [Be Strong with Fincol Poster](#)

The Network [HIV/AIDS Clinical Management Guidelines](#) provides information which can be included in this discussion. Content for the discussion must be documented in the health record each time this discussion occurs.

3.9.2 For people at risk of HIV

It is vitally important that all people who are at risk of contracting HIV, particularly people who inject drugs, are provided with every opportunity for education, health assessment (in particular a Drug and Alcohol, and if required a mental health assessment) and advice on health protective behaviours, including safer injecting practices and safer sex practices. This may include using alternative routes of drug administration, encouragement to access OST pharmacotherapies, and providing access to PrEP and condoms.

Such initiatives must be consistently incorporated into clinical practice across the duration of the patient's care. These interventions must be targeted and tailored to the individual's situation and provided in a manner that is relevant and appropriate to the changing circumstances of the patient.

HIV pre-exposure prophylaxis (PrEP) is a well-tolerated, daily combination antiviral medication (tenofovir + emtricitabine) taken by HIV-negative people who are at high risk of HIV transmission in order to prevent HIV infection. PrEP is very effective if taken daily, but poor adherence and high risk behaviour can result in HIV infection. Patients need to take a daily dose of PrEP for 7 days to

achieve high levels of protection and it takes- 20 days to achieve maximum protection- Refer to the [ASHM PrEP Clinical Guidelines](#) and [Decision Making in PrEP](#).

3.10. Care and Treatment

Following a diagnosis of HIV/AIDS- or confirmation of status, care and treatment must follow the guidelines set out in the Network [HIV/AIDS Clinical Management Guidelines](#). This includes three-monthly monitoring, unless otherwise directed by the VMO. The Network form [JUS060.325](#) Annual HIV Screening Tests must be used to record testing dates and results. Future waitlist entries must be made in PAS to alert clinicians that the review is due. This will enable pathology to be collected before the scheduled review date. The Network has a Memorandum of Understanding with Sydney Sexual Health Centre to provide Specialist HIV/Sexual Health Services for PLWHA. Sexual Health Clinics are conducted on a regular basis at the Long Bay and the Silverwater Complexes. Refer to The Network [HIV/AIDS Clinical Management Guidelines](#) for more direction on care and treatment.

3.11. Specialist Review

PLWHA must have a VMO review every three to six months or as directed by the VMO - Refer to the Network [HIV/AIDS Clinical Management Guidelines](#) for tests and discussion which should take place during this review. Once the patient has had an initial face-to-face consultation with the VMO, and provided the VMO is satisfied that the patient's condition is stable, further consultations may be via telephone or telehealth. The nurse who is caring for the patient is responsible for ensuring that appropriate pathology is collected prior to the scheduled telephone consultation.

3.12. Forensic Hospital Patients

Patients in the Forensic Hospital will be managed by the VMO who visits the Long Bay Complex. The Clinical Director Forensic and Long Bay Hospitals, Director of Nursing Forensic Hospital and the CNC Sexual Health/Hepatitis must be contacted regarding the appropriate management of patients with HIV admitted to the Forensic Hospital who must be managed in accordance with the Network [HIV/AIDS Clinical Management Guidelines](#).

3.13. Adolescent Patients

Adolescents in Youth Justice NSW Centres must be referred to specialist services in the community. The Clinical Director Adolescent Health, Nurse Manager Adolescent Health and the Clinical Nurse Consultant Sexual Health/ Hepatitis must be contacted for advice on the appropriate management of the adolescent patient with HIV. See the Network [HIV/AIDS Clinical Management Guidelines](#) for more information on adolescents.

3.14. Pregnancy

Pregnant women who are HIV positive require specialist obstetric care. The Network HIV specialist /GP/midwife caring for the patient must refer to the appropriate obstetric team at either the Royal Hospital for Women, Nepean Hospital or Westmead Hospital, depending on the Correctional Centre placement- See the Network [HIV/AIDS Clinical Management Guidelines](#) for more information on pregnancy.

3.15. Nutritional Supplements

Nutritional supplements are rarely recommended for people with HIV infection. As supplements are non-formulary preparations, they require completion and approval of an Individual Patient Use (IPU) form [JUS 130.050](#). Consideration will be given to the degree of weight loss and to any cardiovascular risk factors. See the Network [HIV/AIDS Clinical Management Guidelines](#) for more information on diets and nutritional supplements.

3.16. Oral Health

Relatively minor problems can develop into painful and debilitating infections in the presence of HIV infection. Regular dental checks are essential. Patients must be encouraged to make an appointment with the dentist.

3.17. Legal Requirements

On September 14 2017 the NSW Parliament agreed to amend the [Public Health Act 2010](#) to change the responsibilities for people with certain sexually transmissible infections (STIs). From 18 October 2017: people with a STI will no longer be required to disclose their infection to a prospective partner prior to sexual intercourse. People who are aware that they have an STI must take reasonable precautions to prevent spread of the STI.

NSW Health considers that reasonable precautions against the spread of STIs include:

- taking a prescribed antibiotic course for bacterial STIs or
- use of a condom or
- for HIV, having an HIV viral load of less than 200 copies/mL, usually resulting from being on effective treatment or
- for HIV, seeking and receiving confirmation from a sexual partner that they are taking PrEP or
- for hepatitis B, seeking and receiving confirmation from a sexual partner that they are immune to hepatitis B (e.g. vaccinated or previously infected).

3.18. Confidentiality

Network clinical staff must not inform Corrective Services NSW or Youth Justice NSW of a patient's HIV status. The restrictions on the non-disclosure of a person's HIV status has been amended in the context of health care purposes. Under s56 of the [Public Health Act 2010](#), it is not an offence to disclose a person's HIV status to another person who is involved in the provision of care, treatment or counselling to the person concerned. Of course, relevant privacy legislation must be complied with. Written consent must be obtained from the patient before the release of any medical information which may be requested from other service providers or organisations (e.g. community organisations, Corrective Services NSW, Department of Youth Justice and the State Parole Authority). The nature of the information which is to be released, including dates, must be clearly stated on the Network form [JUS020.035 Consent to Liaise](#).

3.19. Surveillance and Notification

The Surveillance Officer must complete notification requirements in accordance with [NSW Public Health Act 2010](#) for patients newly diagnosed with HIV/AIDS.

3.20. Discharge of PLWHA

Discharge planning must commence as soon as possible after reception/admission; refer to the Network policy [1.141 Release Planning and Transfer of Care](#). Patients must be referred to a community service provider for continuation of medical care, preferably one of their choosing. If the patient does not have a community service provider they must be referred to one in their area of residence post-release. Patients must also be offered referral to ADAHPS using the Network form [JUS200.300 ADAHPS Referral](#) form. The ADAHPS Referral form must be scanned and emailed to the CNC Sexual Health/Hepatitis. The patient can then be linked to an HIV community service team. [Patient Information for Persons in Custody HIV Community Teams Referral](#) must be provided to the patient. If the patient has a Drug and Alcohol history of substance use, please refer to Connections and Drug and Alcohol Discharge Planning if currently on a pharmacotherapy.

3.21. Management of People with HIV Infection who Risk Infecting Others

People with HIV who risk infecting others must be managed in accordance with the Network Policy [1.243 Management of Patients with HIV that Risk Infecting Others](#). This policy sets out roles, responsibilities and communication pathways in the management of patients with HIV who risk infecting others in accordance with the NSW Ministry of Health [PD2019_004](#). This policy also gives direction on how to escalate responses when required.

4. Definitions

Must

Indicates a mandatory action to be complied with.

Should

Indicates a recommended action to be complied with unless there are sound reasons for taking a different course of action.

Medication Chart

Refers to a paper-based (Long Stay Medication Chart, National Inpatient Medication Chart) or electronic medication order.

Patient Health Record

A hybrid record of paper-based and electronic information pertaining to the health of the patient.

5. Abbreviations

ADAHPS – AIDS Dementia and HIV Psychiatry Service

AIDS – Acquired Immunodeficiency Syndrome

ART - Anti Retroviral Therapy

ASHM - Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine

CNC – Clinical Nurse Consultant

CSNSW – Corrective Services NSW

GP – General Practitioner

HIV – Human Immunodeficiency Virus

HSD - Highly Specialised Drugs

JHFMHN - Justice Health and Forensic Mental Health Network

JHeHS – Justice Health electronic Health System

NP - Nurse Practitioner

PHN - Primary Health Nurse

PLWHA – People living with HIV/Aids

PSHN – Public /Sexual Health Nurse

PrEP - Pre-Exposure Prophylaxis

PBS - Pharmaceutical Benefits Scheme

RSA - Reception Screening Assessment

The Network – Justice Health and Forensic Mental Health Network

YJ NSW -Youth Justice NSW

6. Legislation and Related Documents

Legislations

[Privacy Manual for Health Information Version 3 2015](#)

[NSW HIV Strategy 2016-2020](#)

[NSW Public Health Act 2010](#)

The Network Policies and
Procedures

[1.340 Accommodation: Clinical Recommendations \(Adults\)](#)

[1.363 Early Detection Program for Blood Borne Viruses and Sexually
Transmissible Infections](#)

[4.030 Requesting and Disclosing Health Information](#)

[Guidelines for Waitlist to PSHN at Reception Centres](#)

[HIV/AIDS Clinical Management Guidelines](#)

[Medication Guidelines](#)

[Patient Information for Persons in Custody HIV Community Teams
Referral](#)

The Network Forms

[JUS200.300](#) *ADAHPS Patient Referral*

[JUS060.315](#) *HIV/AIDS Data Collection Tool*

[JUS060.325](#) *Annual HIV Screening Tests*

NSW Health Policy
Directives, and Guidelines

[IB2016_020](#) *NSW Aboriginal Blood Borne Viruses and Sexually
transmissible Infections Framework 2016-2021*

[Privacy Manual for Health Information Version 3 2015](#)

[NSW HIV Strategy 2016-2020](#)

[NSW Public Health Act 2010](#)

External Resources

[ASHM Testing Portal](#)

[ASHM PrEP Clinical Guidelines](#)

[ASHM Decision Making in PrEP](#)

[Kirby Institute](#)