



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 you take and when these change. This will be very helpful if you ever change health care providers.

ROUTINE LABORATORY TESTS

CD4 (T-cell) Count (See fact sheet 124): This test measures the strength of your immune system. It also indicates how urgent it is to start antiretroviral medications. It also indicates your risk of developing opportunistic infections (See fact sheet 500.) Higher results are better. Get a baseline test and then every 3 or 4 months, if possible. "Baseline" is an initial reference value. This is usually measured when you first test HIV-positive or when you start antiretroviral treatment.

Viral load (See fact sheet 125): This measures how quickly HIV is multiplying. Lower results are better. The best is "undetectable," but this does not mean "zero." This test shows how well your treatment is working. Get a baseline test and every 3 or 4 months. This test is not too important for people who have not yet started treatment.

Resistance test (See fact sheet 126): This shows if your HIV has mutated (changed) so that some medications may not work against it. Get a baseline test. Then test again if your treatment is not keeping your viral load below 500 to 1,000. Most resistance tests require a viral load in this range in order to get results.

Complete Blood Count (CBC, see fact sheet 121): This test measures red blood cells, white blood cells and platelets (cells that help clot your blood if you get a cut. Test at baseline and every 3-6 months.

Chemistry Panel (See fact sheet 122): This combination of tests measures various chemicals in your blood to see whether your body is working correctly. Test at baseline and every 3-6 months.

Toxoplasma IgG (See fact sheet 517): This shows if you have ever been infected with toxoplasma. Test at baseline. If the result is positive, and your CD4 cell count falls below 100, your health care provider may start medication to prevent toxoplasmosis.

Blood fats (Lipid Panel; see fact sheet 123): This measures triglycerides and cholesterol. It helps show your risk of heart disease. Test at baseline and at least every year, or more often if you are taking medications that raise blood

fat levels. The test should be done in the morning after fasting overnight.

Blood sugar (See fact sheet 123): This measures diabetes or insulin resistance. Test at baseline and about once a year. Test in the morning after fasting overnight.

Pap smear (See fact sheet 510): Tests for abnormal cells in the anus or vagina. Test at baseline and once a year, or more often if abnormal cells are found. The cervical Pap smear is a standard test for women. Anal Pap smears are done at many centers in both men and women.

Test for hidden (latent) tuberculosis (See fact sheet 518): Shows if you have ever been exposed to tuberculosis (TB.) Test at baseline. Test 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 count is low. Repeat if needed when your CD4 count is higher.

Some health care providers use a blood test instead of the 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: 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.

Tests for Sexually Transmitted Diseases: Test at baseline and at least once a year, or if you have symptoms.

- **Syphilis** blood test
- **Gonorrhea** urine test for men; urine tests or vaginal swabs for women; throat and/or anal swabs in people having oral and/or anal sex
- **Chlamydia** urine test or rectal or vaginal swab

Hepatitis tests (See fact sheet 506): Tests look for hepatitis antibodies and antigens for hepatitis A, B, and C. Positive results can lead to further tests, or treatment. A negative result test can suggest vaccination.

SPECIAL LABORATORY TESTS

Bone Density Scan (DEXA, see fact sheet 557): A DEXA is recommended for women 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. Repeat in women after menopause, men over age 50, and people with low testosterone.

HIV Tropism (See fact sheet 129): Shows if your virus can be controlled by a new type of antiretroviral drug. Test only if your health care provider is considering using Maraviroc Selzentry a CCR5 blocker.)

HLA B*5701 Test (See fact sheet 416): Shows if you are likely to have an allergic reaction to taking abacavir, which is found in Ziagen, Trizivir, Epzicom, and Kivexa. Test if you are considering using one of these drugs.

Testosterone levels: Not a routine test, but recommended for men with erectile dysfunction, fatigue, loss of sex drive, depression. The test should be done in the morning

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

VACCINATIONS

See fact sheet 207. NOTE: vaccinations will be more effective if your immune system is strong. If you're about to start antiretroviral therapy, you may want to wait until your CD4 count is higher and your viral load is under control. Talk to your health care 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 health care provider what knows about your vaccination history.

Hepatitis (See fact sheet 506): Two **hepatitis A** vaccine shots are given. **Hepatitis B** vaccine is a series of three shots. 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**.

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 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 a CD4 cell count below 200.

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