Prevention Following a Negative HIV Test continued

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NYSDOH AIDS INSTITUTE HIV CLINICAL GUIDELINE

A NEW HIV DIAGNOSIS IS A CALL TO ACTION

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  - Immediate linkage to care is essential for any person diagnosed with HIV.
  - For the person with HIV, antiretroviral therapy (ART) dramatically reduces HIV-related morbidity and mortality.
  - Viral suppression helps to prevent HIV transmission to sex partners of people with HIV and prevents perinatal transmission of HIV.
  - The urgency of ART initiation is even greater if the newly diagnosed patient is pregnant, has acute HIV infection, is ≥50 years of age, or has advanced disease. For these patients, every effort should be made to initiate ART immediately, and ideally, on the same day as diagnosis.
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ALL RECOMMENDATIONS (continued from P.3)
KEY POINTS

- The diagnosis of acute HIV infection requires a high degree of clinical awareness. The nonspecific signs and symptoms of acute HIV infection are often not recognized.
- Diagnostic HIV RNA testing should be considered for patients who present with compatible symptoms (see Acute Retroviral Syndrome in the full guideline), particularly in the context of a sexually transmitted infection or a recent sexual or parenteral exposure with a partner known to have HIV or a partner whose HIV serostatus is not known.
- A negative screening test in response to suspected acute HIV infection is an opportunity to offer or refer the individual for PrEP. See the NYSDOH AI guideline PrEP to Prevent HIV Acquisition.
- Patients undergoing HIV testing who are not suspected to have acute infection should receive screening according to the standard protocol. Patients with clinical signs or symptoms of acute retroviral syndrome or who are at high risk for acute infection should receive HIV screening and HIV RNA testing simultaneously.
- A positive HIV RNA assay is a preliminary diagnosis of HIV; ART should be recommended while waiting for confirmatory testing.
- Individual laboratories have internal protocols for reporting HIV tests with preliminary results: indeterminate, inconclusive, nondiagnostic, and pending validation are among the terms used when preliminary results cannot be classified definitively. The clinician should contact the appropriate laboratory authority to determine the significance of the nondefinitive results and the supplemental testing that would be indicated. This is of particular importance in tests from patients with suspected acute HIV infection. Clinicians should become familiar with the internal test-reporting policies of their institutions.
- If the decision to initiate treatment has been made, therapy should not be withheld while awaiting the results of resistance testing. Adjustments may be made to the regimen once resistance results are available.

Notes:

a. Viremia will be present several days before antibody detection
b. The absence of serologic evidence of HIV infection is defined as nonreactive screening result (antibody or antibody/antigen combination) or a reactive screening result with a nonreactive or indeterminate antibody–differentiation confirmatory result.
c. Serologic confirmation as defined by the CDC HIV testing algorithm. Western blot is no longer recommended as the confirmatory test because it may yield an indeterminate result during the early stages of seroconversion and may delay confirmation of diagnosis.
d. No further testing is indicated

e. See the NYSDOH AI guidelines on ART: www.hivguidelines.org/antiretroviral-therapy/