**ALL RECOMMENDATIONS (continued from P.3)**

### Prevention Following a Negative HIV Test continued

- HIV status should be confirmed by results of a negative 4th-generation (recommended) or 3rd-generation (alternative) HIV test within 1 week of planned PrEP initiation. (A3) (See the NYSDOH AI guideline PrEP to Prevent Acquisition of HIV.)

### Managing Acute HIV

- Clinicians should recommend ART for all patients diagnosed with acute HIV infection. (A2)
- Clinicians should inform patients about the increased risk of transmitting HIV during acute HIV infection. (A2)
- As part of the initial management of patients diagnosed with acute HIV infection, clinicians should:
  - Consult with a provider experienced in the treatment of acute HIV infection. (A3)
  - Obtain baseline HIV genotypic resistance testing, regardless of whether ART is being initiated. (A2)
- **Patients taking PEP:** When acute HIV infection is diagnosed in a person receiving PEP, ART should be continued pending consultation with an experienced HIV care provider. (A3)
- **Patients taking PrEP:** When acute HIV infection is diagnosed in a person receiving PrEP, a fully active ART regimen should be recommended in consultation with an experienced HIV care provider. (A3)

### Initiating ART

- If the clinician and patient have made a decision to initiate ART during acute HIV infection:
  - Treatment should be implemented with the goal of suppressing plasma HIV RNA to below detectable levels. (A1)
  - Treatment should not be withheld while awaiting the results of recommended resistance testing; adjustments may be made to the regimen once resistance results are available. (A3)
- Clinicians who do not have access to experienced HIV care providers should call the Clinical Education Initiative (CEI) Line at 1-866-637-2342.

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**HIV GUIDELINES.ORG**

### HIV CLINICAL RESOURCE

**VISIT HIVGUIDELINES.ORG TO LEARN MORE OR VIEW COMPLETE GUIDE**

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### A NEW HIV DIAGNOSIS IS A CALL TO ACTION

- **In support of the NYSDOH AIDS Institute’s January 2018 call to action for patients newly diagnosed with HIV:**
  - 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 250 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.
- All clinical care settings should be prepared, either on-site or with a confirmed referral, to support patients in initiating ART as rapidly as possible after diagnosis.

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### NYS HIV Testing Requirements

- According to NYS Law, physicians must offer an HIV test to all patients aged 13 years and older (or younger with risk) if a previous test is not documented, even in the absence of symptoms consistent with acute HIV. Although written consent to HIV testing is no longer required in NYS, patients must be given the opportunity to decline, and verbal consent must be documented in the medical record.
Figure 2. Diagnostic Testing for Acute HIV Infection

Person presents with signs/symptoms of acute HIV infection or reports high-risk exposure in the past 4 weeks.

Perform HIV RNA test [a]
PLUS
HIV antibody/antigen screening test

HIV RNA not detected
AND
antibody/antigen nonreactive

No laboratory evidence of HIV infection [d]

HIV RNA detected with <5000 copies/mL
PLUS
no serologic evidence of HIV infection [b]

Retest HIV RNA

HIV RNA not detected
HIV RNA detected

No serologic evidence of HIV infection [b]

HIV RNA detected with >5000 copies/mL

Serologic confirmation of HIV infection [c]

Confirmed HIV infection. Recommend ART [e]

Presumptive diagnosis of acute HIV infection
Recommend ART in consultation with an experienced HIV care provider
3 weeks later, perform diagnostic testing according to the CDC HIV testing algorithm

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/

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 testing results are available.