Prevention Following a Negative HIV Test

- 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 to all patients diagnosed with acute HIV infection. (A1)
- 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 HIV genotypic resistance testing, for the protease (A2), reverse transcriptase (A2), and integrase (B2) genes at the time of diagnosis.
- 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)
  - Clinicians should perform baseline laboratory testing listed in Box 1: Baseline Laboratory Testing Checklist, in the full guideline, for all patients who are initiating ART immediately; ART can be started while awaiting laboratory test results. (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.
**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 baseline laboratory testing. Adjustments may be made to the regimen once resistance testing 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/