When a diagnosis of acute HIV infection is made, clinicians should discuss all clinical care settings should be prepared, either on-site or with a supplemental testing, particularly when acute HIV infection is suspected. Clinicians can contact the appropriate laboratory authority to supplement missing clinical care settings. The urgency of ART initiation is even greater if the newly diagnosed patient is pregnant, has acute HIV infection, is ≥50 years old, or has a rash. Clinicians should offer assistance with partner notification and refer patients aged 13 years and older (or younger with risk) if a previous test is not confirmed referral, to support patients in initiating ART as rapidly as possible after diagnosis.

ALL RECOMMENDATIONS

KEY POINTS

- HIV is highly transmissible during acute infection; rapid initiation of ART reduces transmission, with significant public health benefits, and early viral suppression preserves immune function, with significant clinical benefits for the individual with HIV.

- Acute HIV often has nonspecific signs and symptoms and often goes unsuspected and undetected. This committee urges a high index of suspicion for acute infection and HIV testing for any individual who reports recent high-risk behavior or presents with signs or symptoms of influenza, mononucleosis, or other viral syndromes.

- When HIV infection is diagnosed, immediate linkageto care is essential; ART dramatically reduces HIV-related morbidity and mortality, and viral suppression prevents HIV transmission. The urgency of ART initiation is even greater if the newly diagnosed patient is pregnant, has acute HIV infection, is ≥50 years old, or has a rash. Clinicians should offer assistance with partner notification and refer patients aged 13 years and older (or younger with risk) if a previous test is not confirmed referral, to support patients in initiating ART as rapidly as possible after diagnosis.

- When a diagnosis of acute HIV infection is made, clinicians should discuss the importance of notifying all recent contacts and refer patients to partner notification services, as mandated by New York State Law. The NYSDOH can provide assistance if necessary. See NYSDOH Provider Reporting & Partner Services for more information about required reporting.

- 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 or attributed to another viral illness.

- Individual laboratories have internal protocols for reporting HIV tests with preliminary results. The terms used when preliminary results cannot be classified include indeterminate, inconclusive, nondiagnostic, and pending validation. Clinicians can contact the appropriate laboratory authority to determine the significance of nondiagnostic results and the recommended supplemental testing, particularly when acute HIV infection is suspected. Clinicians are advised to become familiar with the internal test-reporting policies of their institutions.
Use this code with your phone’s QR code reader to go directly to a mobile-friendly version of the guideline.

This Folded Guide is a companion to the New York State Department of Health AIDS Institute guideline Diagnosis and Management of Acute HIV Infection. The full guideline is available at www.hivguidelines.org.

BOX 1: ACUTE RETROVIRAL SYNDROME

Signs and symptoms of ARS with the expected frequency among symptomatic patients are listed below. The most specific symptoms in this study were oral ulcers and weight loss; the best predictors were fever and rash. The index of suspicion should be high when these symptoms are present.

- Fever (80%)
- Tired or fatigued (78%)
- Malaise (68%)
- Arthralgias (joint pain) (54%)
- Headache (54%)
- Loss of appetite (54%)
- Rash (51%)
- Night sweats (51%)
- Myalgias (pain in muscles) (49%)
- Nausea (49%)
- Diarrhea (46%)
- Fever and rash (46%)
- Pharyngitis (sore throat) (44%)
- Oral ulcers (mouth sores) (37%)
- Stiff neck (34%)
- Weight loss (>5 lb; 2.5 kg) (32%)
- Confusion (25%)
- Photophobia (24%)
- Vomiting (12%)
- Infected gums (10%)
- Sores on anus (5%)
- Sores on genitals (2%)


Perform HIV RNA test PLUS HIV antibody/antigen screening test

Retest HIV RNA

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

Notes:
- ART recommended for presumptive diagnosis of ARS
- ART recommended for confirmed ARS
- ART recommended for confirmed primary HIV infection
- ART not recommended for confirmed primary HIV infection
- ART not recommended for confirmed ARS
- ART recommended for presumptive diagnosis of ARS

Figure 2. Diagnostic Testing for Acute HIV Infection