

ACUTE HIV

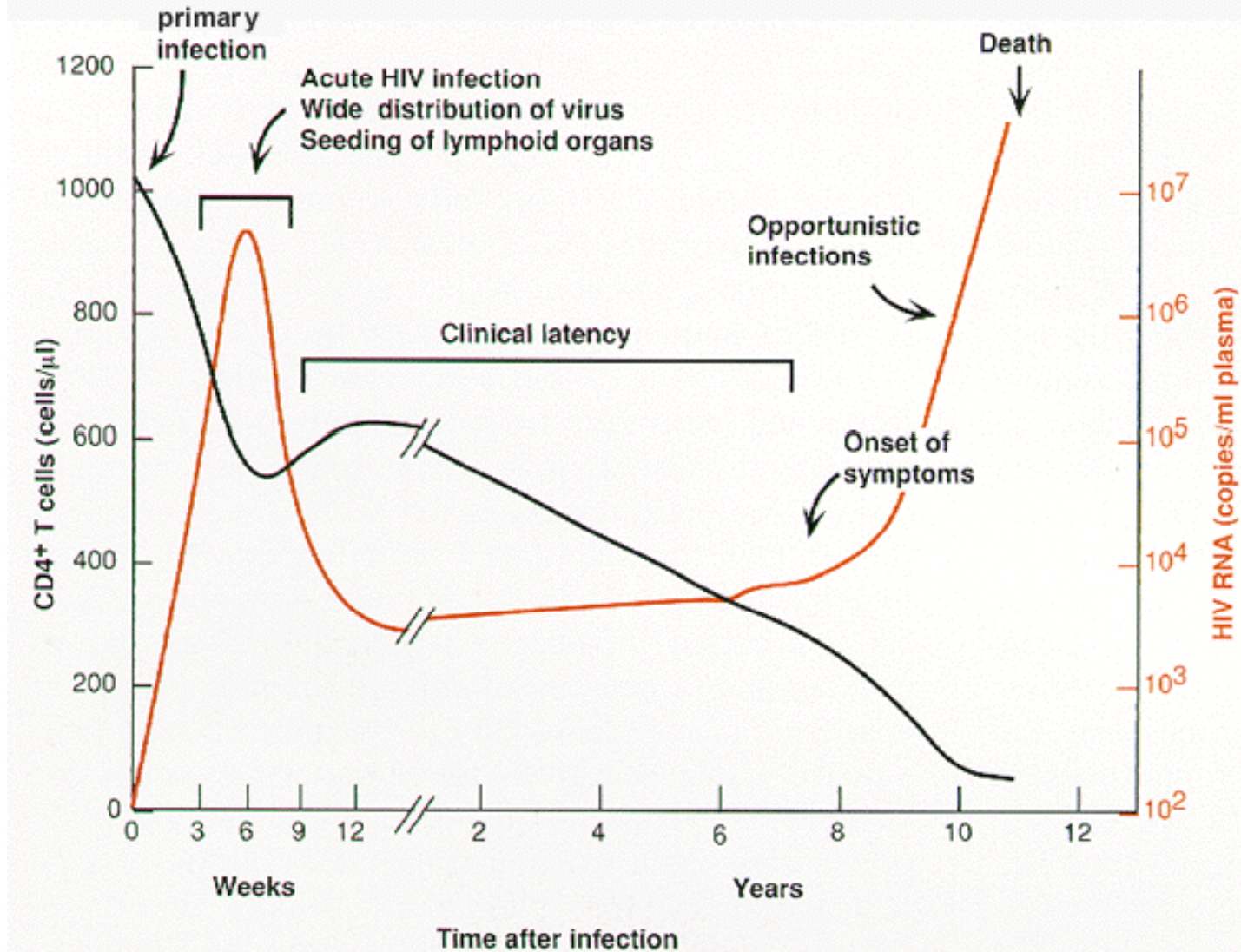
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Defining HIV+



- High risk patient sent for testing
- Patient's test is ELISA reactive
- ELISA test is repeated and is reactive
- Test is confirmed by Western Blot
- Patient is now said to be "HIV positive"

Progression of HIV



Case #1

- 28 y/o male
- 5 day history of fever, sore throat, headache, diarrhea, rash
- Exam:
 - Diffuse adenopathy
 - Exudative pharyngitis; ulcers
 - Rash-macular, erythematous, non-pruritic
 - Mild splenomegaly
- Differential?



Accurate Patient Information



- What questions would you ask?
 - ▣ History of drug use (non-prescribed)
 - ▣ Sexual history (men, women, or both?)
 - ▣ Travel history
 - ▣ Exposure to HIV infected individuals
 - ▣ Past history of STDs
 - ▣ Other environmental history

Accurate Patient Information

- How would you pose questions to the patient?
 - Assure confidentiality
 - Be non-judgmental
 - Imbed into the comprehensive assessment
 - Ask less threatening questions first
 - Are you now or have you ever been sexually active?
 - Do you have sex with men, women, or both?
 - Do you know about the sexual activities of your partner(s)?
 - Have you ever had anonymous sex?
 - Have you ever exchanged sex for money or drugs?



Accurate Patient Information

- And some not so good examples....
 - ▣ You don't have sex, do you?
 - ▣ So, you're monogamous with your spouse, right?
 - ▣ You're married? Then you aren't at risk for HIV, are you?



Acute HIV Disease



- 40-90% of people who acquire acute HIV infection experience:
 - ▣ Transient symptomatic illness
 - ▣ Lasts about 2-4 weeks.
- High-titer HIV-1 replication
- Detectable HIV RNA, with negative or indeterminate HIV antibody test
- Individuals known to be at risk for HIV infection should be screened for antibodies on a regular basis (minimum is yearly)

Acute HIV Disease



□ Common Symptoms:

- Fever-96%
- Adenopathy-74%
- Pharyngitis-70%
- Rash-70%
- Myalgia/arthralgia-54%
- Diarrhea-32%
- Headache-32%
- Nausea/vomiting-27%
- Hepatosplenomegaly-14%
- Weight loss-13%
- Thrush-12%
- Neurologic symptoms-12%

Acute HIV Disease



- Erythematous maculopapular with lesions on the face and trunk and sometimes extremities (including palms/soles)
- Mucocutaneous ulceration involving mouth, esophagus, or genitals (distinguishes HIV from mononucleosis –EBV)

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Acute HIV Disease



From: Walker, B. 40th IDSA, Chicago 2002.