

CDC Recommendations for HIV Testing Have Been Revised

The following recommendations were made:

Routine HIV screening for all adult/adolescent patients ages 13-64

Additionally test all patients:



- Tested or treated for a sexually transmitted infection
- Initiating tuberculosis treatment
- Pregnant women
- Women with undocumented HIV status at delivery

Repeat HIV screening is recommended at least annually for persons likely to be at high risk. All screening should be voluntary and conducted only after the patient is fully aware HIV testing is planned.

For more information on screening, consent, opt-out testing, counseling, and prevention recommendations:

www.cdc.gov/hiv/topic/testing/healthcare

State of California HIV testing information: www.dhs.ca.gov/AIDS/

References:

Centers for Disease Control and Prevention. Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Health-Care Settings. MMWR 2006;55(No. RR-14):[1-13].

Panel on Antiretroviral Guidelines for Adults and Adolescents. Guidelines for the use of antiretroviral agents in HIV-infected adults and adolescents. Department of Health and Human Services. October 10, 2006; 1-113. Available at <http://www.aidsinfo.nih.gov/ContentFiles/AdultandAdolescentsGL.pdf>. Accessed (June 6, 2007).

All photos accessed at: <http://www.hiv.va.gov/vahiv?page=im-00-00>

Edited by:

Suzanne L. Jed, MSN, APRN-BC
Lesley Carmichael, DO, MEd
Kathleen R. Jacobson, MD

Graphic design by:

Bennett Dean McCall
fontlogic@gmail.com

Supported in part by a grant from the Health Resources and Services Administration, Department of Health and Human Services

The RED FLAGS of HIV & AIDS

A Quick Reference Guide



PACIFIC
AIDS
Education and
Training Center

Pacific AIDS Education and Training Center
Keck School of Medicine
University of Southern California

1000 S. Fremont Ave
Bldg A-7, 4th Floor
Alhambra, CA 91803
Phone: 626-457-4227
www.paetc.com

Who is at Risk for HIV?

PATIENTS WHO HAVE OR HAVE HAD:

SEX

- Any unprotected sex
- More than one sex partner ever
- Hx of any sexually transmitted infection

EXPOSURE TO INJECTION/PIERCING

- Unclean needles, particularly if shared (e.g. IV drugs or injected steroids)
- Unclean drug equipment
- Tattoos inked with needles not properly cleaned & sterilized
- Piercing of ears or body parts with needles not properly cleaned & sterilized

RECEIVED BLOOD

- Received blood or other blood products before 1985, or from areas of the world without secure blood supply
- Handled blood or body fluids as a routine part of their job, (i.e. doctors, dentists, nurses, lab technicians, and funeral workers)
- Infants whose mothers are infected with HIV

OR...

- A sex partner with one or more of the above risk factors

Acute (Primary) HIV Infection

Persistent or severe "Flu" like illness that generally occurs 2-8 weeks following exposure and may include the following:

Symptoms	Frequency
• Fever	96%
• Lymphadenopathy	74%
• Rash (erythematous maculopapular with lesions on face, trunk and sometimes extremities)	70%
• Myalgia or arthralgia	54%
• Diarrhea	32%
• Headache	32%
• Nausea and vomiting	27%
• Hepatosplenomegaly	14%
• Weight Loss	13%
• Thrush	12%
• Neurologic symptoms (meningoencephalitis or aseptic meningitis; peripheral neuropathy or radiculopathy; facial palsy; Guillain-Barre syndrome; brachial neuritis; or cognitive impairment or psychosis)	12%

Recommended HIV Tests for acute HIV:

HIV RNA PCR ("viral load")

- Detects HIV infection earlier than antibody tests
- Tests for HIV virus
- Low level (<10,000) MAY suggest false positive, or may indicate chronic infection if ELISA w/confirmatory Western Blot are positive

ELISA w/confirmatory Western Blot

- If results negative, may not detect HIV infection in acute HIV infection (due to "window period")
- Tests for HIV antibodies which may take up to 3 months to develop

Symptomatic Chronic HIV Infection

Clinical Presentation

- Thrush (oral candidiasis)
- Herpes zoster
- Oral hairy leukoplakia
- Thrombocytopenia
- Unexplained anemia/neutropenia
- Seborrheic dermatitis
- Unintentional weight loss > 10%
- Fever > 2 weeks
- Diarrhea > 1 month

Symptoms in Women

- The above PLUS:
- Recurrent vulvovaginal candidiasis
- Cervical dysplasia
- Carcinoma in situ of the cervix
- Pelvic Inflammatory Disease (PID)



Oral Hairy Leukoplakia

Photo Courtesy of Paul A. Volberding, MD; UCSF



Herpes Zoster

Photo Courtesy of Paul A. Volberding, MD; UCSF



Oral Candidiasis

Photo Courtesy of Arthur Amman, MD
Global Strategies for HIV Prevention

Recommended HIV Tests for symptomatic HIV

ELISA w/confirmatory Western Blot

- Likely to detect HIV at this stage
- Tests for HIV antibodies
- Confirm positive rapid HIV test results (rapid test is only an ELISA test) w/Western Blot

Advanced HIV Disease (AIDS)

Signs/symptoms

May indicate an opportunistic infection (OI) which is life threatening or may become life threatening if left untreated:

- Visual field defect (loss or distortion): r/o CMV retinitis
- Persistent cough or SOB: r/o *pneumocystis* pneumonia, tuberculosis
- Persistent headache, change in mental status, or focal neurologic changes: r/o cryptococcal meningitis, toxoplasmosis, CNS lymphoma, progressive multifocal leukoencephalopathy
- Diarrhea: r/o isosporiosis, cryptosporidia, microsporidia
- Persistent fever, night sweats, or weight loss: r/o all OIs

Recommended HIV Tests for advanced HIV/AIDS:

ELISA w/confirmatory Western Blot

- Likely to detect HIV at this stage
- Tests for HIV antibodies
- Confirm positive rapid HIV test results (rapid test is only an ELISA test) w/Western Blot

Helpful Numbers

National HIV Telephone Consultation Service

1-800-933-3413 (M-F)

National Clinicians' Post-Exposure Prophylaxis Hotline

1-888-448-4911 (24 Hours)