When HIV infection is diagnosed, immediate linkage to care is essential; all clinical care settings should be prepared, either on-site or with supplemental testing, particularly when acute HIV infection is suspected. Clinicians should be prepared to give patients information about patient notification and refer patients to other sources for partner notification assistance. (A2) ALL RECOMMENDATIONS

**Presentation**

- Clinicians should include acute HIV infection in the differential diagnosis for anyone (regardless of reported risk) who presents with signs or symptoms of influenza ("flu"), mononucleosis ("mono"), or other viral syndromes (A3), especially when the patient:
  - Presents with a rash. (A2)
  - Requests HIV testing. (A3)
  - Reports recent sexual or parenteral exposure to a person with or at risk of HIV infection. (A2)
  - Presents with a newly diagnosed STI (A2)
  - Presents with aseptic meningitis. (A3)
  - Is pregnant or breastfeeding. (A3)
  - Is currently taking antiretroviral medications for PrEP or PEP. (A3) ALL RECOMMENDATIONS

**Diagnosis and Management of Acute HIV Infection**

NYSDOH AIDS INSTITUTE HIV CLINICAL GUIDELINE

**ALL RECOMMENDATIONS**

**When acute HIV infection is suspected**

**Diagnosis**

- Determine the diagnosis of acute HIV infection by an algorithm followed by confirming the HIV diagnosis with acute HIV serologic testing. (A2) ALL RECOMMENDATIONS (continued from P.2)

**ART Initiation**

- Acute HIV infection is not sufficient to initiate ART (A3) ALL RECOMMENDATIONS (continued from P.2)
Use this code with your phone’s QR code reader to go directly to a mobile-friendly version of the guideline.

This ¼-Folded Guide is a companion to the New York State Department of Health AIDS Institute guideline Diagnosis and Management of Acute HIV. 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** (54%)
- **Headache** (54%)
- **Loss of appetite** (54%)
- **Rash** (51%)
- **Night sweats** (51%)
- **Myalgias** (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%)


### FIGURE 2. Diagnostic Testing for Acute HIV Infection

<table>
<thead>
<tr>
<th>HIV RNA not detected</th>
<th>Positive HIV RNA</th>
<th>HIV RNA detected with &gt;10,000 copies/ml</th>
<th>HIV RNA detected with ≤5000 copies/ml</th>
</tr>
</thead>
<tbody>
<tr>
<td>No serologic evidence of HIV infection [a]</td>
<td>No lab evidence of HIV infection [d]</td>
<td>Confirmed HIV infection. Recommend ART.</td>
<td></td>
</tr>
<tr>
<td>HIV infection (c)</td>
<td>No serologic evidence of HIV infection [b]</td>
<td>HIV RNA not detected</td>
<td></td>
</tr>
<tr>
<td>ART recommended. Continued diagnostic testing.</td>
<td>ART recommended. Continued diagnostic testing.</td>
<td>ART recommended. Continued diagnostic testing.</td>
<td></td>
</tr>
<tr>
<td>ART recommended. Continued diagnostic testing.</td>
<td>ART recommended. Continued diagnostic testing.</td>
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<td>ART recommended. Continued diagnostic testing.</td>
<td>ART recommended. Continued diagnostic testing.</td>
<td>ART recommended. Continued diagnostic testing.</td>
<td></td>
</tr>
</tbody>
</table>

Notes:

- **ART**
- **HIV RNA**
- **HIV infection (c)**
- **Serologic confirmation of HIV infection (c)**
- **HIV RNA detected with >10,000 copies/ml**
- **HIV RNA detected with ≤5000 copies/ml**
- **No serologic evidence of HIV infection [b]**
- **No lab evidence of HIV infection [d]**

**ART**

*Note:*

- ART will prevent seroconversion 3 days before antibody detection.
- The CDC HIV testing algorithm does not require an HIV antibody/antigen screening test.
- The absence of serologic evidence of HIV infection is defined as nonreactive screening result or reactive screening result with a reactive screening result with a reactive confirmatory test.
- The index of suspicion should be high when these symptoms are present.

**ART**

*Note:*

- ART will prevent seroconversion 3 days before antibody detection.
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