

Table 25. Identifying, diagnosing, and managing acute HIV-1 infection (Updated January 29, 2008)

- **Suspecting acute HIV infection:** Signs or symptoms of acute HIV infection with recent (within 2-6 weeks) high HIV risk exposure*
 - Signs/symptoms/laboratory findings may include but are not limited to one or more of the following: fever, lymphadenopathy, skin rash, myalgia/arthralgia, headache, diarrhea, oral ulcers, leucopenia, thrombocytopenia, transaminase elevation
 - High risk exposures include sexual contact with a person infected with HIV or at risk for HIV, sharing of injection drug use paraphernalia, or contact of potentially infectious blood with mucous membranes or breaks in skin*

- **Differential diagnosis:** EBV- and non-EBV (e.g., CMV)-related infectious mononucleosis syndromes, influenza, viral hepatitis, streptococcal infection, syphilis

- **Evaluation/diagnosis of acute/primary HIV infection**
 - HIV antibody EIA (rapid test if available)
 - Reactive EIA must be followed by Western blot
 - Negative EIA or reactive EIA with negative or indeterminate Western blot should be followed by a virologic test**
 - Positive virologic test in this setting is consistent with acute HIV infection
 - Positive quantitative or qualitative HIV RNA test should be confirmed with subsequent documentation of seroconversion

- **Patient management:**
 - Treatment of acute HIV infection is considered optional. **(CIII)**
 - Enrollment in clinical trial should be considered.

* In some settings, behaviors conducive to acquisition of HIV infection might not be ascertained, or might not be perceived as “high-risk” by the health care provider or the patient or both. Thus, symptoms and signs consistent with acute retroviral syndrome should motivate consideration of this diagnosis even in the absence of reported high risk behaviors.

** p24 antigen or HIV RNA assay. P24 antigen is less sensitive but more specific than HIV RNA tests; HIV RNA tests are generally preferred. HIV RNA tests include quantitative bDNA or RT-PCR, or qualitative transcription-mediated amplification (APTIMA, GenProbe).