

HIV Screening Guidelines

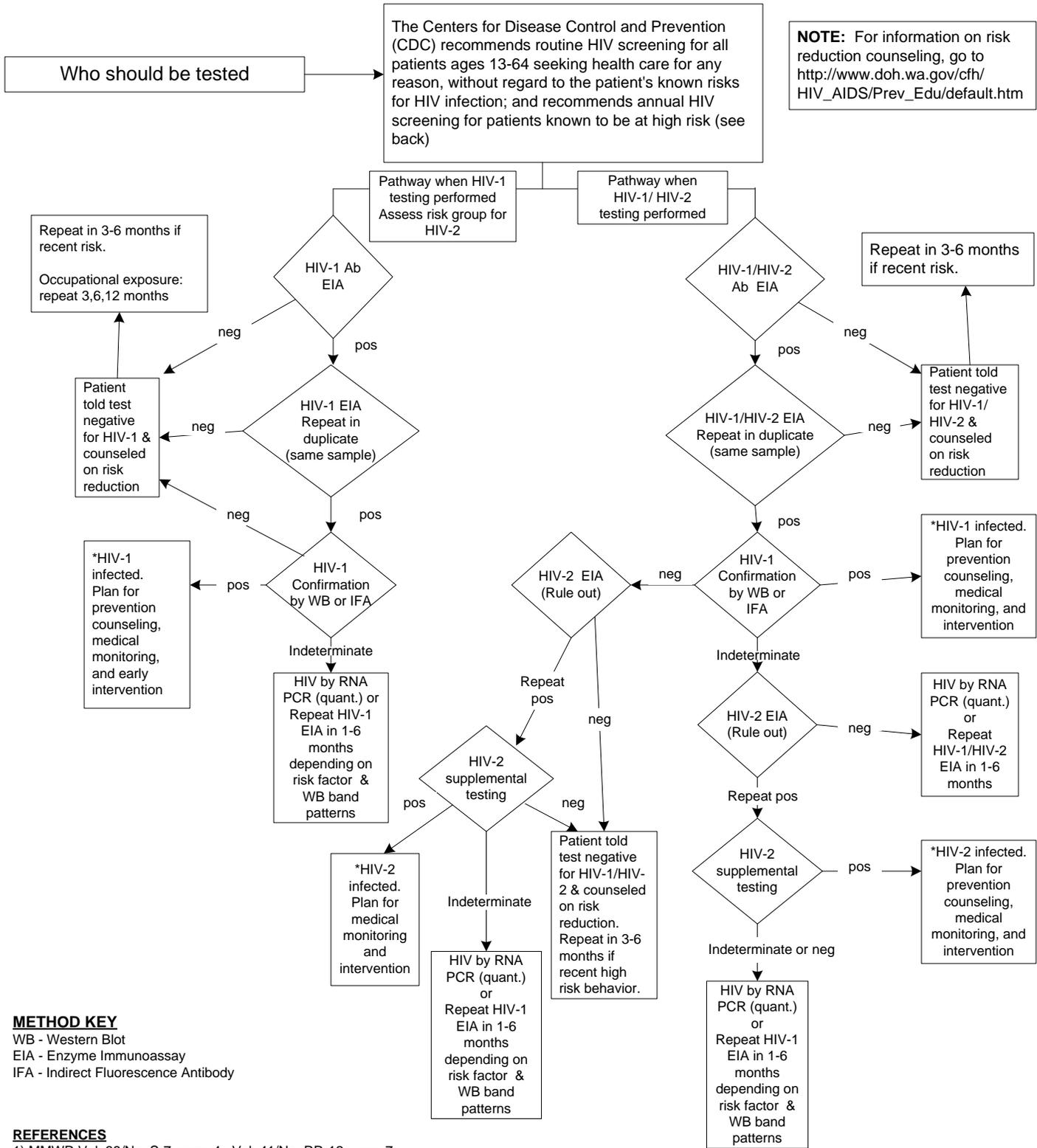
Washington State Clinical Laboratory Advisory Council

Originally published: July 1997

Reviewed/Revised: October 2002/March 2005/May 2007/July 2011

FOR EDUCATIONAL PURPOSES ONLY

The individual clinician is in the best position to determine which tests are most appropriate for a particular patient.



METHOD KEY

WB - Western Blot

EIA - Enzyme Immunoassay

IFA - Indirect Fluorescence Antibody

REFERENCES

- 1) MMWR Vol. 38/No. S-7, page 4. Vol. 41/No. RR-12, page 7.
- 2) KNOW, AIDS Prevention Curriculum, Washington State Office on HIV/AIDS.
- 3) HIV Counseling and Testing WSDH HIV/AIDS Education and Prevention. Adapted from Group Health Cooperative Pamphlet 4/97.
- 4) Indeterminate HIV-1 Western Blots: Implications and considerations for widespread HIV testing. C. Celum, MD, MPH, R. Coombs, MD, PhD. Journal of General Internal Medicine. Vol. 7 (Nov/Dec 1992), pp. 640-645.

*In infants, detection of Ab soon after birth may indicate either infection or presence of maternal HIV Ab. Seropositive infants require further follow-up.

**For blood donors testing negative, it is not required to notify the donor of the result, counsel on risk reduction, or repeat testing in 3-6 mos.

RISK FACTORS

HIV testing is recommended for persons (or partners of persons) who currently or in the past have had a history of the following risks:

- unprotected sexual intercourse (anal, vaginal or oral);
- injection drug use, especially sharing needles and/or other equipment;
- sex for money or drugs;
- blood transfusions, between 1977-1985;
- sexually transmitted disease (STD);
- is an infant or child of a HIV-infected mother; and,
- sex/shared injection drug equipment with someone who is known to be HIV infected.

HIV testing is also recommended for any person who:

- is contemplating pregnancy or currently pregnant;
- has had an Occupational Exposure (OE); and,
- has received medical treatment in areas of the world where non-sterile techniques/equipment or untested blood may have been used.

CLASSIFICATION SYSTEM FOR HIV INFECTION

CD4 Cell Categories	Clinical Categories (see notes below for explanation of Categories A, B, and C)		
	A Asymptomatic, or PGL*, or Acute HIV Infection	B** Symptomatic (not A or C)	C*** AIDS-Indicator Condition
1 > 500/mm ³ (>29%)	A1	B1	C1
2 200-499/mm ³ (14-28%)	A2	B2	C2
3 < 200/mm ³ (<14%)	A3	B3	C3

* Persistent Generalized Lymphadenopathy (swollen lymph nodes)

** Symptoms of chronic HIV, not AIDS-defining. See below.

*** All people in categories A3, B3, and C 1-3 are defined as having AIDS

A INITIAL SYMPTOMS AND STAGES OF HIV INFECTION

- Viral transmission - incubation period of 2-3 weeks followed by Acute Retroviral Syndrome, lasting 2-3 weeks.
- Acute HIV infection usually presents as flu-like illness, e.g. fever, swollen lymph nodes, sore throat, rash, body aches. Also can be asymptomatic. CD4 cell counts drop precipitously and HIV viral RNA is very high.
- Symptomatic recovery - viral RNA declines and CD4 counts climb to normal. HIV infection is now widespread. HIV antibody tests are positive (seroconversion) after 14 days in most people, virtually all by 6 months. Some people develop Persistent Generalized Lymphadenopathy (PGL).
- Asymptomatic, chronic HIV infection phase affecting most people lasting an average of 8 yrs. The virus continues to replicate actively, CD4 counts decline and HIV RNA levels gradually increase.

B SYMPTOMS OF CHRONIC HIV INFECTION (NOT ASYMPTOMATIC, PGL, OR ACUTE HIV INFECTION; AND NOT AIDS-INDICATOR CONDITIONS)

Symptomatic conditions not included in Category C that are

- a) attributed to HIV infection or indicative of a defect in cell-mediated immunity, or
- b) considered to have a clinical course or management complicated by HIV infection.

Examples include: oral thrush, persistent vaginal candidiasis, bacillary angiomatosis, cervical dysplasia or carcinoma in situ, constitutional symptoms such as severe fatigue, persistent fever or diarrhea, oral hairy leukoplakia, herpes zoster involving two episodes or multi-dermatomal, idiopathic thrombocytopenic purpura (ITP), listeriosis, pelvic inflammatory disease (PID) and peripheral neuropathy.

C AIDS-INDICATOR CONDITIONS

Late-stage disease is characterized by opportunistic infections, selected malignancies, wasting and neurologic complications. Untreated, the median survival after an AIDS-defining complication is 1.3 years. Conditions present at time of AIDS diagnosis in decreasing frequency:

- Pneumocystis carinii pneumonia (38%)
- HIV-associated wasting (18%)
- Candidiasis of esophagus, trachea, bronchi or lungs (16%),
- Mycobacterium tuberculosis, pulmonary (7%), extra pulmonary (2%)
- CMV of eye or any organ other than liver, spleen or lymph nodes (7%)
- Kaposi's sarcoma (7%)
- Cryptococcosis, extrapulmonary (5%)
- Herpes simplex with ulcer >1 month or bronchitis, pneumonitis, esophagitis (5%)
- HIV-associated dementia (5%)
- Mycobacterium avium, disseminated (5%)
- Pneumonia, recurrent-bacterial (5%)
- Toxoplasmosis of internal organ (4%)
- Lymphoma, Burkitt's (0.7%), immunoblastic (2.3%), primary CNS (0.7%)
- Cryptosporidiosis with diarrhea >1 month (1.3%)
- Progressive Multifocal Leukoencephalopathy (1%)
- Histoplasmosis, extra pulmonary (0.9%)
- Cervical cancer, invasive (0.6%)
- Coccidioidomycosis, intrapulmonary (0.3%)
- Salmonella septicemia (nontyphoid), recurrent (0.3%)
- Isosporiasis with diarrhea >1 month.