Acute HIV infectie: herkenbare pathologie?

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Summary of the presentation

• Overview of the current guidelines
• Results of data collection in 2010 at ITM
• Recommendations
EACS: definition acute primary HIV infection

- High risk exposure within previous 2-8 weeks
- And clinical symptoms
- And detectable HIV (p24Ag or HIV-RNA>10,000 copies/ml)
- and negative or indeterminate serologic testing (negative or weakly positive ELISA, and LIA/WB ≤ 1 band)
- Recommendation: confirm HIV infection by HIV AB test (WB) performed 2w later
The stages of AHI as characterized by detection of viral particles and evolving antibody responses

**Natural History and Laboratory Staging of HIV Infection**

- **Eclipse Phase**
  - v RNA+
  - p24Ag+
  - ELISA+
  - Western blot +/
  - Western blot + (p31-)

- **Phase I**
  - Viral RNA cutoff 50 copies/ml

- **Phase II**
  - Ultrasensitive Viral RNA cutoff 1-5 copies/ml

- **Phase III**
  - Western + (p31+)

- **Phase IV**

- **Phase V**

- **Phase VI**

(adapted from Fiebig, AIDS 2003)
Clinical symptoms of AHI

- Fever, tiredness, fatigue, malaise
- Flu and Mononucleosis like symptoms
- Arthralgia, headache, loss of apetite
- Rash, night sweats, myalgia
- Nausea, diarrhoea, throat pain
- Mouth ulcers/candida
- Meningeal signs
- Lymphadenopathy, weight loss,…
- Mean duration: 2-4 wks (up to 3M)
- 40-90% have symptoms
Acute and early HIV infections account for 50% of transmissions

- High viral load (often > 10 million copies/ml)
- Ongoing risky behavior because of unawareness
Treatment in acute or recent HIV infection
(EACS guidelines)

- **Indicated if:**
  - AIDS defining events
  - Confirmed CD4<350 at M3 or beyond
  - AHI, laboratory confirmed
  - Pregnant women

- **Considered if:**
  - Severe illness/prolonged symptoms (especially CNS)

- **Optional:**
  - Recent infection (<6M last negative test or seroconversion syndrome)
  - treatment for prevention (eg serodiscordant couples)

- **Lifelong treatment preferred, treatment interruption -> monitor closely**
Data collection in 2010

• Collection of:
  – New diagnoses in ARL
  – Number of seroconversions
  – New diagnoses in ARC
  – Number of acute or recent HIV infections

• Unpublished results, available on the website after publication
Acute or recent HIV infection

Labo seroconversion: laboratory confirmed
Clinical seroconversion: clinical symptoms
Recent infection (= recent neg test or history of seroconversion syndrome in past 6M)
Rationale for ARV treatment

• To reduce the risk of viral transmission
• To preserve HIV-specific immune function, including promoting the survival of CD4 cells that are involved in the initial response to HIV infection
• To suppress the initial burst of viral replication and decrease the magnitude of viral dissemination
• To potentially lower the initial viral setpoint, which may ultimately affect the rate of disease progression
• To potentially reduce the emergence of viral mutations as a result of the suppression of viral replication
Disadvantages of treatment

• Adverse effects on quality of life as a result of drug toxicities and complex treatment regimens
• Potential for the development of drug resistance if therapy fails due to nonadherence or to insufficient suppression of viral replication, which may limit future treatment options
• Earlier commitment to lifetime ARV therapy
• Less time to educate the patient about ARV therapy
Recommendations

• Explain the high possibility of transmission in AHI

• Discuss immediately the option to start treatment

• Refer asap to HIV specialist/centre
  – Individual decision with informed patient
  – Resistance testing
  – Who will pay the initial treatment?
  – Participation in a clinical study
  – Psychosocial support
How to find AHI (and undiagnosed HIV)?

- Test all your patients at least once, especially if originating from high endemic countries.
- Test your MSM routinely every 6M, and when symptoms (HIV and STI).
- Speak about sexual behavior.
- Provider Initiated testing.
- Normalization of testing.