

# Could It Be HIV?

Never miss an opportunity to test (see over for clinical indicators)



## WHO TO TEST

- People who present with HIV clinical indicator conditions (see over)
- Patient request
- People at risk (see below)
- People identified in contact tracing
- People commencing Post Exposure Prophylaxis (PEP)
- People commencing Pre-exposure Prophylaxis (PrEP)
- Pregnant women
- Presence of STI, BBV (hepatitis B, C)
- Patients admitted with recreational drug related mental health conditions, mental health conditions causing risk taking behaviour or methamphetamine-related illness.

### People at Risk:

- Men who have sex with men
- Transgender women and people who identify as gender diverse who have sex with men
- Aboriginal and Torres Strait Islander peoples
- People who inject drugs
- People who have recently changed partners, who have multiple concurrent sex partners
- A reported high-risk exposure
- People who report a history of Incarceration
- People who have received healthcare overseas where there may be poor infection control practices
- People who received a blood transfusion in countries that do not screen for HIV
- People from high-prevalence countries and their partners
- People who have travelled to countries of high prevalence and engaged in risk behaviour/exposure

## HIV TESTING

- Order HIV serology (Ag/AB test)
- Informed verbal consent, not lengthy counselling
- Test for other Sexually Transmitted Infections, hepatitis B and hepatitis C.
- The 'Window Period' for a serological lab test (Ag/AB) is approx. 6 weeks from an exposure. If there has been a more recent risk exposure, re-testing should be offered.
- **Note:** home/rapid tests may have a longer window period.

## TREATMENT

- HIV is easily treatable with daily medications
- Life expectancy with treatment is near normal
- People who achieve a sustained undetectable viral load are unable to transmit HIV to others through sex (U=U).

## MISSING A DIAGNOSIS

Late or missed diagnosis of HIV remains common in Australia.

This can result in:

- Hospitalisations
- Decreased life expectancy
- Higher treatment and care costs
- Increased risks in transmission

**Neurology:** primary cerebral lymphoma, toxoplasmosis, cryptococcal meningitis, progressive multifocal leukoencephalopathy (PML), aseptic meningitis/encephalitis, Guillain-Barre syndrome, chronic inflammatory demyelinating polyneuropathy (CIDP), cerebral abscess, transverse myelitis, peripheral neuropathy, dementia, leucoencephalopathy

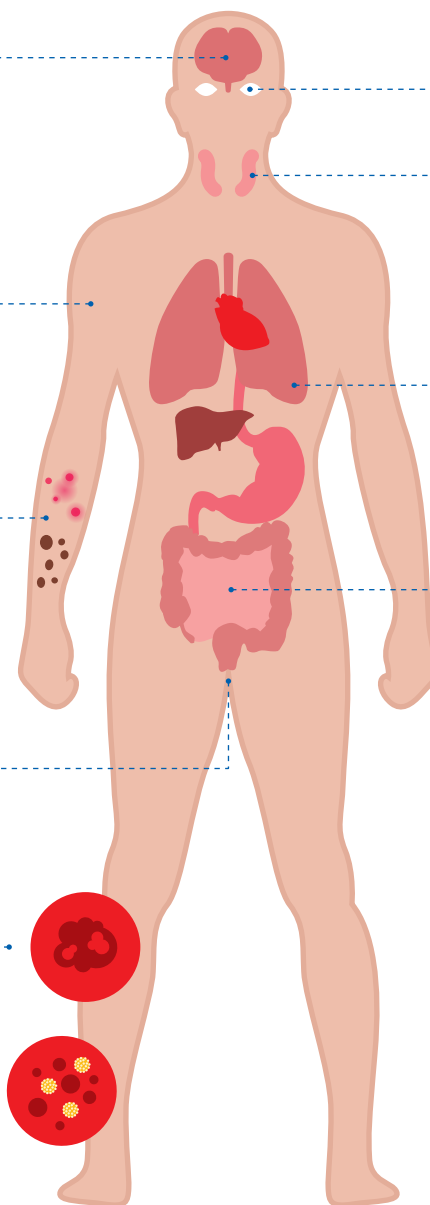
**Any AIDS-defining Illness:** oesophageal candidiasis, Kaposi's Sarcoma, pneumocystitis jiroveci pneumonia, histoplasmosis, cryptosporidiosis, toxoplasmosis, cryptococcal meningitis, cytomegalovirus (CMV), mycobacterium avium complex, non-Hodgkin lymphoma

**Skin:** Kaposi's Sarcoma, severe or recalcitrant seborrhoeic dermatitis or psoriasis, extensive warts or molluscum contagiosum, multidermatomal or recurrent varicella zoster, severe folliculitis

**Infections:** any STI (including syphilis, hepatitis B & C, chlamydia, gonorrhoea), refractory fungal infections, oral or oesophageal candidiasis, herpes varicella if multi-dermatomal or recurrent, toxoplasmosis

**Malignancies:** Hodgkin lymphoma, cervical, vaginal or anal intraepithelial neoplasia, Castleman disease and head & neck cancers

**Blood disorders:** unexplained thrombocytopenia, lymphopenia or neutropenia >4 weeks



**Eyes:** CMV retinitis, unexplained retinopathy or infective retinal disease (HSV & toxoplasma), syphilitic eye conditions

**Glandular fever type illness (could be HIV seroconversion):** pharyngitis, malaise, fever, lymphadenopathy, headache, maculopapular rash

**Persistent generalized lymphadenopathy**

**Respiratory conditions:** tuberculosis, recurrent bacterial pneumonia, aspergillosis, pneumocystitis jiroveci pneumonia

**Constitutional symptoms without an obvious cause:** pyrexia of unknown origin, unexplained weight loss, diarrhoea, myalgia, mononucleosis-like syndrome

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