

Acute Seroconversion Assessment for PrEP Provision

CHECKLIST FOR HEALTH CARE WORKERS

Why is an Acute Seroconversion Assessment Important?

Individuals who use Pre-Exposure Prophylaxis (PrEP) must be HIV uninfected, confirmed by a negative HIV test. However, HIV tests may miss those that are in the acute HIV seroconversion phase, due to the window period of the test. If an individual starts or continues using PrEP while HIV-positive, there is a risk that this individual may develop HIV drug resistance. In this case, the PrEP user may have fewer choices of antiretroviral treatment. To supplement the HIV test at the time of PrEP initiation or resupply, clinicians should assess for acute seroconversion based on the individual's presenting signs and symptoms. The following assessment should be administered prior to PrEP provision.

Acute HIV Seroconversion Assessment for PrEP Provision

Does the potential PrEP client currently have either of the following symptoms?

- Fever 38.3C or 101F
- Generalized lymphadenopathy (swollen lymph glands) consisting of palpable lymph nodes in more than one lymph node chain, i.e. two of the following chains: anterior cervical, posterior cervical, axillary, inguinal

If the answer is yes, do NOT provide PrEP at this time, and follow the Next Steps section.

The following symptoms are also associated with acute HIV infection:

- Fatigue
- Skin rash (small red bumps)
- Headache
- Pharyngitis (sore throat)
- Myalgia (muscular aches and pain)
- Arthralgia (joint pain)
- Nausea or vomiting
- Diarrhea
- Oral ulcers

If the client has several of the above symptoms, check if there is an alternative cause that is not HIV-related. If there is no obvious alternative etiology, consider delaying PrEP provision if potential HIV exposure occurred in the past four weeks.

Next Steps for Clinician and PrEP Client to Review



Repeat an HIV test, using a test with the shortest window period, if available (e.g. antibody/antigen fourth-generation test). A shorter window period reduces the risk of a false-negative test result and identifies HIV seroconversion sooner.



To be effective, PEP must begin within 72 hours of HIV exposure

If the person has been recently exposed, **consider provision of post-exposure prophylaxis (PEP)**, as per WHO* and country eligibility guidelines. PEP should be initiated as early as possible after exposure and ideally within 72 hours.



A viral load test measures the amount of HIV in a sample of blood

Conduct an **HIV viral load test**: a symptomatic person who has a negative or indeterminate antibody test result but a high viral load (over 100,000 copies/mL), is considered infected.

If the above testing is not done at the time of the visit, ask the client to return in 30 days for another HIV test.

Visit the GEMS Website for more information about PrEP and Drug Resistance: <http://gems.pitt.edu>

*http://www.who.int/hiv/pub/guidelines/arv2013/arvs2013supplement_dec2014/en/