



MidAtlantic AIDS Education and Training Center Differential Diagnosis of HIV and SARS-COV-2

As the COVID-19 pandemic progresses, it adds yet another infection to rule out when a patient presents with a cold-like illness. Acute Retroviral Syndrome is an acute, symptomatic illness that develops in many individuals during the acute HIV infection phase. As some individuals with an acute HIV infection are asymptomatic, early HIV diagnosis relies heavily on provider suspicion and opt-out testing protocols.

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Data shows clinicians and clients are not experts at estimating individual risk.

Acute Retroviral Syndrome

- An acute HIV infection is the time immediately following HIV acquisition, with high levels of circulating virus present, and prior to HIV antibody production.
- √ During this acute phase, elevated viremia increases risk for HIV transmission.
- √ The true incidence of symptomatic acute infection is unknown; however, retrospective case studies show 50-92% of individuals that seroconverted presented symptoms of acute infection.
- Frequently mistaken for influenza, mononucleosis, or another viral infection.

KNOW YOUR HIV STATUS

Approximately 80% of new HIV transmissions were from individuals who were unaware they had HIV or aware of their diagnosis and not receiving regular care, highlighting the need to increase testing and HIV treatment.

HIV Testing Recommendations

- √ The CDC recommends that all individuals between the ages of 13 and 64 are tested for human immunodeficiency virus (HIV) as part of routine healthcare.
- √ All patients should be offered opt-out HIV testing.
- $\sqrt{\ }$ A separate consent form is NOT required.
- For patients at higher risk of acquiring HIV, testing should be completed at least once per year.

Client groups considered high risk:

- √ People who inject drugs
- √ Partners of people who inject drugs
- / Individuals with more than one sex partner
- √ Individuals who exchange sex for money, drugs, or other services
- √ Sexual partners of people with HIV
- ✓ Individuals taking HIV pre-exposure prophylaxis (PrEP) medications should be screened every 3 months
- Men who have sex with men (MSM) should be offered more frequent screenings, ex. once every 3 to 6 months

Opportunistic Infections Many common opportunistic infections have similar symptoms to COVID-19.

- √ Be aware of oral candidiasis and difficult to treat vaginal yeast infections.
- √ While the incidence of opportunistic infections has greatly decreased since the creation and distribution of antiretroviral therapy (ART), these infections can still present in people with HIV.

Common COVID-19-like opportunistic infections include:

- Pneumocystis jirovecii (previously PCP), can present with a dry cough, fever, chest tightness, shortness of breath (SOB)
- √ Tuberculosis (TB) presents with fever, night sweats, cough
- Cryptococcal meningitis can present with a fever, headache, fatigue, nausea, vomiting

Please check current guidance related to HIV and COVID-19 co-infection:

https://aidsetc.org/topic/covid-19

HIV and COVID-19 Clinical Presentation Chart

	HIV	COVID-19
Incubation Period	2-4 weeks	<2 weeks
Fever	++	++
Fatigue	+	+
Sore Throat	+	+
Cough/SOB	-	+++
GI Symptoms	++	-/+
Rash	+	-
Lymphadenopathy	++	+
Lymphopenia	++	++
Transaminitis	+	+
Thrombocytopenia	++	+

Chart Legend Likelihood of patient presenting with symptom:

+ likely

++ very likely

+++ extremely likely

not likely

References:

Differential Diagnosis Chart: Rebecca Reece, MD, WVU Department of Medicine Centers for Disease Control and Prevention. (2020, June 9). HIV Testing. https://www.cdc.gov/hiv/testing/index.html

NCHHSTP News Room. (2019, March 18). Gaps in HIV Testing and Treatment Hinder Efforts to Stop New Infections. https://www.hiv.gov/blog/gaps-hiv-testing-and-treatment-hinder-efforts-stop-new-infections University of Washington. (2020). National HIV Curriculum. https://www.hiv.uw.edu/

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