

HIV 101

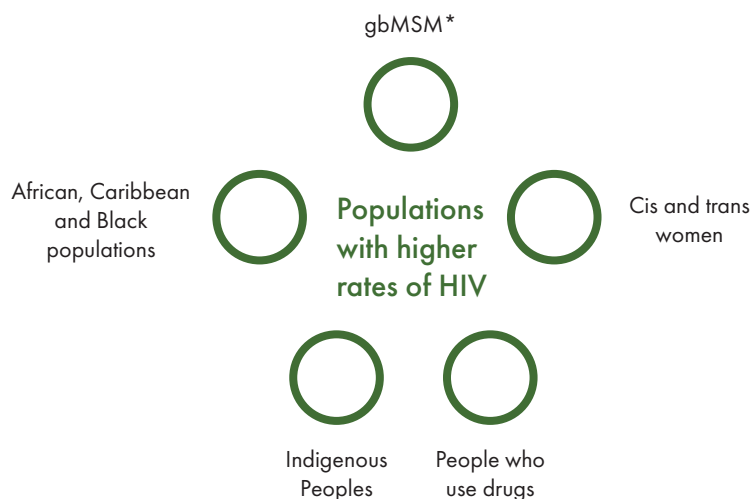


What is HIV (human immunodeficiency virus)?

HIV attacks the body's immune system by destroying CD4+ lymphocytes. It can be transmitted through contact with blood, genital and rectal secretions, or breast milk. Most people living with HIV are asymptomatic, however some may experience symptoms at both the acute and chronic stage of the infection. Without antiretroviral therapy (ART), HIV will progressively impair the immune system and result in acquired immunodeficiency syndrome (AIDS).

Your patient might need HIV testing if they:

- ask to be tested;
- encountered a high-risk exposure (3Ps rule);
- have symptoms of acute HIV;
- have symptoms of chronic HIV;
- have symptoms of/tested positive for/have been a contact for other STBBIs;
- are a contact of an HIV case;
- present with tuberculosis or other AIDS-associated conditions;
- belong to a population with **higher rates of HIV**;
- are starting immune suppressing therapy;
- are pregnant.



Partner(s)

The client's sexual partner(s) are HIV-positive and viremic OR of unknown HIV status **AND** from a population with a high prevalence of HIV.



Practices

The client's practices include anal or vaginal sex, and/or injecting drugs.



Protection

There may have been a gap, including no or delayed condom use, a removed or broken condom, or the sharing of injection drug equipment.

ACUTE SYMPTOMS

- Fever
- Fatigue
- Rash
- Swollen lymph nodes
- Muscle pain
- Headache
- Diarrhea (GI distress)
- Unexplained mononucleosis or flu-like illness

CHRONIC SYMPTOMS

- Unexplained weight loss
- Shingles (herpes zoster) before age 55
- Unexplained thrombocytopenia/leukocytopenia >4 weeks
- Persistent or recurrent oral thrush or vaginal candidiasis
- Persistent or recurrent skin lesions
- Recurrent or chronic swollen lymph nodes
- Recurrent or chronic pneumonia in individuals ages 15–54
- Infectious endocarditis (with past or present drug use)

*gbMSM: Gay, bisexual and other men who have sex with men, including trans men

How to test for HIV in Ontario?

	Standard Serology	Rapid test
How soon?	6-week window period	12-week window period
Where?	Through an HIV Laboratory-based Diagnostic Serology ordered by a licensed health care provider	At a Rapid/Point of Care (POC) Testing site, offered by different organizations and clinics, or with a Self-Test, at home
When?	3 – 6 testing: at baseline and then at 3 weeks and 6 weeks post-exposure	3 – 6 – 3 testing: at baseline and then at 3 weeks, 6 weeks and 3 months post-exposure
How?	With a blood sample sent to a Public Health Ontario Laboratory (PHOL)	With a finger prick only

Positive results from rapid tests must be confirmed using Laboratory-based Diagnostic Serology.

In accordance with the Health Protection and Promotion Act, all positive HIV results are reported to the local Public Health Unit. If a client tests anonymously at one of Ontario's 50 anonymous test sites, this report will not have their name. All HIV testing is confidential.

Don't forget about linkage to care!

- If the client is within 72h of an HIV exposure, offer PEP: 28 days of ART to reduce the risk of HIV acquisition.
- If the client tests positive, begin treatment as soon as possible and ideally within 72h, in order to:
 - Bring the viral load to an undetectable level (<200 copies/ml) and prevent HIV transmission through sex.
 - Stabilize CD4+ count to reduce morbidity and mortality.
- If the client tests negative, consider:
 - PrEP: taken either daily (orally) or every 2 months (IM injection), PrEP reduces the risk of getting HIV from sex by about 99% and from injection drug use by at least 74%.
 - Other prevention and harm reduction tools.

Undetectable
U = U
 Untransmittable



HIV Resources

Ontario has a wealth of online resources about HIV education, testing, prevention and clinical care, as well as policy, data and evidence. Scan the QR code for a comprehensive list of links.