Evaluate for Acute Infection

- Acute HIV infections are often misdiagnosed as viral syndromes
- Typically present with nonspecific fever, fatigue, pharyngitis, viral rash, N/V/D, headache, and lymphadenopathy
- Symptoms typically develop 2-4 weeks post exposure
- Evaluate for high risk behaviors
- Sending screening tests: ELISA (confirm positive test with Western Blot test), Antigen/Antibody test

Evaluate and Treat based on Presenting Symptoms

**ALL PATIENTS:**
- Send CD4 count/viral load, patients are at high risk of opportunistic infections with CD4 counts below 200
- Don’t forget to evaluate/treat the same dangerous pathogens that infect immunocompetent patients: start empiric broad-spectrum antibiotics in patients with suspected infection

**Pulmonary Complaint**
- Most common cause of PNA in AIDS pts is strep pneumo
- Place in negative airflow room
- PCP
  - CD4 counts < 200
  - Fever, dry cough, SOB
  - XR chest –bilateral perihilar infiltrates
  - Treat with Bactrim, steroids

**Tuberculosis**
- Patients with AIDS are at high risk of TB reactivation, presentation can be subtle if pt is severely immunocompromised

**Neurologic Complaint**
- CT brain and LP to evaluate Cryptococcus:
  - Focal cerebral lesions or diffuse meningoencephalitis
  - Treat with IV amphotericin B and PO flucytosine
- Toxoplasmosis
  - Subcortical ring-enhancing lesions seen on CT brain
  - Treat with pyrimethamine, sulfadiazine, folinic acid
- PML
  - Presents with progressive neurologic deficits
- AIDS dementia, primary CNS lymphoma, neurosyphillis, CNS TB, HSV encephalitis

**Diarrhea**
- Send stool leukocytes, bacterial cultures, ova and parasites, acid fast stain, C. difficile toxin
- Opportunistic infections: *Cryptococcus, Cryptosporidium, Isospora*
- Admit if ill and/or severely dehydrated

**Odynophagia**
- Evaluate for CMV vs. HSV vs. *Candida* esophagitis
- Typically presents with CD4 counts < 100
- Consult gastroenterology for EGD to evaluate for CMV and HSV; presumptively treat for esophageal *Candida* with oral fluconazole

**Visual Complaint**
- CMV retinitis:
  - Presents with changes in vision: decreased acuities, visual field cuts, red/painful eye
  - Requires urgent ophthalmology consult and IV ganciclovir