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MISSED OPPORTUNITIES FOR DIAGNOSING ACUTE SEROCONVERSION ILLNESS

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Darshan Sudarshi, David Pao, Gary Homer, Gillian Dean and Martin Fisher
Royal Sussex County Hospital, Brighton, East Sussex, UK

AIMS: To investigate whether individuals with primary HIV infection (PHI) presented to a healthcare facility with symptoms of the acute seroconversion illness (ASI) prior to their diagnosis being made.

METHODS: All individuals diagnosed with PHI between 2003 and 2005 were identified (based on an evolving antibody response, negative HIV test within 18 months or the serological testing algorithm for recent HIV seroconversion). Symptoms of ASI (recorded prospectively) and previous presentation to other healthcare providers were ascertained from genito-urinary medicine (GUM) clinic notes and laboratory records (a single laboratory performing all of the HIV tests in the area).

RESULTS: 119 individuals were diagnosed with PHI. Clinic notes were accessible for 102 (96 male, 88 homosexual). A history of ASI was elicited in 71 (70%). Of these, 37 (52%) did not present to a healthcare provider during the symptomatic period. Of the 38 (48%) who did, 22 were diagnosed with PHI at first presentation (14 GUM, eight non-GUM). In 15 patients a diagnosis of PHI was not entertained at first presentation (all non-GUM). In one patient (GUM), with recent high-risk and early ASI, a fourth-generation HIV test was negative and diagnosis was only made after the three-month window period.

CONCLUSION: Even though the majority of patients with PHI had symptoms, a significant proportion did not access healthcare. Of those who presented to non-GUM specialities, the opportunity to identify ASI was often missed. In order to reduce onward transmission, the diagnosis of PHI needs to be improved by increasing awareness of ASI within both at-risk groups and primary healthcare providers.

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