

Subject: HIV Clinical Presentations and Treatment Options

HIV Clinical Presentations and Management of HIV/AIDS

- identify the common and uncommon clinical presentations of HIV /AIDS
 - The test for HIV cannot be substituted with simple observations
 - Patients may not reveal relevant history due to a perception of no/low risk
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- Recognize the traditional, the misinformed and the well-informed approach to diagnosis of HIV/aids
 - Accidental exposure: Blood and bloody bodily fluids are potentially infectious; feces, nasal secretions, saliva, sputum, sweat, tears, urine, and vomitus are not considered potentially infectious unless they are visibly bloody
 - Know whether an exposure case is high or low risk
 - LOW RISK - Solid needle/ superficial injury/ no visible blood
 - HIGH RISK- Deep, hollow bore needle, visible blood
 - HIV vs INFECTIOUS MONONUCLEOSIS (IM)
 - Mucocutaneous ulceration is unusual in IM; its presence should heighten the suspicion for acute HIV infection.
 - Rash is less common in IM (but is seen frequently in the setting of primary HIV infection within 48 to 72 hours after the onset of fever.
 - The heterophile test is typically negative during acute HIV infection
 - Mild anemia and abnormal transaminases can be seen in both presentations
 - Atypical lymphocytes and lymphocytosis is typical in IM
 - Primary HIV infection can be missed for a a flu or mono like illness due to an absence of a high degree of clinical suspicion
- MANAGEMENT OF ACUTE HIV INFECTION
 - NEEDS PREVENTION COUNSELLING ! .INITIAL DIAGNOSTIC EVALUATION OF HIV PATIENT
 - Regarding acute/ primary HIV infection, Both the older and the revised guidelines recommend starting ART if acute HIV is symptomatic (rated A1a; strongly recommended).
 - .** URGENTLY INDICATED IN HIGHLY SYMPTOMATIC ACUTE INFECTION (WITH OR WITHOUT NEUROLOGICAL DISEASE) .
 - ** DEFERRED - Need to manage other pressing issues (substance use, depression, or unwillingness of patient to initiate ART)
- WHO Clinical Staging
 - 1: Asymptomatic
 - 2: Mild symptoms
 - Moderate symptoms
 - Advanced Hiv/Aids

Common Clinical Presentation of HIV in Pakistan

- Overview of various cases (4) in Pakistan. Mostly visual

HIV Treatment availability in Pakistan

- ART Treatment availability
- HIV therapy is not available for private practice so
 - dispensed at uh art centers which are across the country
 - about 49 art centers therefore in kpk
 - two in balochistan
 - they're two in the federal areas
 - they're 25 in punjab and the rest returns in about 15ish in in
 - these ART centers are run by the provincial programs, and they're manned by an art physician usually they have a data entry operator because everything that we do with the hiv patients is uploaded onto a central database, there are counsellors as well
 - This type of treatment along with its medication are free and is paid for through a global fund (from the public sector and from some private sources)
 - Basic bloodwork is free (viral load and cd4 count)
 - Some labs must be paid for:
 - Care is subsidies or free due to government hospitals
- Sending patients to ART centers
 - Private practitioners can send patients to the closest center by checking the website
 - Register patient
- Issues
 - 49 centers is not enough for a large country like Pakistan
 - Some people are too far from there ART centers, there may be delay in treatment
 - Some patients are not properly referred to these centers and do not visit
 - These centers are not always properly maned by the right people
- Future plans
 - Equipping each hospital with HIV care instead of small, dedicated areas
 - differentiated service delivery: a person visits the ART center, and once stable and visit a local basic health unit for medication and a quick check up

HIV Care Continuum from a Primary Care perspective

- used to be a rare disease few decades back in Pakistan, but over the past few years the amount of positive cases has increased significantly
- When does HIV become known to people
 - People trvaeling aborad or have ajob interview and need to review medical history
 - People going for a blood transfer
 - People who have some exposure or relevant medical history
 - People who are transgender, drug addicts or sexual workers
- Most people do not get ested for HIV due to a lack of knowledge and stugma surrounding the disease
- When an HIV test comes back positive, many things can be handled by a primary care physician instead of an infectious diseases specialist, but if appropriate the patient should be referred.
- The proper test should be called for: viral load and cd4 count, immediate counseling should be given to the patient
 - Alleviate any fear towards the disease or the potential of death, meaning confidentiality
 - Refer patient to and ART center for treatment

- Work with patient and refer them to ART counseling if needed, and intercut them to minimize exposure.