



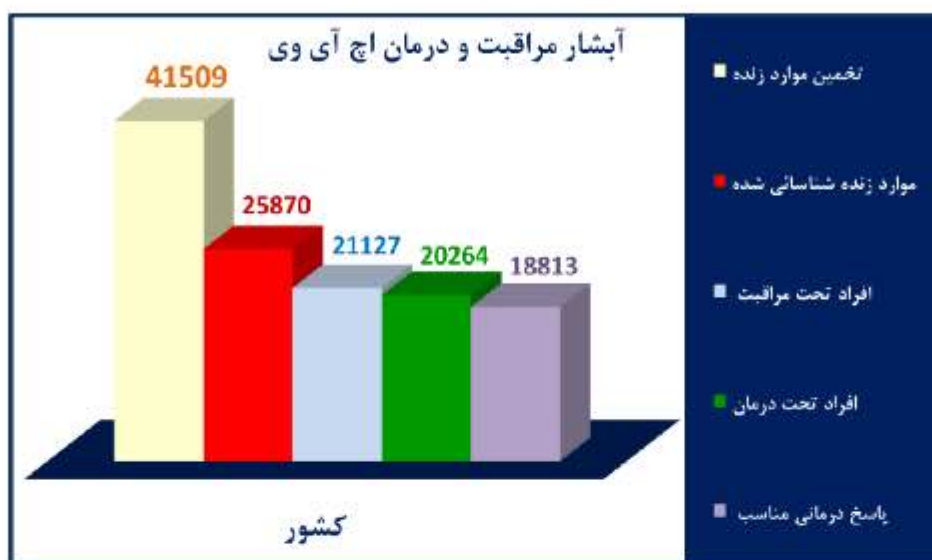
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HIV

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Routes of transmission

- Sexual contact
- Blood-borne exposure (eg, blood transfusions, shared needles)
- Perinatal transmission



Estimated per-act risk for acquisition of HIV, by exposure route

Exposure route		Risk per 10,000 exposures to an infected source (risk)
Blood-borne exposure	Blood transfusion	9000 (9/10)
	Needle-sharing injection drug use	67 (1/150)
	Percutaneous needle stick	23 (1/435)
	Mucous membrane exposure to blood (eg, splash to eye)	10 (1/1,000)
Sexual exposure	Receptive anal intercourse	138 (1/72)
	Insertive anal intercourse	11 (1/900)
	Receptive penile-vaginal intercourse	8 (1/1250)
	Insertive penile-vaginal intercourse	4 (1/2500)
	Receptive or insertive penile-oral intercourse	0-4
Other	Biting, spitting, throwing body fluids (including semen and saliva), sharing sex toys	Negligible 5

- HIV testing is an essential gateway to HIV prevention, treatment, care and support services.



- Who?
- Where?
- When?



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PIT

1.TC



2.Harm reduction setting (DIC & MMT)		5.Primary health care center		8.Hospital	
3.Most at risk men & women clinic		6. Antenatal setting		9.Private sector	
4.Prison		7. Hepatitis &TB care		10.Mobile clinic	

Triangular clinics

Main setting for delivering care and treatment services throughout the country:

- Physician
- Psychologist
- Midwife
- Pharmacy(ARV & STI medications)
- Lab

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- Who?
- Where?
- When?



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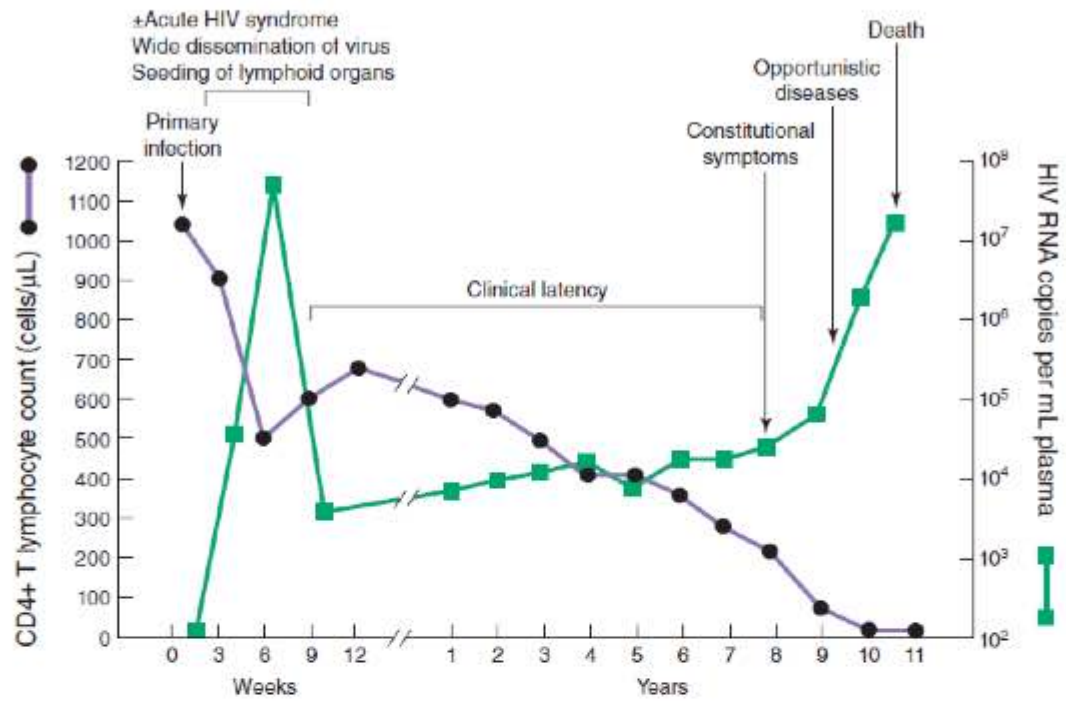


Clinical manifestations

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EARLY HIV INFECTION

In 50-90% within 1-4 w of infection.

- Fever,
- Lymphadenopathy,
- Sore throat,
- Rash,
- Myalgia/arthralgia,
- Headache

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TABLE 202-10 Clinical Findings in the Acute HIV Syndrome	
General	Neurologic
Fever	Meningitis
Pharyngitis	Encephalitis
Lymphadenopathy	Peripheral neuropathy
Headache/retroorbital pain	Myelopathy
Arthralgias/myalgias	Dermatologic
Lethargy/malaise	Erythematous maculopapular rash
Anorexia/weight loss	Mucocutaneous ulceration
Nausea/vomiting/diarrhea	



Clinical stage 1

- Persistent generalized lymphadenopathy
- Asymptomatic



Clinical stage 2

- Moderate unexplained weight loss
- Recurrent respiratory infection
- Herpes zoster
- Minor mucocutaneous infection



Clinical stage 3

- Severe weight loss
- Unexplained chronic diarrhea
- Unexplained fever for >1 month
- Oral hairy leukoplakia
- Unexplained anemia, neutropenia, thrombocytopenia



Clinical stage 3

- Oral candidiasis
- Pulmonary tuberculosis
- Severe presumed bacterial infection
- Acute necrotizing ulcerative gingivitis, stomatitis, periodontitis



Cutaneous manifestation

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Pruritic papular eruption

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Oral hairy leukoplakia

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Staphylococcal folliculitis

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Eosinophilic folliculitis

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Molluscum contagiosum

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Prurigo nodularis

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seborrheic dermatitis

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Kaposi sarcoma

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2/20/2024

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Candidiasis

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2/20/2024

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Herpes zoster

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2/20/2024

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Severe Scabies

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Wart (HPV)

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Psoriasis

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Bacillary angiomatosis

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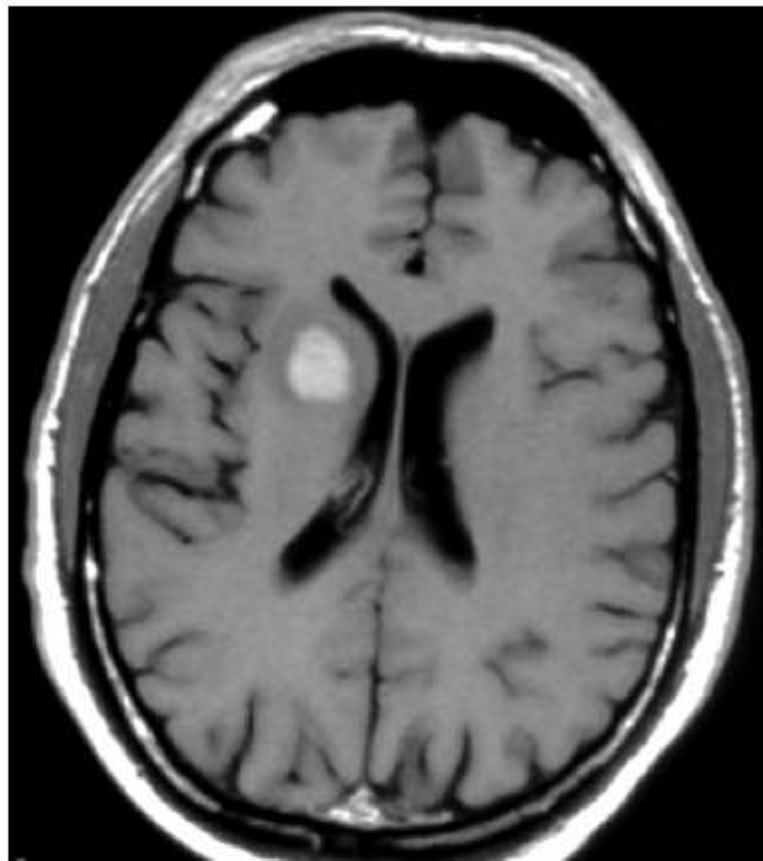
TABLE 202-14 Neurologic Diseases in Patients with HIV Infection	
Opportunistic infections	HIV-1 infection
Toxoplasmosis	Aseptic meningitis
Cryptococcosis	HIV-associated neurocognitive disorders (HAND), including HIV encephalopathy/AIDS dementia complex
Progressive multifocal leukoencephalopathy	Myelopathy
Cytomegalovirus	Vacuolar myelopathy
Syphilis	Pure sensory ataxia
<i>Mycobacterium tuberculosis</i>	Paresthesia/dysesthesia
HTLV-1 infection	Peripheral neuropathy
Amebiasis	Acute inflammatory demyelinating polyneuropathy (Guillain-Barré syndrome)
Neoplasms	Chronic inflammatory demyelinating polyneuropathy (CIDP)
Primary CNS lymphoma	Mononeuritis multiplex
Kaposi's sarcoma	Distal symmetric polyneuropathy
	Myopathy



HIV associated malignancies

- Cervical cancer, invasive
- Lymphoma, Burkitt (or equivalent term)
- Lymphoma, immunoblastic
- Lymphoma, primary, of brain
- Kaposi sarcoma





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opportunistic infections

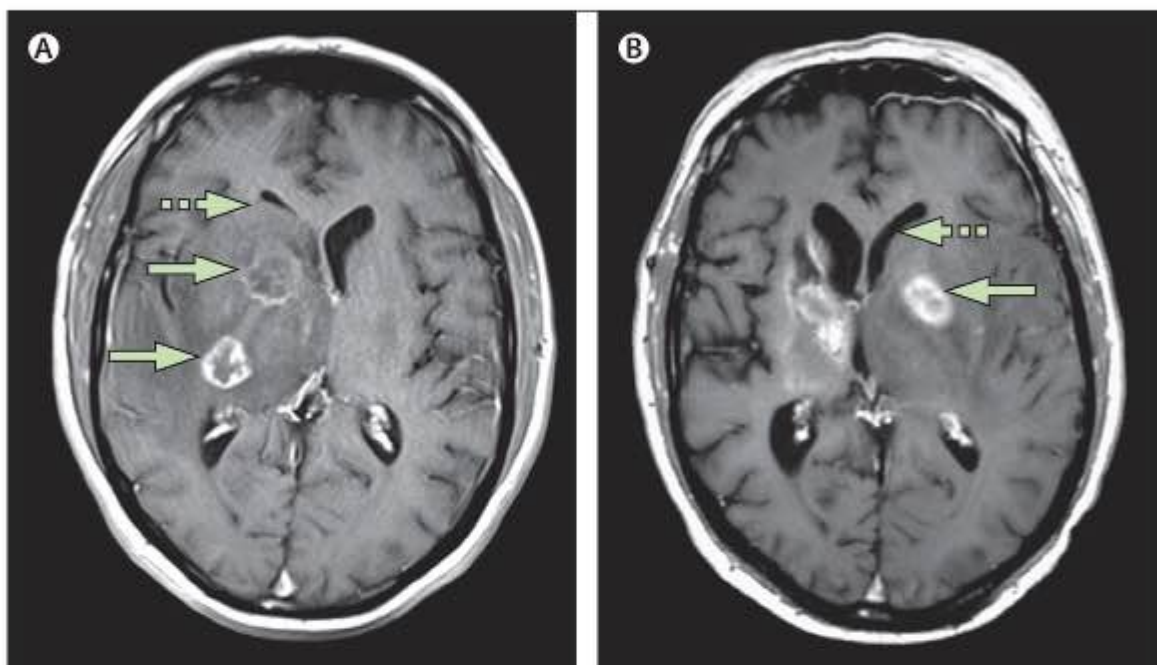


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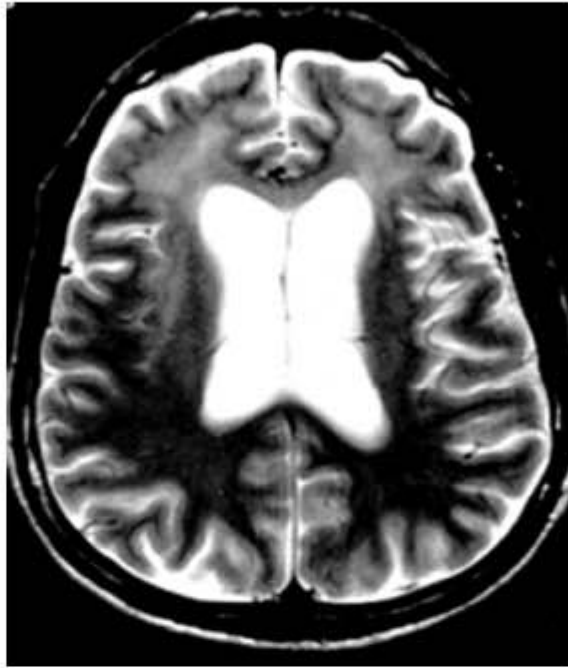
- Systemic CMV involvement
- Systemic fungal infection
- Mycobacterium infection
- Toxoplasmosis
- Unusual Intestinal parasites
- PCP





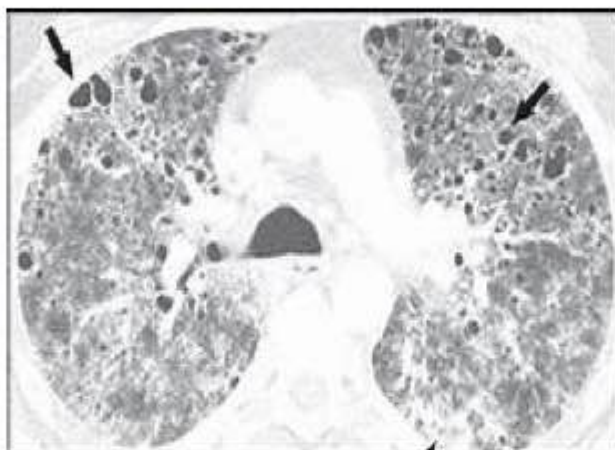
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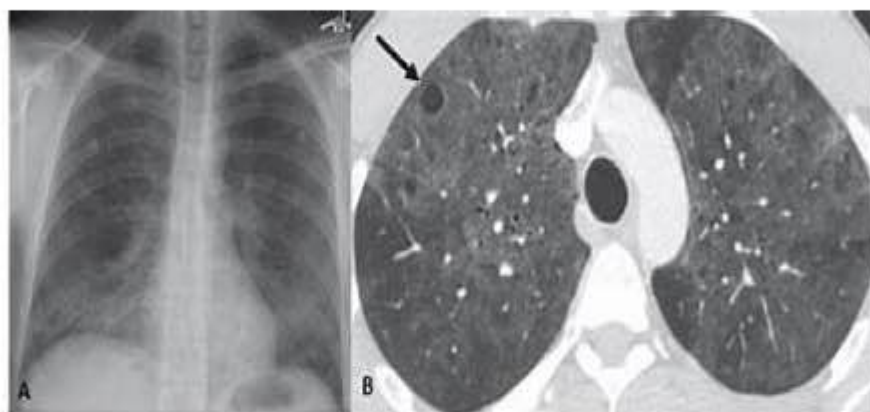
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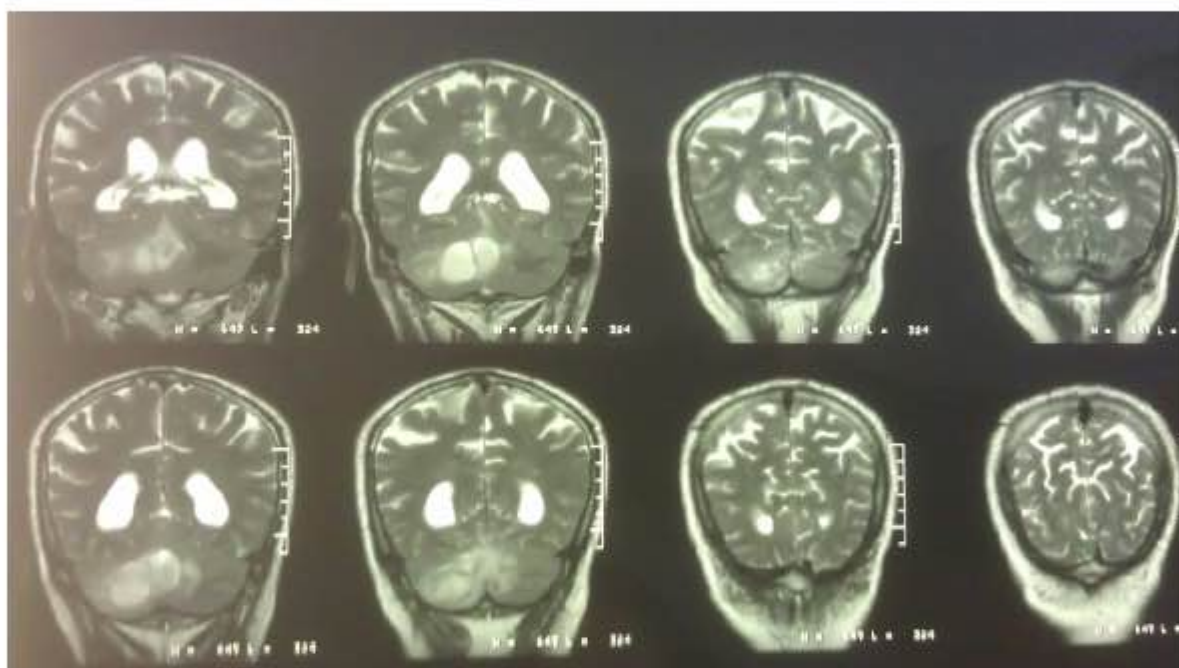
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Diagnosis

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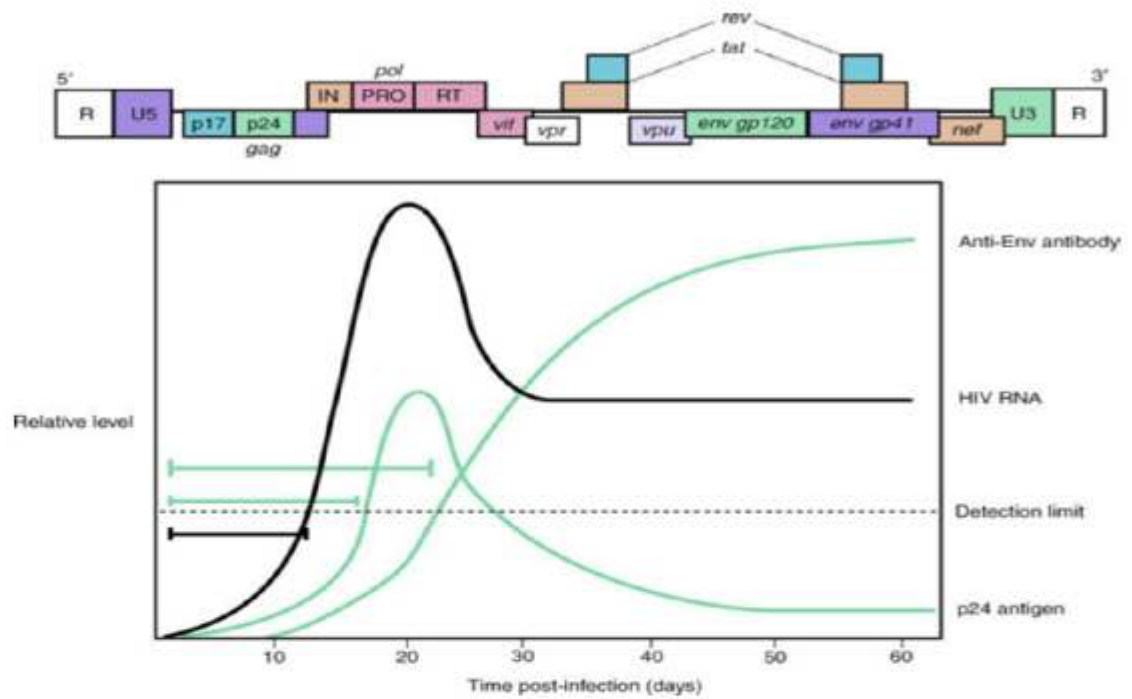
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Treatment

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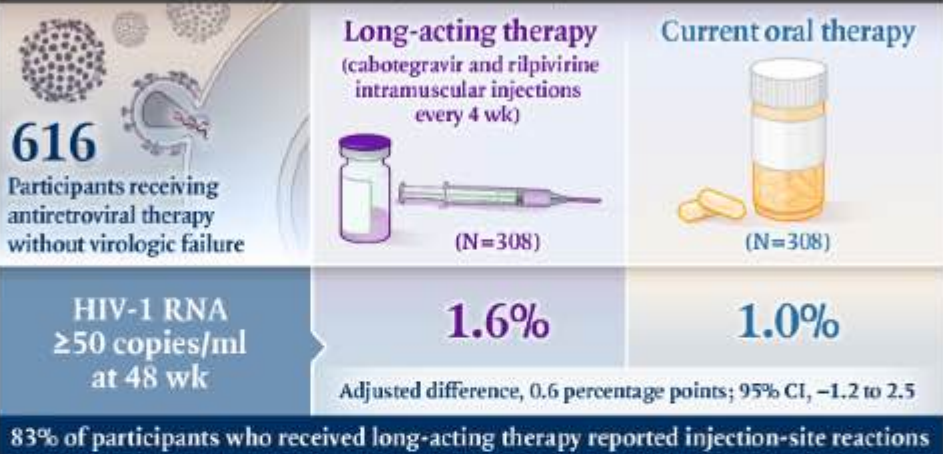
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Long-Acting Cabotegravir and Rilpivirine for HIV-1

PHASE 3, OPEN-LABEL, MULTICENTER, RANDOMIZED TRIAL



S. Swindells et al. 10.1056/NEJMoa1904398

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Prophylaxis

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- Prophylaxis is recommended for high risk groups
(Sex contact, Needle stick, Infants,..)
- Golden time: 72 hours
- Duration: 1 month



High risk groups

- Known intravenous drug user;
- Known HCV positive;
- History of incarceration;
- Multiple sexual partners or sex with sex trade workers in preceding 6 months, Transsexual, Bisexual;

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Indication of preexposure prophylaxis

- Once daily TDF + FTC (or TAF+FTC)
- Unprotected sex in MSMs or trans genders with at least one sex in previous 6 months.
- Unprotected sex in FSWs.
- Heterosexuals with uncontrolled HIV partner



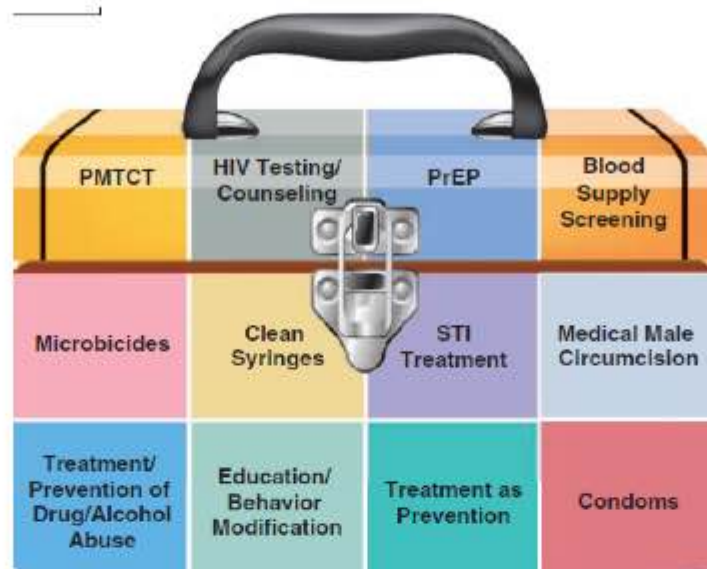


FIGURE 202-48 The HIV prevention "toolkit." See text for detailed description. PrEP, pre-exposure prophylaxis with antiretroviral drugs; PMTCT, prevention of mother-to-child transmission of HIV. (From RW Eisinger et al *Clin Infect Dis* 69:2122, 2019.)



Your role

