

2008 Surveillance Case Definition for Acute HIV Among Adults and Adolescents

HIV Epidemiology and Field Service Program New York City (NYC) Department of Health and Mental Hygiene (DOHMH)

Persons aged 13 years or older, who meet the 2008 CDC surveillance case definition for HIV infection among adults and adolescents (*I*), who have not been reported previously to the NYC DOHMH as a case of HIV infection or AIDS,

AND

1) Have a provider-documented diagnosis of “acute HIV” or “primary HIV” in their medical record

OR

2) A spectrum of clinical laboratory results consistent with acute HIV. These include:

A1) A negative Western blot (WB), indeterminate WB, or negative screening test for HIV antibody (e.g., enzyme immunoassay or “EIA”)

AND

A2) A detectable HIV viral load (VL) measured from a specimen drawn within one month of the specimen that provided the results listed in “A1.” Quantitative viral loads are considered detectable if results are >5,000 copies/mL.

OR

B) Serial (within one month) HIV antibody tests consistent with a recent HIV infection. These tests must be done on the same patient, with specimen collection dates that occur within a span of one month’s time. Examples of this type of testing pattern include:

- i) an indeterminate WB followed by a positive WB
- ii) a negative WB followed by a positive WB
- iii) a negative screening test for HIV antibody (e.g., EIA) followed by an indeterminate or positive WB

OR

C) A positive pooled nucleic acid amplification test (p-NAAT) in a patient who is simultaneously negative according to a screening test for HIV antibody (e.g., EIA) performed on the same serum specimen. The positive pooled specimen must be followed by an individual positive HIV virologic test result, such as a qualitative HIV RNA test or detectable quantitative HIV viral load (>5,000 copies), or HIV antibody test.