

Physicians struggle to clinically diagnose early HIV infection

July 15 2014



Dr. Julio Montaner, Director of the British Columbia Centre for Excellence in HIV/AIDS, Chair of AIDS Research and Head of the Division of AIDS at the University of British Columbia Faculty of Medicine, and co-author of July 15 article in *JAMA* on HIV diagnosis. Credit: University of British Columbia

Despite the belief that early HIV infection presents with a well recognized flu-like syndrome, most physicians are unable to use clinical skills to differentiate those who should and should not be tested for HIV infection, according to a study published July 15 in *Journal of the*

American Medical Association (JAMA).

Researchers at the BC Centre for Excellence in HIV/AIDS and University of British Columbia, Oregon Health and Science University, and Duke University Medical Centre analyzed data from over 24,000 patients, and discovered physicians have great difficulty recognizing the presence or absence of early HIV infection through clinical exam alone.

During the period of early HIV infection, past research showed that 50 to 90 percent of patients develop one or more of the following symptoms: fever, nausea/vomiting, weight loss, rashes, oral ulcers, and swollen lymph glands. While identifying HIV infection early can greatly contribute to reduced mortality and the likelihood of further HIV transmission, these symptoms are too non-specific for physicians to recognize, whereas the absence of symptoms does not reliably exclude infection.

"This study is not meant to be critical of physicians because of the limitations of our ability to discern who should and should not be tested for HIV [infection](#)," says Dr. Evan Wood, lead author and Canada Research Chair in Inner City Medicine at the University of British Columbia Faculty of Medicine. "Rather, this study highlights the importance of routine HIV testing, just like we routinely test for other health conditions."

In May, British Columbia became the first province in Canada to introduce guidelines for routine HIV testing for all adult British Columbians.

"We realized through our four-year STOP HIV/AIDS pilot program that many clinical opportunities to make a diagnosis and offer treatment were being missed," says Dr. Perry Kendall, B.C.'s provincial health officer. "Based on this experience we developed and released guidelines for front-

line practitioners recommending routine HIV screening for adults. This combination of increased testing and access to free antiretroviral drugs is both evidence-based and effective. Today's study in JAMA provides further evidence B.C. is leading the way globally in demonstrating how HIV can be controlled and virtually eliminated."

Despite recommendations from the World Health Organization and U.S. Centre for Disease Control, most jurisdictions in the U.S. and globally are falling behind the approach taken in B.C. A recent survey of 376 U.S. hospitals found that less than 10 percent of hospitals reported universal screening of inpatients and outpatients and less than 35 percent reported screening some or all adult patients.

"A simple blood test in conjunction with clinical evaluation enables us to detect this disease early and provide life-saving treatment," says Dr. Julio Montaner, Director of the British Columbia Centre for Excellence in HIV/AIDS, Chair of AIDS Research and Head of the Division of AIDS at the University of British Columbia Faculty of Medicine. "We know routine HIV testing works, and our goal is to bring the success we have had in British Columbia in controlling HIV and AIDS to the rest of Canada and around the world."

Provided by University of British Columbia

Citation: Physicians struggle to clinically diagnose early HIV infection (2014, July 15) retrieved 3 May 2024 from

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