

**Ending the Epidemic Task Force  
Committee Recommendation  
CR3**

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**Recommendation Title: Improved Interventions for Acute HIV Infection**

**1. For which goal outlined in the Governor's plan to end the epidemic in New York State does this recommendation apply? 1, 2 and 3**

**2. Proposed Recommendation:** People living with HIV are most infectious during the period of acute HIV infection, the initial 180 days of HIV infection, when people are often unaware of their infection. Previous generations of the HIV antibody test did not detect the virus for up to several weeks. The new fourth generation test—that independently distinguishes results for HIV-1 p24 antigen and HIV antibodies in a single test—can detect infection much earlier. More than half of people recently infected with HIV have symptoms (including fever, sore throat in the absence of respiratory distress, rash, headache, fatigue, general unwellness, and night sweats) that should alert them and their providers to a potential infection, often before standard HIV tests do. It is important to close the window on the period of undiagnosed acute HIV infection. Undiagnosed acute infection is dangerous to people's health because people unaware of their HIV infection do not seek treatment. Undiagnosed acute infection feeds the ongoing epidemic: it is estimated that more than half of forward HIV transmission occurs during the period of acute infection. Finally, people who take Truvada<sup>®</sup> as PrEP during undiagnosed acute infection run a small risk of developing HIV drug resistance.

Our recommendation proposes several measures with a goal of promoting earlier diagnoses of HIV infection.

- 1) New York State should educate medical providers, social service providers and members of target populations on the symptoms of acute HIV infection. It should educate providers on how to test for it before standard HIV tests can detect it. New York State Department of Health contracts should mandate that medical and social service staff receive this education about acute HIV infection annually.
- 2) On December 5, 2014, the Food and Drug Administration (FDA) announced that it would allow fourth generation testing, previously restricted to certain laboratories, to be performed out in the field at the point of patient care. New York State should facilitate the universal introduction of fourth generation testing through its testing guidelines, through the awarding of testing contracts and by other means. The state should consider allowing higher reimbursement to third-party payers for the most sensitive available HIV testing (perhaps \$.50 per test).



- 3) Considering the symptoms of acute HIV infection, New York State should explore a change to electronically requested glandular fever screens from providers to alert them to the possibility of acute HIV infection and to include opt-out HIV tests among the testing offered. (Such a system has been instituted in Great Britain: <http://guysstthomashospital.newsweaver.co.uk/Connect/1eddcfy22091Inlwi9e12m?a=1&p=47982757&t=27877675>).
- 4) New York State should use surveillance data to target acute infection, mining state and local HIV data sources and electronic medical records to help identify cases of acute HIV infection and intervene.

**List of key individuals, stakeholders, or populations who would benefit from this recommendation**

- New Yorkers whose HIV infection is detected earlier will benefit
  - New Yorkers who are candidates for PrEP will benefit. Communities at risk will benefit as more community members know their HIV status, receive treatment and lower community viral loads (VLs)
3. **Would implementation of this recommendation be permitted under current laws or would a statutory change be required?** N/A
  4. **Is this recommendation something that could feasibly be implemented in the short-term (within the next year) or long-term (within the next three to six years)?** Within the next year / Unknown.
  5. **Please list the TF numbers of the original recommendations that contributed to this current version:** TF40, TF254. The rest was generated by discussion in the Testing Lab, the full Prevention Committee, the full Task Force and at the NYC Listening Session 11/10.

