Wide Variety of Symptoms Accompany Early HIV Infection

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People who recently contracted HIV may develop a vast array of symptoms, which are often serious and which occasionally can be life-threatening, aidsmap reports. Publishing their findings in Clinical Infectious Diseases, researchers from the observational Zurich Primary HIV Infection Study documented symptoms and laboratory results from 290 people diagnosed with early HIV infection since January 2002.

The study defined acute (very early) HIV infection as:

Having symptoms suggesting HIV infection, a negative or indeterminate HIV antibody test, and a positive p24 antigen or HIV RNA test. (After HIV infection, the p24 antigen presents earlier than antibodies and eventually disappears, so its presence indicates early infection. An HIV RNA test can also detect HIV earlier than an antibody test, although HIV RNA will always be present in the body thereafter. If only the antigen is present, the individual was likely infected in the last few weeks.)

Having no symptoms suggesting HIV infection, but a documented antibody test in the 90 days following a known date of exposure to the virus.

Recent HIV infection was defined as:

Having symptoms suggesting HIV infection, a positive antibody test and a negative test indicating acute infection.

Having no symptoms, but a documented positive antibody test 90 to 180 days following a known exposure to the virus.

The study defined “typical” acute HIV illness as either a fever with at least one out of 18 other symptoms, or no fever with two or more of those symptoms. The five most typical symptoms seen in the study were raised liver enzyme levels, malaise (an overall feeling of unwellness) or fatigue, sore throat, rash, and swollen lymph nodes (glands). In other studies the top five symptoms have been weight loss, headache, muscle and joint pain, and low blood platelet count.

The study defined an “atypical” early HIV infection as: being asymptomatic; having an AIDS-defining opportunistic infection; having symptoms that are not considered typical; or developing other indications, such as abnormal lab results. Those who experienced any of these criteria were

considered “atypical” in this study, even if they also had other symptoms considered typical.

A total of 202 (70 percent) of the participants experienced typical symptoms while 74 (25 percent) had atypical ones. Fourteen (5 percent) people, divided evenly between the acute and recent groups, did not have any symptoms of recent HIV infection. However, this should not be taken to mean that such a low proportion of the general population experiences no symptoms when seroconverting. This study was conducted among people who had symptoms suggesting HIV, thus skewing the sample. Perhaps 2 to 15 percent of the population will likely experience no symptoms in the period immediately following HIV infection.

A total of 241 (83 percent) were classified as acute, and 69 of that group (28.5 percent) as atypical. Seventeen percent of the participants were classified as recent, with 40 percent of that group considered atypical.

Forty-three percent of those with atypical symptoms were hospitalized, compared with 11 percent of those with typical symptoms.

The most common atypical illnesses involved the gut or central nervous system. Others involved the eyes, lungs, kidneys, genitals and skin.

Twenty-three percent of all the atypical participants had AIDS-defining conditions, most commonly thrush. For the most part, the other AIDS-defining illnesses were gut or liver infections or cytomegalovirus.

Some of the participants were seriously ill, although no one died.

Among those with atypical symptoms, 38 participants were correctly diagnosed with acute HIV. Others were diagnosed with viral conditions such as mononucleosis, bacterial infections like streptococcus, and syphilis.

An initial misdiagnosis did not appear to delay an eventual HIV diagnosis. Those with typical symptoms were diagnosed with HIV an average of 29 days after they first came into care, and those with atypical symptoms were diagnosed 32 days after presenting to care.

There are almost no symptoms among those developed by people in the study that do not occur as often, or nearly so, among HIV-negative people.

Nearly all the symptoms observed in study participants are also common among people who wind up testing HIV negative, and with the same frequency.

To read the study abstract, click here.

To read the aidsmap article, click here.

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