Introduction

- Two months after arrival in the United Kingdom (UK), a 52 year old black African health worker was referred to the HIV clinic by his GP.
- He required a prescription for tenofovir, lamivudine and efavirenz.
- He described feeling intoxicated, bad dreams and dizziness.
- He reported two missed doses in the previous three months, was switched to Atripla and baseline monitoring was performed.
- Our plan was to review his results and to consider a switch from efavirenz based antiretroviral therapy (ART).

British HIV Association guidelines for the routine investigation and monitoring of adult HIV-1-positive individuals

4.3.3 Investigations

4.3.3.1 Confirmation of HIV status

Recommendations

- We recommend confirming HIV-positive serology. Confirm positive serology and distinguish between HIV-1 and HIV-2 infections.
- We recommend that new transfers should have written confirmation that HIV-2 infection has been excluded; otherwise another typing assay needs to be performed.

- The microbiology laboratory contacted the clinic when all HIV tests using two different fourth generation platforms showed HIV antibody/antigen (Ab/Ag) not detected.
- The patient returned to clinic for repeat sampling including testing for HIV proviral DNA.
- A third generation point of care test (POCT) showed HIV Ab not detected.

- We emailed his HIV physician in Africa who checked the patient record.
- This showed baseline haematology, biochemistry and hepatitis B results with no record of an HIV test or of ART initiation.

- Prior to marriage in 2001 he and his wife-to-be had HIV negative tests. In 2012 he and his wife attended a clinic where same-day-testing on venous samples resulted in both being diagnosed HIV positive.
- He reported that he did not have a confirmatory HIV test. He described no other sexual risks and had never had an occupational risk working in healthcare in Africa. The couple started ART shortly after diagnosis.

Discussion

- After four years living as if with HIV the patient is adjusting to the news that he is HIV negative and that he has been taking unnecessary ART with side effects that have affected his quality of life.
- His wife is waiting to travel outside her country of residence for HIV testing in a setting where she will trust the result.

Recommendations

This case reinforces the importance of confirming HIV-positive serology as recommended by BHIVA monitoring guidelines.