

Acquired Immunodeficiency Syndrome (AIDS) Human Immunodeficiency Virus (HIV) Infection

(Last revised August 8, 2011)

I. Identification

A. Clinical Description:

Acquired immunodeficiency syndrome (AIDS) is a severe, life-threatening condition that was first recognized as a distinct syndrome in 1981. AIDS represents the late stage of infection with the human immunodeficiency virus (HIV), most often resulting in progressive deterioration of the immune system and development of opportunistic diseases and/or malignancies. Acute HIV infection occurs during seroconversion (prior to detectable antibody) and results in nonspecific symptoms (fever, malaise, lymphadenopathy and skin rash) in 50% - 80% of acutely infected persons. Acute infection can be detected through assays other than antibody tests. During acute infection, individuals are highly contagious because the concentration of virus in plasma and genital secretions is extremely elevated. Most people infected with HIV develop detectable antibodies within 1-3 months after infection but may remain free of signs or symptoms for several months to years. The severity of HIV-related illness is, in general, directly related to the degree of immune dysfunction.

Over time, the Centers for Disease Control and Prevention (CDC) has revised the case definitions for HIV infection and AIDS. In December 2008, CDC revised the surveillance case definition for HIV infection among adults, adolescents, and children aged less than 18 months and for HIV infection and AIDS among children aged 18 months to less than 13 years. For adults and adolescents (i.e., persons aged \geq 13 years), case surveillance definitions for HIV infection and AIDS were revised and combined into a single case definition for HIV infection. Included in the revised criteria for the case definition of HIV infection (in adults, adolescents, and children aged 18 months to less than 13 years) is a requirement for laboratory-confirmed evidence of HIV infection.

No vaccine exists for HIV infection, but considerable progress has been made in the development of antiretroviral therapies that slow viral progression and substantially reduce the amount of virus in an infected person, resulting in decreased morbidity and mortality.

B. Reporting Criteria:

Reporting Positive HIV Test Results

Wisconsin Statute 252.15(7) requires that all positive HIV tests be reported to the State Epidemiologist.

Positive HIV test results that are to be reported include:

- Western blot confirmed positive results of HIV screening tests (HIV enzyme immunoassay [EIA], HIV antigen/antibody tests, and FDA-approved HIV rapid [point-of-care] tests),
- positive molecular amplification tests for the detection of HIV nucleic acids, and
- positive HIV viral cultures.

Case reports are submitted on [DPH Form F-44338 \(Wisconsin HIV Confidential Case Report\)](#) and should be sent directly to the state epidemiologist.

Reporting Confirmed and Suspect AIDS Cases

Wisconsin Statute 252.05 and Wisconsin Administrative Code: Chapter HFS 145 require that confirmed or suspect cases of AIDS be reported to the State Epidemiologist.

AIDS case reports are submitted on [DPH Form F-44264](#) (AIDS case report) should be submitted directly to the state epidemiologist and not to the local health department.

DPH forwards AIDS and HIV case reports to the appropriate local health agency for HIV Partner Services and sends non-identifying case information to the CDC.

Reporting HIV viral load tests and CD4+ T-lymphocyte counts

For persons who have been diagnosed with or who are suspected of having HIV infection, results of the following HIV-related laboratory tests are reportable to the Wisconsin AIDS/HIV Surveillance Program:

- Results of all HIV viral load tests (including undetectable, detected and specific values)
- Results of all CD4+ T-lymphocyte counts (counts and percentages)

C. Case Definition:

See the following CDC case definitions and guidelines:

CDC. Revised Surveillance Case Definitions for HIV Infection Among Adults, Adolescents, and Children Aged <18 Months and for HIV Infection and AIDS Among Children Aged 18 Months to <13 Years – United States, 2008. MMWR 2008;57 (RR10).

CDC. CDC guidelines for national human immunodeficiency virus case surveillance, including monitoring for human immunodeficiency virus infection and acquired immunodeficiency syndrome. MMWR 1999;48(No. RR-13)

D. Laboratory and Clinical Criteria for Diagnosis:

For HIV diagnosis:

- HIV: Western blot confirmed (positive/reactive) HIV screening test (HIV enzyme immunoassay [EIA], HIV antigen/antibody tests, and FDA-approved HIV rapid [point-of-care] tests) **OR**
- positive molecular amplification tests for the detection of HIV nucleic acids, **OR**
- positive HIV viral culture

For AIDS diagnosis:

- laboratory confirmed evidence of HIV infection, **AND**
- CD4+ T-lymphocyte count: a CD4+ T-lymphocyte count of <200/ m L or <14 percent or an AIDS-defining condition (for AIDS-defining condition see

<http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5710a2.htm>)

OR

- identification of an AIDS-defining clinical condition, along with laboratory confirmation of HIV infection

Confidentiality

Wisconsin Statute [252.15\(3m\)](#), [252.15\(5g\)](#), [252.15\(5j\)](#), and [252.15\(5m\)](#) specify who and under what circumstances a person may know an individual's HIV test result. Negligent or willful disclosure of an HIV test result to a person not authorized under Wisconsin Statute 252.15 may result in civil and/or criminal penalties. Persons to whom identifying HIV information is disclosed are bound by the same confidentiality restrictions as the person or agency originally disclosing the information.

Personally identifiable information stored in the surveillance system is collected with a guarantee that it will be held in confidence, will be used only for the purposes stated in the assurance on file at the local health department, and will not otherwise be disclosed or released without the consent of the individual in accordance with Section 308(d) of the Public Health Service Act (42 USC 242m).

II. Actions Required / Prevention Measures

- **Wisconsin Disease Surveillance Category III:** Report to the state epidemiologist by individual case report form or other means within 72 hours of the identification of a case or suspected case.
- **Epidemiology Reports Requested:**
AIDS: AIDS Case Report ([F-44264](#))
HIV: HIV Infection Case Report ([F-44338](#))

III. Contacts for Consultation

- **BCDER / Communicable Diseases / AIDS Program:** 608-267-5287
- **Regional Staff:** Wisconsin Regional Offices
- **Wisconsin State Laboratory of Hygiene:** 608-262-2302
- **Other Contacts:**
 - Wisconsin AIDS/HIV Program
www.dhs.wisconsin.gov/aids-hiv
608-266-5287
 - Wisconsin HIV/STD/Hepatitis C Information and Referral Center
www.irc-wisconsin.org/
800-334-2437
 - CDC-INFO (Information about HIV/AIDS, Viral Hepatitis, STDs, TB, or testing sites)
1-800-232-4636
TTY: 1-888-232-6348

- National Prevention Information Network (NPIN)
www.cdcpin.org/scripts/index.asp
800-458-5231
- National HIV/AIDS Clinicians Consultation Center
www.nccc.ucsf.edu/home
Warmline: 800-933-3413
PEpline: 888-448-4911
Perinatal HIV Hotline: 888-448-8765
- Local Health Departments
www.dhs.wisconsin.gov/localhealth/
- Local Chapter of American Red Cross
www.redcross.org/where
- Local hospital infection control professional/infection preventionist
Contact your local hospital
- AIDS service organizations (ASOs) provide HIV prevention services to high risk populations and direct assistance or referral to care and support services for persons living with HIV. The following table includes location and contact information for regional ASO offices in Wisconsin.

Wisconsin AIDS Service Organization Offices		
Northern Region		
AIDS Resource Center of Wisconsin	1105 Grand Avenue Suite 1 Schofield WI 54476	715.355.6867 800.551.3311 fax 715.355.0640
Northeastern Region		
AIDS Resource Center of Wisconsin	445 South Adams Street Green Bay WI 54301	920.437.7400 800.675.9400 fax 920.437.1040
AIDS Resource Center of Wisconsin	103 Washington Street Appleton WI 54911	920.733.2068 800.773.2068
Western Region		
AIDS Resource Center of Wisconsin	505 Dewey Street South Suite 107 Eau Claire WI 54701	715.836.7710 800.750.2437 fax 715.836.9844
AIDS Resource Center of Wisconsin	2519 South Ave La Crosse WI 54601	608.785.9866 800.947.3353 fax 608.784.6661
AIDS Resource Center of Wisconsin	1507 Tower Avenue Suite 230 Superior WI 54880	715.394.4009 877.242.0282 fax 715.394.4066
Southern Region		
AIDS Network	600 Williamson Street Suite H Madison WI 53703	608.252.6540 TTY 608.441.3542

		fax 608.252.6559
AIDS Network	136 W Grand Avenue Suite 280 Beloit WI 53511	608.364.4027
AIDS Network	101 E Milwaukee Street Suite 409 Janesville WI 53545	608.756.2550
AIDS Resource Center of Wisconsin	121 South Pinckney Street Suite 210 Madison WI 53701	608.258.9103 800.518.9910 fax 608.258.9136
Southeastern Region		
AIDS Resource Center of Wisconsin	820 Plankinton Ave Milwaukee WI 53203	414.273.1991 800.359.9272 fax 414.273.2357
AIDS Resource Center of Wisconsin	1212 57 th Street Kenosha WI 53140	262.657.6644 800.924.6601 fax 262.657.6949

C. Public Health Intervention

Health education

Health education programs should reach individuals at high risk for HIV infection and the general population and should emphasize ways to lower the risk of transmitting HIV through sexual intercourse and injection drug use. Health education programs must be developmentally and culturally tailored to the needs of target populations. For resources regarding HIV-related prevention education, both general information and topics specific to subpopulations, view the website of the Center for AIDS Prevention Studies (CAPS) at the University of California San Francisco – www.caps.ucsf.edu/resources/fact-sheets.

Limiting sexual transmission of HIV

The only sure way to avoid HIV infection through sex is to abstain from sexual intercourse or to engage in mutually monogamous sexual intercourse where both partners are known to be uninfected. In other situations, latex condoms need to be used correctly every time a person has vaginal, anal, or oral sex. Correct and consistent use of latex condoms with water based lubricants can reduce the risk of sexual transmission of HIV. (See the condom fact sheet from the CDC website -- www.cdc.gov/condomeffectiveness/brief.html.)

Limiting transmission of HIV through injection drug activity

Injection drug users should have access to drug treatment and needle exchange programs as well as risk reduction education on safer needle use. Information on needle exchange programs in Wisconsin can be accessed through the Wisconsin HIV, STD, Hepatitis Information and Referral Center by calling 800-334-2437 or by visiting the Center's website at www.irc-wisconsin.org.

Routine HIV counseling and voluntary testing

HIV counseling and voluntary testing and referrals to medical services should be offered routinely in sexually transmitted disease, tuberculosis and drug treatment clinics; in clinics offering prenatal care or family planning services; in facilities offering services to gay men; and in communities where HIV seroprevalence is high. The CDC recommends that, in health care settings, screening for HIV infection should be performed routinely for all patients aged

13--64 years unless the prevalence of undiagnosed HIV infection in the health care setting has been documented to be <0.1%. All pregnant women should be encouraged to undergo voluntary HIV testing as a routine part of prenatal care and all pregnant women found to be infected with HIV should be offered antiretroviral therapy consistent with current national guidelines. Current recommendations for screening of HIV infection in health care settings are available from the CDC website at www.cdc.gov/hiv/topics/testing/healthcare.

Preventing Occupational Exposure to HIV

Care should be taken in handling, using and disposing of needles and other sharp instruments. (The Bloodborne Pathogen Standard of the Occupational Health and Safety Administration and the federal Needlestick Safety and Prevention Act mandate the use of safe needle devices in public and private settings.) Persons sustaining occupational significant exposures to blood, body fluids visibly contaminated with blood, and body fluids considered potentially infectious for HIV (semen and vaginal secretions) should receive immediate medical attention and receive follow-up care consistent with current CDC recommendations for managing occupational exposures. Persons sustaining nonoccupational exposures (e.g. sexual, needlestick, etc.) should receive prompt medical evaluation in agreement with recommendations from the U.S. Department of Health and Human Services. These recommendations are available on the web at www.cdc.gov/mmwr/preview/mmwrhtml/rr5402a1.htm.

HIV Partner Services

All persons identified with HIV infection should be offered HIV Partner Services (PS), formerly known as Partner Counseling and Referral Services (PCRS), that include targeted risk reduction education, referral for medical care and support services, and assistance with notifying and referring sexual and needle-sharing partners for additional services. For additional information regarding HIV PS in Wisconsin, contact the Wisconsin HIV PS Coordinator at 608-267-5288 or visit the [website of the Wisconsin AIDS/HIV Program](http://www.dhs.wisconsin.gov/aids-hiv/Resources/Overviews/AIDS_HIVPartnerServices.htm) at www.dhs.wisconsin.gov/aids-hiv/Resources/Overviews/AIDS_HIVPartnerServices.htm.

IV. Related References

1. Heymann DL, ed. ACQUIRED IMMUNODEFICIENCY SYNDROME. In: *Control of Communicable Diseases Manual*. 19th ed. Washington, DC: American Public Health Association, 2008: 1-9.
2. For additional information resources, visit the websites of the Wisconsin AIDS/HIV Program (www.dhs.wisconsin.gov/aids-hiv) and the Wisconsin Hepatitis C Program (www.dhs.wisconsin.gov/communicable/hepatitis).

V. Disease Trends

Complete reports and analyses of HIV case reporting in Wisconsin are located on the DHS website at: www.dhs.wisconsin.gov/aids-hiv/Stats/index.htm.