

A new diagnosis of advanced HIV in an African female draws attention to missed opportunities for HIV screening

Joanne V Peel¹, James H McMahon^{1, 2, 3}

- 1 Department of Infectious Diseases, The Alfred Hospital, Melbourne, Victoria, Australia
- 2 Central Clinical School, Monash University, Melbourne, Victoria, Australia
- 3 Department of Infectious Diseases, Monash Medical Centre, Melbourne, Victoria, Australia

Case:

A new diagnosis of advanced HIV in a 24-year-old female from Sub-Saharan Africa demonstrated several missed opportunities for HIV screening. The patient immigrated to Australia on a humanitarian visa in 2012. Over two years, from 2020 to 2022, the patient presented with multiple medical and surgical issues including incision and drainage of recurrent axillary abscesses, unexplained microcytic anaemia requiring extensive investigation and lack of a serological response to hepatitis B vaccination. Despite multiple encounters with healthcare services, no HIV testing was performed. Subsequently, the patient visited her GP with a pruritic rash in February 2022. A HIV test performed was positive, with a fully evolved western blot. Further testing revealed a HIV viral load of 275,000 copies/ml and a CD4 count of 186 (13%) cells/ μ L. The patient was commenced on anti-retroviral therapy (ART) with bictegravir, tenofovir alafenamide and emtricitabine with a good response. A repeat viral load three weeks after ART initiation was 265 copies/ml and the rash had resolved. The patient was studying nursing at time of diagnosis, uncertainty regarding her ability to pursue her chosen career created significant additional anxiety surrounding her diagnosis.

Significance:

This case demonstrates several missed opportunities for HIV testing despite strong epidemiological risk factors for HIV, medical indications for HIV testing and multiple encounters with primary and tertiary metropolitan healthcare services. Women living with HIV in Australia are a minority population and consistently present with lower CD4 counts at diagnosis than their male counterparts. Delayed testing and diagnosis of HIV in this case may affect her long-term prognosis. Increased education regarding HIV indicator conditions among clinicians is needed. Additional barriers to HIV testing in this case include telehealth in the COVID-19 pandemic. This case explores workplace legislation and management issues for people living with HIV in 2022, including the logistical and psychological challenges they face.

Declaration

Authors declare no conflicts of interest.