

**Surveillance Case Definition for Acute HIV among Adults and Adolescents**  
**HIV Epidemiology and Field Service Program**  
**New York City (NYC) Department of Health and Mental Hygiene (DOHMH)**

Persons aged 13 years or older, who meet the 2008 CDC surveillance case definition for HIV infection among adults and adolescents (*I*), who have not been reported previously to the NYC DOHMH as a case of HIV infection or AIDS,

**AND**

I- Have a provider-documented diagnosis of “acute HIV” or “primary HIV” in their medical record. This documentation should be based upon symptoms present at intake and/or HIV test history at the time of HIV diagnosis that is consistent with acute HIV.

**OR**

II- A spectrum of clinical laboratory results consistent with acute HIV. These include:

EITHER

A-1) A negative Western blot (WB), indeterminate WB, or negative or nonreactive screening test for HIV antibody (e.g., enzyme immunoassay [EIA] or Rapid test)

AND

A-2) A detectable HIV viral load (VL) measured from a specimen drawn within one month of the specimen that provided the results listed in “A-1” A detectable VL includes reactive pooled nucleic acid amplification test [NAAT] screening confirmed by follow-up testing. The quantitative viral load value should be >5,000 copies/mL.

OR

B) Serial (within three months) HIV antibody tests consistent with a recent HIV infection. These tests must be done on the same patient, with specimen collection dates that occur within a span of three months’ time. Examples of this type of testing pattern include:

- i) an indeterminate WB followed by a positive WB
- ii) a negative WB followed by a positive WB
- iii) a negative screening test for HIV antibody (e.g., EIA) followed by a positive WB

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