

Module 2

Natural history and clinical aspects

HIV basic knowledge and stigma reduction in health care settings

Module goals

Module 2: Natural history and clinical aspects

Module 1

Participants will be able to:

- offer an insight into the epidemiological situation in the country and worldwide
- present the HIV transmission modes and the broad approaches to prevention
- implement post-exposure prophylaxis for HIV in the health care environment.

Module 2

Participants will be able to:

- describe the natural history of the HIV infection
- expose the main circumstances in which the HIV infection is discovered
- describe some of the clinical manifestations of the HIV/AIDS infection.

Module 3

Participants will be able to:

- name the techniques used for the biological diagnosis of the HIV infection
- argue the need to comply with ethical and confidentiality imperatives in the health care environment
- name the interventions to reduce HIV stigma and discrimination in health care settings.

Module 4

Participants will be able to:

- inform a PLHIV about how care is organized in the country
- inform a PLHIV about the principles of care
- inform parents about the care available for a newborn baby, infant or child infected by HIV
- argue the need for optimal adherence to antiretroviral therapy.

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Early manifestations of HIV infection

Primary infection

- HIV infection is rarely suspected at this stage
- Often, there are no symptoms
- When there are symptoms, they are not specific to HIV:
 - Fever and/or influenza-like syndrome
 - Rash, etc

Physical symptoms

- Asthenia
- Prolonged or relapsing fever
- Night sweating
- Weight loss

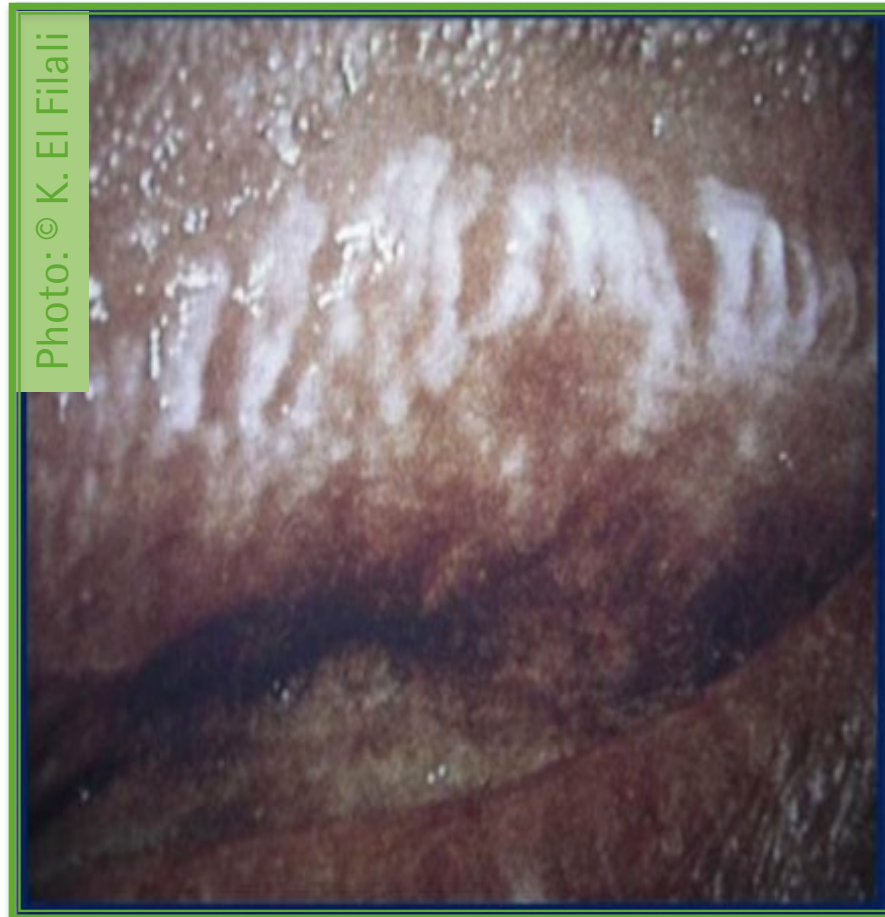
Mucocutaneous manifestations

Oropharyngeal candidiasis



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Hairy leukoplakia



Herpes zoster



Prurigo



Seborrhoeic dermatitis



Digestive manifestations

- Chronic diarrhoea: related to a banal or opportunistic intestinal parasitosis
- Relapsing florid oropharyngeal candidiasis

Respiratory manifestations Tuberculosis



Conclusion

- Early manifestations are the circumstances in which HIV infection is discovered
- Health care personnel must be trained to recognize early manifestations of HIV infection
- Early diagnosis enables:
 - Early care
 - Better immune restoration
 - Reduced transmission

**Main clinical
manifestations of HIV
infection**

Brainstorming

- Have you already had the opportunity to take care of an HIV patient?
- If so, describe the symptoms and signs you observed
- In your opinion, are these early manifestations of an HIV infection?

Brainstorming

- Can you name the respiratory symptoms observed during the HIV infection?
- Can the patient die as a result of these symptoms?

Brainstorming

- If you are examining a febrile, moderately dyspneic patient who coughs and expectorates whitish sputum, what possible causes would you consider?

The most frequent respiratory impairments

In practice

- Bacterial pneumonia
- Tuberculosis
- Pneumocystosis

Tuberculosis

- In cases of moderate immunodeficiency, similar symptoms to an immunocompetent subject
- In cases of deep immunodeficiency
 - Frequency of extensive and serious forms
 - Emergence of resistant BK
 - Secondary effects of antituberculosis drugs
- Diagnosis
 - BK ++
 - Thorax X-ray: often normal



Pneumocystosis during AIDS

Epidemiology

- The germ: currently classified among fungi *Pneumocystis jirovecii*
- Source of contamination: patients and carriers of *Pneumocystis*
- Aerial transmission

Clinical presentation

- Pulmonary pneumocystosis
 - Start (CD4 < 200 cells /mm³)
 - Progressive
 - Dry cough with dyspnea and fever
 - Evolution towards acute respiratory failure
- Disseminated extrapulmonary forms: ganglionic, medullar, etc.

Prophylaxis and treatment

- Primary and secondary prophylaxis: co-trimoxazole
- Curative treatment
 - Co-trimoxazole
 - Oxygenation in serious forms

Brainstorming

- If you are examining a patient infected with HIV who presents a motor deficiency of monoplegia or hemiplegia type accompanied by fever, what possible causes would you consider?

The most frequent focalized neurological impairments

In practice

- Cerebral toxoplasmosis
- Cerebral tuberculoma
- Pyogenic cerebral abscess

Cerebral toxoplasmosis

- Inaugural manifestation of AIDS in 11% of cases
- Symptomatology
 - Persistent headache
 - Signs of localization: hemiparesia ...
 - Fever: 38 ° C – 38.5 ° C
 - Consciousness disorders
 - Partial or general convulsive crisis

Diagnostic arguments

- Imaging (CT, RMI)

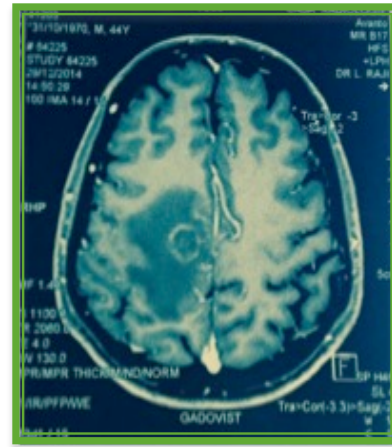
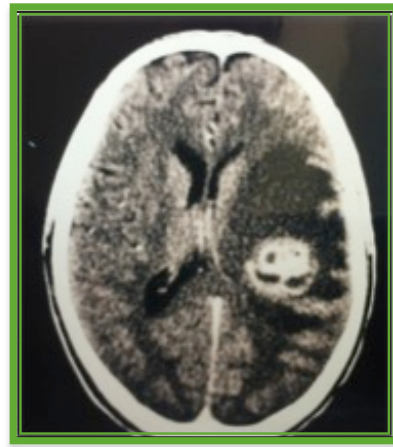


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- Trial treatment
 - Major diagnosis argument if response is positive within 14 days
- Toxoplasmosis serology

Cryptococcosis

- Start:
 - Gradual, insidious
 - Persistent headache
 - Moderate fever
- Followed by: vertigo, mood disorder, motor and sensory deficit
- Lumbar puncture (India ink stain)
 - *Cryptococcus neoformans*
- Cryptococcosis antigen test: cerebrospinal fluid, blood, urine...

HIV encephalitis

- In patients either untreated or whose therapy has failed
- Clinical
 - Attention and concentration disorders
 - Memory disorders
 - Depression
 - In an evolved phase: dementia
- Diagnosis
 - Cerebral MRI
 - Elimination diagnosis