

HIV follow-up: Viral load

Preliminary remarks

Viral load determinations (VL) can only be performed in the context of the follow-up of patients infected with HIV-1 and/or HIV-2 confirmed by one of the Belgian AIDS reference laboratories (ARL).

It is preferable that all determinations for one patient are performed in the same ARL, in order to minimize the variability due to the used method.

The ordering physician has to be in charge of the long term follow-up of the patient, preferably in the setting of an AIDS reference center (ARC) or in collaboration with such a centre. Note that antiretroviral therapy may only be prescribed after authorization by the advisory physician on basis of a complete clinical report by a specialist in internal medicine or a pediatrician.

- In patients who are not treated with antiretroviral therapy, the viral load should be determined 2 to 4 times/year.
- In patients treated with antiretroviral therapy, the viral load should be determined one month after treatment initiation and thereafter 2 -4 times/year.

Practical rules

From a practical point of view, the ARL will apply the following rules:

VL for respectively HIV-1 and/or HIV-2 will only be performed for patients with a confirmed HIV-1 and/or HIV-2 infection or in children less than 15 months old born from an infected mother. If the patient is not known in the performing ARL, a copy of the results from the first ARL should be provided or the laboratory will first check the infection status of the patient by serology (or for children less than 15 months: see "HIV diagnosis in newborns and babies").

The viral load will be performed with a minimum interval of 3 months between two determinations, except in the following circumstances, to be clearly mentioned on the ordering request:

- At initiation or modification of antiretroviral therapy, the viral load will be repeated just before (only if the last result is more than one month old), up to one month after and up to 3 months after.
- After an unexpected increase of the viral load in a patient with stable or undetectable viral load, a new viral load will be performed as soon as possible after checking for compliance problems.
- In pregnant women, the VL can be performed at shorter intervals, depending on the virological response to treatment.
- In children less than 15 months old born to HIV seropositive mothers, see page 'Children'.

Notes

1. VL can be determined in other, exceptional circumstances after permission of the director of the laboratory. Please contact the ARL.
2. Some HIV subtypes are less efficiently detected. Please contact the ARL if discrepant results are observed (in particular low VL in a patient with low CD4 numbers and clinical progression).
3. VL should not be performed within 2 to 4 weeks after acute infectious episodes, as for example bacterial pneumonia, Pneumocystis pneumonia or after vaccination, as the VL can be temporarily increased.

Updated May 2017