



Rapee Trichavaroj¹, Supanit Pattanachaiwit², Sasiwimol Ubolyam³, Panadda Sawangsinth⁴, Jintana Intasan⁴, Eugene Kroon⁴, Donn J. Colby⁴, Robert J. O'Connell¹, Sandhya Vasani^{1,5}, Praphan Phanuphak², Nittaya Phanuphak², Jintanat Ananworanich^{4,5,6}, Mark S. de Souza⁴, Siriwat Akapirat¹, on behalf of The SEARCH019/RV409 & SEARCH022/RV411 Study Groups

¹Armed Forces Research Institute of Medical Sciences, Bangkok, Thailand; ²The Thai Red Cross AIDS Research Centre, Bangkok, Thailand; ³The HIV Netherlands Australia Thailand Research Collaboration, The Thai Red Cross AIDS Research Centre, Bangkok, Thailand; ⁴SEARCH, The Thai Red Cross AIDS Research Centre, Bangkok, Thailand; ⁵US Military HIV Research Program, Walter Reed Army Institute of Research, Silver Spring, MD, USA; ⁶Henry M. Jackson Foundation for the Advancement of Military Medicine, Bethesda, MD, USA



ABSTRACT

Antiretroviral therapy (ART) initiated during acute HIV infection (AHI) may result in HIV seronegativity. Little is known about the serologic profile following ART treatment interruption (ATI) in such individuals. Knowledge gained could inform recommendations for HIV diagnostic testing following pre- and post-exposure prophylaxis.

Participants initiating ART and virally suppressed during Fiebig (F)-I or F-III stage of AHI were enrolled in two ATI studies and resumed ART with VL > 1000 copies/ml (median duration of ATI was 4.5 weeks). HIV serostatus was determined pre- (median [range]:122.6 wks [5.0-285.1]) and post-ATI; median:5.3 wks [0.4-53.9]), using Avioq HIV Microelisa (AVQ, 2ndG IA), Genscreen HIV-1/2 (GSC, 3rdG IA), Architect HIV Ag/Ab Combo (ARC, 4thG IA), Determine HIV-1/2 (DET, RDT), SD Bioline HIV-1/2 3.0 (BIO, RDT) and Serodia HIV (SRD, RDT), all of which are widely used in Thailand: ARC 35%, DET 62%, BIO 32% and SRD 14% of laboratories (N=264) surveyed.

Participants (N=8) initiating ART during F-I AHI were frequently HIV seronegative pre-ATI by AVQ (88%), followed by ARC, BIO, DET (75%), and GSC and SRD (38%). The frequency of seropositivity following ATI varied for participants (75%-88%) depending on the test (Table 1). One participant was HIV seronegative throughout the study by ARC only while another showed non-reactivity to all tests throughout the study. Eighty % of participants initiating ART during F-III AHI (N=5) were HIV seronegative pre-ATI by BIO and 40% by ARC, AVQ and DET. All participants were seropositive pre-ATI by GSC and SRD. All participants were seropositive post ATI for all tests. Pre-ATI HIV seronegative frequencies ranged from 23%-69% for kits using viral lysate (AVQ, SRD), and 23-77% for kit using Env and Gag (GSC, BIO) as capture AG. Increased HIV seronegative frequencies (62%) pre-ATI were observed with test kits employing HIV Env (gp41) as the detecting AG (ARC, DET). Similar HIV seropositive frequencies following ATI were detected with all tests (85%-92%).

HIV serology may remain negative following early ART initiation, particularly in Fiebig I, with frequencies differing by tests. However, the majority of participants who underwent short ATI became HIV seropositive on almost all tests.

Table 1: Frequency of HIV Seropositivity

Test	Fiebig I - %Reactivity		Fiebig III - %Reactivity	
	Pre-ATI	Post-ATI	Pre-ATI	Post-ATI
ARC	25	75	60	100
GSC	62	88	100	100
AVQ	12	75	60	100
DET	25	88	60	100
BIO	25	75	20	100
SRD	62	88	100	100

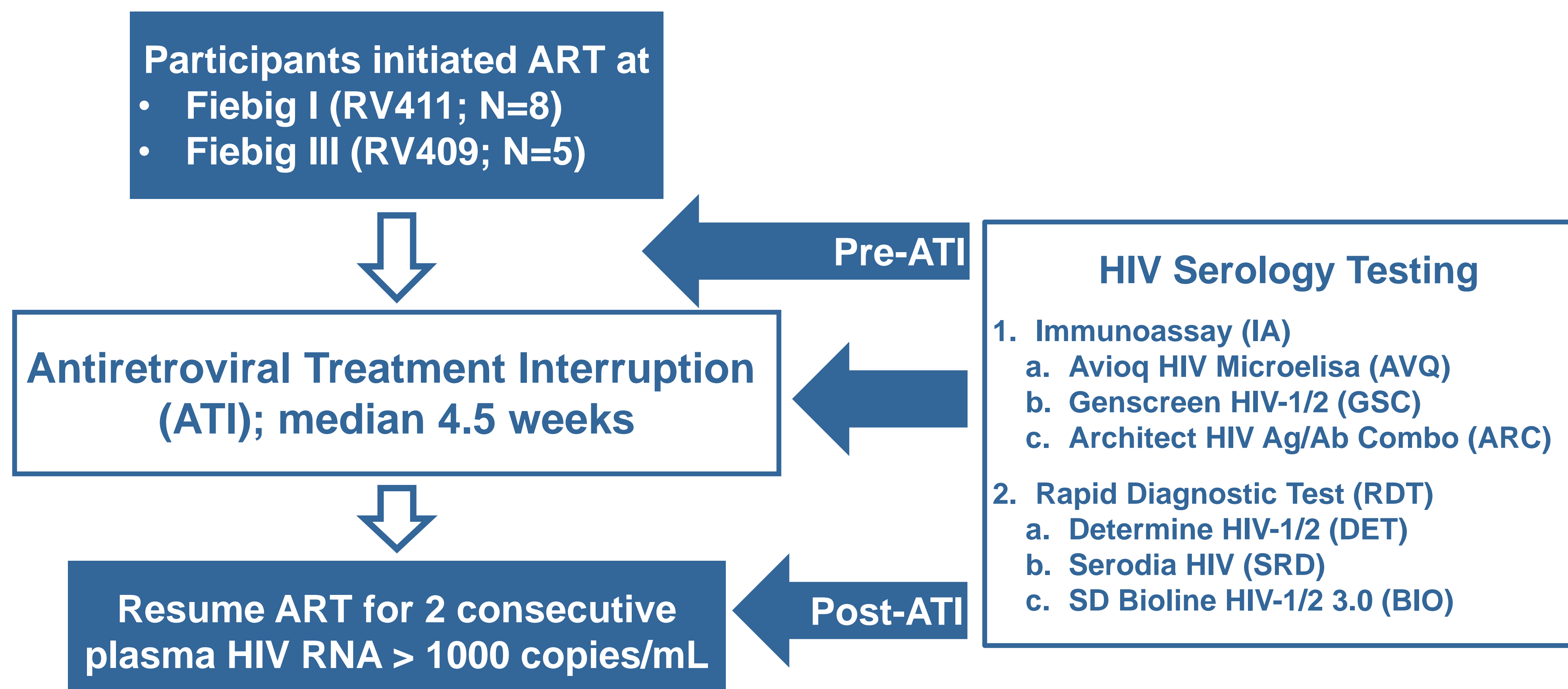
CONCLUSION

- HIV seroconversion was observed following ATI using both IA and RDT in participants initiating ART during Fiebig I and Fiebig III AHI
- HIV seronegativity continued up to 6 months post ATI in Fiebig I (12%-25%) by both IA and RDT
- HIV seronegativity was associated with tests using only Env antigen for detecting HIV antibody
- ART initiation in the early stages of AHI impacts HIV serostatus measured by routine clinical assays

BACKGROUND

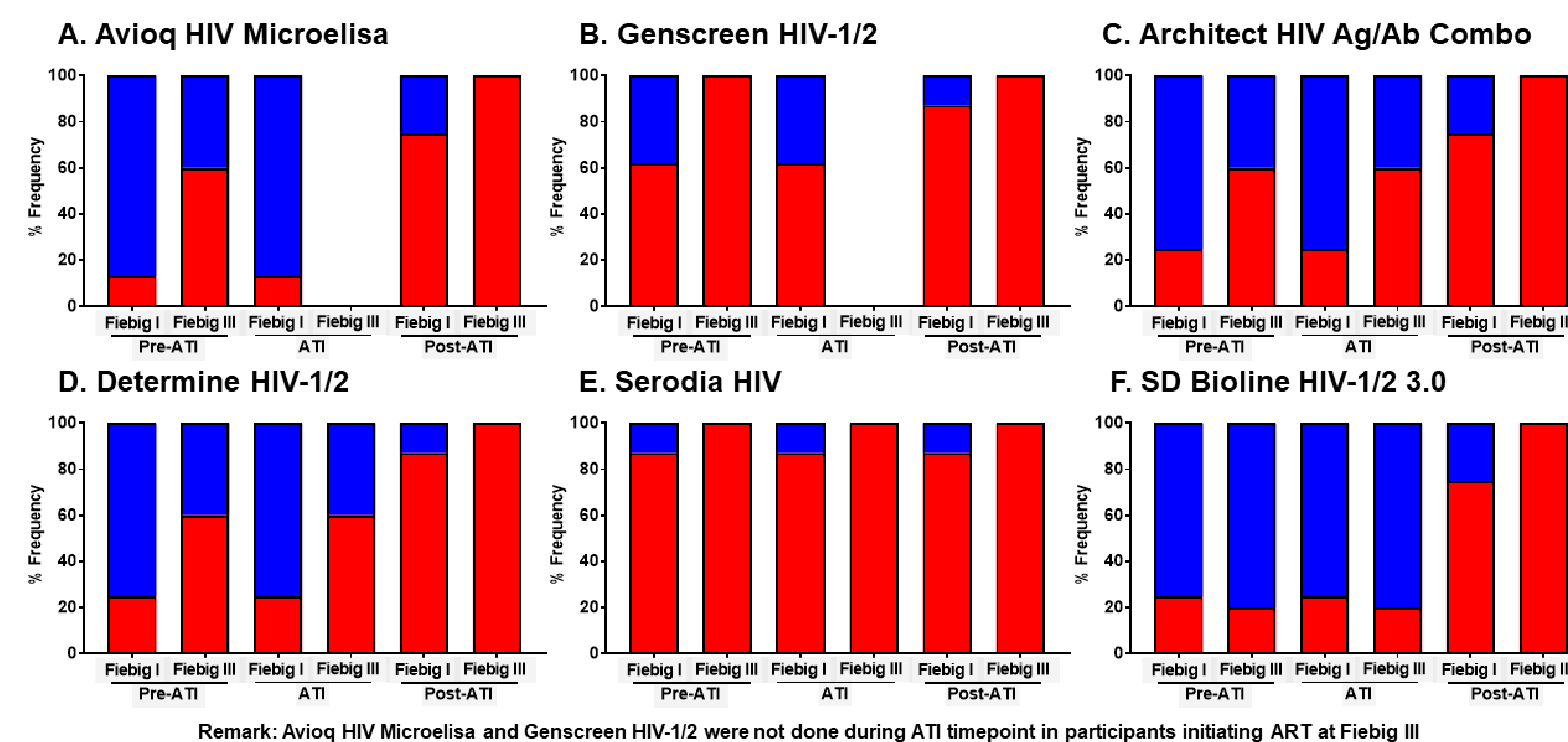
- Immediate initiation of anti-retroviral therapy (ART) during acute HIV infection (AHI) in RV254 participants results in incomplete HIV serology profiles, and in some instances, HIV seroreversion (*de Souza MS, et al. Clin Infect Dis 2016*).
- HIV antibody seroconversion and/or seroreversion on Immunoassays (IA) has been described in both pediatric and adult individuals who initiated ART during acute/early HIV infection (*Ananworanich J, et al. AIDS 2014; Hare CB, et al. Clin Infect Dis 2006; Kassutto S, et al. Clin Infect Dis 2005; Payne H, et al. The Lancet 2015*).

METHOD

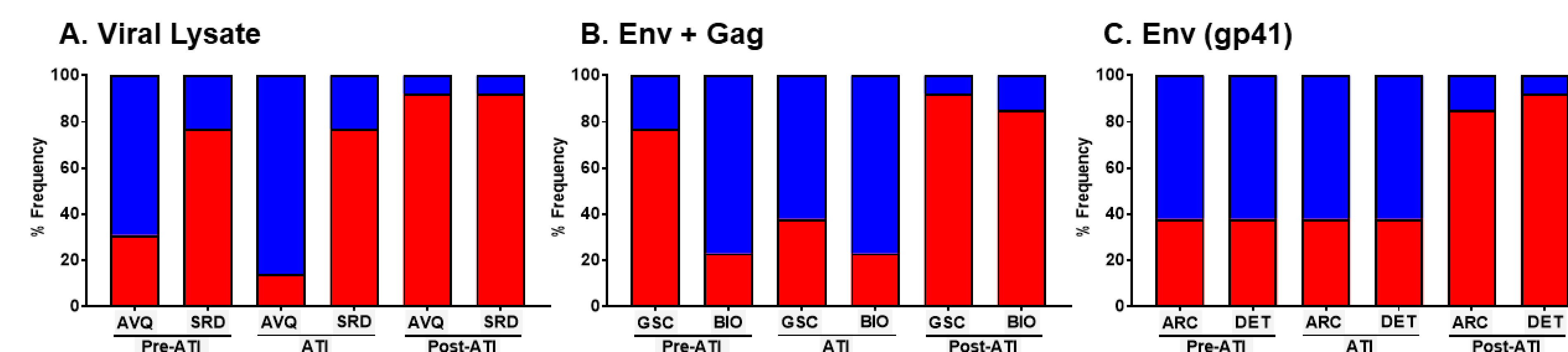


RESULTS

HIV seronegative frequencies following ART initiation in acute HIV infection (AHI) varied depending on the test type



Test kits employing different HIV antigens show different frequencies of seroreactivity pre- and during ATI, but not post ART resumption



SEARCH019/RV409 & SEARCH022/RV411 Study Groups

SEARCH / TRCARC / HIVNAT

Praphan Phanuphak
Kiat Ruxrungham
Nittaya Phanuphak
Nitiya Chomchey
Keith Eubanks
Hua Yang
John Kapson
Kenneth Cooper
Mark S. de Souza
Eugene Kroon
Donn Colby
Nipat Teeratakulpisarn
Duanghathai Sutthichom
Somprarthana Rattanamanee
Peeriya Prueksakaew
Pacharin Eamyoung
Suwanna Puttamaswin
Somporn Tipsuk
Putthachard Karnsornlap
Khunthalee Benjapornpong
Siriporn Sangthong
Jintana Intasan
Tassanee Luekasemsuk
Sasiwimol Ubolyam
Apicha Mahanontharit
Umaporn Chobkarching
Panadda Sawangsinth
Suwanna Puttamaswin

USAMD-AFRIMS

Robert J. O'Connell
Kirsten Smith
Sandhya Vasani
Tanyaporn Wansom
Alexandra Schuetz
Nicos Karasavvas
Viseth Ngauy
Siriwat Akapirat
Rapee Trichavaroj
Pornchanok Panjapomsuk
Bhubate Tongchanakarn
Vatcharain Assawadarachai
Hathairat Savadsuk
Nantana Tantibul
Paramate Prommarate
Bessara Nuntapinit
Nampung Churikanont
Saowanit Getchalarat
Nongluck Sangnoi

MHRP

Nelson L. Michael
Merlin L. Robb
Jintanat Ananworanich
Trevor A. Crowell
Jean-Louis Excler
Leigh Anne Eller
Sodsai Tovanabutra

ACKNOWLEDGEMENT

These studies were supported in part by an Interagency Agreement Y1-AI-2642-12 between the United States Army Medical Research and Materiel Command (USAMRMC) and the National Institutes of Allergy and Infectious Diseases (NIAID), and a cooperative agreement (W81XWH-07-2-0067) between the Henry M. Jackson Foundation for the Advancement of Military Medicine and the U.S. Department of Defense (DOD).