

Uji Laboratorium yang Dianjurkan untuk Kasus Baru HIV Positif

Test	Comment
Complete blood count Electrolytes, blood urea nitrogen, creatinine, fasting blood sugar	Anemia may contraindicate use of zidovudine Abnormal renal function may contraindicate use of tenofovir or indicate need for adjustment of renally excreted nucleoside or nucleotide analogues; baseline presence of diabetes may contraindicate use of protease inhibitors, which can cause insulin resistance
Bilirubin, alkaline phosphatase, aspartate aminotransferase, alanine aminotransferase	Indinavir and atazanavir can elevate indirect bilirubin levels. Abnormal liver-enzyme levels may indicate need for further workup, may influence choice of antiretroviral agents, which carry risk of hepatotoxicity, or both
Creatine kinase	Elevated value may reflect, most commonly, exercise or underlying HIV myopathy; a baseline value is helpful, to monitor zidovudine therapy, which may cause drug-induced myopathy
Amylase, lipase	Baseline values may be helpful for making decisions regarding use of drugs (e.g., didanosine) that carry risk of pancreatitis.
Fasting lipid profile	Abnormal baseline values may indicate need for dietary therapy, drug therapy, or both, or possible avoidance of therapy with certain protease inhibitors
Serologic tests for syphilis (e.g., plasma reagin test)	Evidence of past or recent exposure requires treatment unless there is documentation of adequate course of treatment.
Serologic tests for hepatitis A, B, and C viruses	If negative, counseling to prevent acquisition of all three viruses and vaccination for hepatitis A and B viruses are indicated. If active infection with hepatitis B or C virus, or both, is present, decision should be made about specific treatment and its relation to antiretroviral therapy
Toxoplasmosis titer	If negative, counseling to prevent acquisition of <i>Toxoplasma gondii</i> (including avoidance of undercooked meat and of cat feces) is indicated. If positive, and CD4 cell count is <100 per mm ³ , primary prophylaxis is indicated. (patients with very advanced HIV infection may lose antibody to <i>T. gondii</i> .)
CMV titer	If negative, counseling is indicated to prevent acquisition of virus through intimate contact or blood transfusion. If blood products are needed, screening should be considered, to prevent CMV acquisition. Whether there is a routine need for this test is debatable, given the decreased incidence of CMV-associated disease with the use of potent antiretroviral therapy.
Cervical Papanicolaou smear	Important, given the prevalence of HPV infection and increased risk of cervical neoplasia.
Anal screening for HPV	No consensus recommendation exists, but consideration of Papanicolaou smear, HPV DNA test, or both, is reasonable, given associated risk of anal carcinoma.
Tuberculin skin test	If positive (induration ≥ 5 mm) and active tuberculosis is ruled out, isoniazid therapy for nine months should be considered.
Electrocardiography	Baseline tracing may be important, given potential for increased cardiovascular risk associated with antiretroviral therapy (especially some protease inhibitors). Atazanavir can prolong PR interval.
Chest radiography	Important to consider obtaining a baseline film, owing to numerous HIV-related complications that can manifest as pulmonary disease.

*Because of potential past exposure to pathogens that may reactivate with immunosuppression, additional baseline laboratory screening tests to consider in persons with newly diagnosed HIV infection may include titers for *Histoplasma capsulatum*, *Coccidioides immitis* and *Blastomyces dermatitidis*. If these tests are negative, counseling (e.g., regarding travel and recreation) to avoid acquisition should be considered. If positive, the awareness that risk increases as immunosuppression worsens may help in the management of HIV infection. In the United States, histoplasmosis is endemic in the Mississippi River Valley, Puerto Rico, and foci in other parts of the country; coccidioidomycosis is endemic in central California and the Southwest; and blastomycosis is endemic in the Southeast. Blastomycosis is relatively rare in patients with AIDS, so the role of testing for this infection is particularly uncertain. Stool examination for *Strongyloides stercoralis* also should be considered in patients with a history of travel to or residence in tropical or semitropical areas. If positive, treatment is indicated to avoid the potential for future development of hyperinfection syndrome with advanced immunosuppression. However, routine testing cannot be recommended on the basis of available data. CMV denotes cytomegalovirus, and HPV human papillomavirus. Data are from the Department of Health and Human Services and Aberg et al.

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