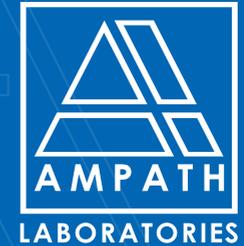


# Baseline investigations following HIV diagnosis



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Remember to do the following baseline investigations on all patients before initiating (or re-initiating) anti-retroviral therapy:

	HIV	OTHER	FUNGAL	TB	OTHER STI'S	BIOCHEMISTRY
TEST	HIV viral load	Hepatitis B virus (HBsAG)	Serum Cryptococcal Antigen (sCrAg)	Sputum TB GeneXpert	Syphilis serology	ALT
	CD4 count			Urine LAM	STD PCR ( <i>Chlamydia trachomatis</i> & <i>Neisseria gonorrhoea</i> )	Creatinine/ eGFR
COMMENT	<ul style="list-style-type: none"> <li>Part of HIV monitoring</li> <li>Baseline HIV viral load can also be used to confirm HIV infection</li> </ul>	<ul style="list-style-type: none"> <li>If positive, ART regimen must always include TDF (or TAF) + 3TC (or FTC)</li> </ul>	<ul style="list-style-type: none"> <li>Do sCrAg if CD4 &lt;200cells/uL</li> <li>If Positive, do lumbar puncture to exclude cryptococcal meningitis</li> </ul>	<p><u>Do TB GeneXpert if:</u></p> <ul style="list-style-type: none"> <li>Productive of sputum</li> <li>If positive, do AFB microscopy</li> </ul> <p><u>Do TB LAM if:</u></p> <ul style="list-style-type: none"> <li>Signs and symptoms of TB, or</li> <li>Serious ill patients, or</li> <li>Low CD4 count (below 200 cells/uL for inpatients, of below 100 cells/uL for outpatients)</li> </ul>	<ul style="list-style-type: none"> <li>Recommended even if asymptomatic</li> <li>For STD PCR, submit first void urine in men, or vaginal swab in women (preferred)</li> </ul>	<ul style="list-style-type: none"> <li>May influence ART regimen choice</li> </ul>
TEST MNEMONIC	HIVVL	HEPBSAG	CRYPTAG	TBXPRT	RPR	ALT
	CD4			TBLAM	STDPCR	CR
	HIVMON (HIVVL+CD4)					

**Reference:** Southern African HIV clinicians society guidelines for Antiretroviral therapy in adults: 2023 update.