

HIV indicator conditions

HIV in Europe, HIV Indicator Conditions: Guidance for Implementing HIV Testing in Adults in Health Care Settings. October 2012

Table 1: Definitions of indicator conditions and recommendations for HIV testing

1. Conditions which are AIDS defining among PLHIV*

Strongly recommend testing:	<p>Neoplasms:</p> <ul style="list-style-type: none"> • Cervical cancer • Non-Hodgkin lymphoma • Kaposi's sarcoma <p>Bacterial infections</p> <ul style="list-style-type: none"> • Mycobacterium Tuberculosis, pulmonary or extrapulmonary • <i>Mycobacterium avium</i> complex (MAC) or <i>Mycobacterium kansasii</i>, disseminated or extrapulmonary • <i>Mycobacterium</i>, other species or unidentified species, disseminated or extrapulmonary • Pneumonia, recurrent (2 or more episodes in 12 months) • Salmonella septicaemia, recurrent <p>Viral infections</p> <ul style="list-style-type: none"> • Cytomegalovirus retinitis • Cytomegalovirus, other (except liver, spleen, glands) • Herpes simplex, ulcer(s) > 1 month/bronchitis/pneumonitis • Progressive multifocal leucoencephalopathy <p>Parasitic infections</p> <ul style="list-style-type: none"> • Cerebral toxoplasmosis • Cryptosporidiosis diarrhoea, > 1 month • Isosporiasis, > 1 month • Atypical disseminated leishmaniasis • Reactivation of American trypanosomiasis (meningoencephalitis or myocarditis) <p>Fungal infections</p> <ul style="list-style-type: none"> • Pneumocystis carinii pneumonia • Candidiasis, oesophageal • Candidiasis, bronchial/ tracheal/ lungs • Cryptococcosis, extra-pulmonary • Histoplasmosis, disseminated/ extra pulmonary • Coccidioidomycosis, disseminated/ extra pulmonary • Penicilliosis, disseminated
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3. Conditions where not identifying the presence of HIV infection may have significant adverse implications for the individual's clinical management

Offer testing:	<ul style="list-style-type: none"> • Conditions requiring aggressive immuno-suppressive therapy: <ul style="list-style-type: none"> • Cancer • Transplantation • Auto-immune disease treated with immunosuppressive therapy • Primary space occupying lesion of the brain. • Idiopathic/Thrombotic thrombocytopenic purpura
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2a. Conditions associated with an undiagnosed HIV prevalence of ≥ 0.1

Strongly recommend testing:	<ul style="list-style-type: none"> • Sexually transmitted infections • Malignant lymphoma • Anal cancer/dysplasia • Cervical dysplasia • Herpes zoster • Hepatitis B or C (acute or chronic) • Mononucleosis-like illness • Unexplained leukocytopenia/thrombocytopenia lasting >4 weeks • Seborrheic dermatitis/exanthema • Invasive pneumococcal disease • Unexplained fever • Candidaemia • Visceral leishmaniasis • Pregnancy (implications for the unborn child)
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2b. Other conditions considered likely to have an undiagnosed HIV prevalence of $>0.1\%$

Offer testing:	<ul style="list-style-type: none"> • Primary lung cancer • Lymphocytic meningitis • Oral hairy leukoplakia • Severe or atypical psoriasis • Guillain-Barré syndrome • Mononeuritis • Subcortical dementia • Multiplesclerosis-like disease • Peripheral neuropathy • Unexplained weightloss • Unexplained lymphadenopathy • Unexplained oral candidiasis • Unexplained chronic diarrhoea • Unexplained chronic renal impairment • Hepatitis A • Community-acquired pneumonia • Candidiasis
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* Based on CDC and WHO classification system