Annexure - 1

RECOGNITION OF SYMPTOMATIC HIV INFECTION

Suspected symptomatic HIV infection

1. Any cardinal findings?
   - Yes
   - No

2. Two or more Characteristic findings?
   - Yes
   - No

3. One Characteristic finding?
   - Yes
   - No

4. Two or more associated findings?
   - Yes
   - No

5. Three or more associated findings?
   - Yes
   - No

6. Any epidemiological risk factor?
   - Yes
   - No

7. Two associated findings?
   - Yes
   - No

8. Positive laboratory test for HIV infection
   - Yes
   - No

Symptomatic; not HIV-related.

Symptomatic HIV infection
Annexure - II

RECOGNITION OF SYMPTOMATIC HIV INFECTION

1 Cardinal Findings:
   Kaposi's Sarcoma
   Pneumocystis carinii pneumonia
   Toxoplasma encephalitis
   Oesophageal candidiasis
   Cytomegalovirus retinitis

2 Characteristic findings:
   Oral thrush (in patients not taking antibiotics)
   Ulary leukoplakia
   Cryptococcal meningitis (may be a cardinal finding in Africa)
   Miliary, extrapulmonary or noncavitary pulmonary tuberculosis
   Herpes zoster, present or past, particularly multidermatomal (age less than 50 years)
   Severe prurigo
   Kaposi's Sarcoma (other than as cardinal finding)
   High-grade B-cell extra-nodal lymphoma

3 Associated findings:
   Weight loss (recent, unexplained) of more than 10% of baseline body weight, if assessable
   Fever (continuous or intermittent) for more than 1 month
   Diarrhoea (continuous or intermittent) for more than 1 month
   Ulcers (genital or perianal) for more than 1 month
   Cough for more than 1 month
   Neurological complaints or findings
Generalised lymphadenopathy (extrainguinal)

Drug reactions (previously not seen), e.g. to thiacetzone or sulfonamides

Skin infections (severe or recurrent), e.g. warts, dermatophytes, folliculitis

4 Epidemiological risk factors:
   a. Present or past high-risk behaviours:
      - drug injecting
      - multiple sex partners
      - sex partners with known AIDS or HIV infection
      - sex partners with known epidemiological risk factor or from an area with a high prevalence of HIV infection
      - males having penetrative sexual intercourse with males

   b. Recent history of genital ulcer disease

   c. History of transfusion after 1975 of unscreened blood, plasma or clothing factor, or (even if screened) from an area with a high prevalence of HIV infection.

   d. History of scarification, tattooing, ear piercing or circumcision using non-sterile instruments.

1. Kaposi's sarcoma is a cardinal finding only when: i) intra-oral lesions are present; ii) lesions are generalised; or iii) lesions are rapidly progressive or invasive.

2. If no other obvious cause of immunosuppression is present.

3. The combination of fever, weight loss and cough is characteristic of both tuberculosis and AIDS.

4. Neurological complaints or findings associated with HIV infection include seizures (especially focal), peripheral neuropathy (motor or sensory), focal central motor or sensory deficits, dementia, and progressively worsening headache.
WHO CLINICAL STAGES FOR HIV INFECTION

**Clinical stage 1 : Infected, pre-symptomatic**

1. Asymptomatic
2. Persistent generalized lymphadenopathy

**Performance scale 1 : Asymptomatic, normal activity.**

**Clinical stage 2 : Early (mild) disease**

3. Weight loss > 10% of body weight
4. Minor mucocutaneous manifestations (seborrhoeic dermatitis, prurigo, fungal nail infections, recurrent oral ulcerations, angular cheilitis)
5. Herpes zoster, within the last 5 years
6. Recurrent upper respiratory tract infections (e.g. bacterial sinusitis)

**Performance scale 2 : Symptomatic, normal activity.**

**Clinical stage 3: Intermediate (moderate) disease**

7. Weight loss > 10% of body weight
8. Unexplained chronic diarrhoea, >1 month
9. Unexplained prolonged fever (intermittent or constant), > 1 month
10. Oral candidiasis (thrush)
11. Oral hairy leukoplakia
12. Pulmonary tuberculosis within the past year
13. Severe bacterial infections (e.g. pneumonia, pyomyositis)

**Performance scale 3 : Bedridden 50% of the day during the last month**

**Clinical stage 4 : Late (severe) disease (essentially equivalent to AIDS)**

14. HIV wasting syndrome as defined by CDC
15. Pneumocystis carinii pneumonia
16. Toxoplasmosis of the brain
17. Cryptosporidiosis with diarrhoea, > 1 month
18. Cryptococcosis, extrapulmonary
19. Cytomegalovirus disease of an organ other than liver, spleen or lymph nodes
20. Herpes simplex virus infection, mucocutaneous, > 1 month, or visceral of any duration
21. Progress multifocal leukoencephalopathy
22. Any disseminated endemic mycosis (e.g. histoplasmosis, coccidiodomycosis)
23. Candidiasis of the esophagus, trachea, bronchi, or lungs
24. Atypical mycobacteriosis, disseminated
25. Nontyphoid *Salmonella* septicemia
26. Extrapulmonary tuberculosis
27. Lymphoma
28. Kaposi’s sarcoma
29. HIV encephalopathy, as defined by CDC

**Performance scale 4**: *Bedridden - 50% of the day during the last month*

a) **HIV wasting syndrome**: Weight loss > 10% of the body weight, plus either unexplained chronic diarrhoea (> 1 month), or chronic weakness and unexplained prolonged fever (> 1 month).

b) **HIV encephalopathy**: Clinical findings of disabling cognitive and/or motor dysfunction that interferes with activities of daily living progressing over weeks to months, in the absence of a concurrent illness or condition other than HIV infection that could explain the findings.

Source: Adapted from *Weekly Epidemic Record* 29:221-224, 1990.