



# Notes on completing HIV&AIDS Section

Child PIP v3.1



When completing the HIV&AIDS section, use the HIV&AIDS status at the time of admission (NOT at the time of the audit) as it is the status while alive that determines clinical decision making, and quality of care

## Laboratory

### Negative

- Child tested antibody or antigen negative, with either a rapid, ELISA, p24 or PCR test (however, p24 sensitivity is only 30% so there are many false negatives)

### Exposed

- Mother tested antibody positive (preferably with ELISA confirmation) in pregnancy, or later
- A child under 18 months of age with a positive antibody test (rapid, preferably with ELISA confirmation)

### Infected

- A child over 18 months of age with positive antibody test (rapid, preferably with ELISA confirmation)
- Antigen positive at any age (PCR not usually recommended until at least 6 weeks, as it may take time for the viral load to reach PCR detectable levels)

### No result

- Test requested but no result available or result equivocal

### Not tested

- Not tested, due to error or omission (i.e. but indicated), or
- Not tested, as it was not indicated (i.e. not indicated)

### Unknown

- Insufficient information available to make one of the above choices

## Clinical Stage

The current staging is overleaf – this is a modification of the original WHO Clinical Staging Guidelines, done by the South African National Paediatric HIV Consensus Team and is ONLY to be used in children with confirmed laboratory evidence of HIV infection.

Use this staging sheet for HIV-INFECTED CHILDREN while they ARE STILL ALIVE

### Stage I, Stage II, Stage III, Stage IV

- Tick each feature as it occurs/is found
- The stage is the most advanced in which the child has one or more conditions described

### Not staged

- HIV suspected but staging not done (i.e. but indicated), or
- HIV not suspected (i.e. not indicated)

### Unknown

- Insufficient information to make one of the above choices

## Perinatal ARV

**Prophylaxis** includes Nevirapine, dual therapy or any other ARVs used for prevention of vertical transmission.

'Prophylaxis not given' refers to those cases where it was indicated but not received. Select 'Mother negative at delivery' or 'Unknown' for any others who did not receive PMTCT.

## Feeding

This is self-explanatory. If the child is older, the information is still relevant, as the child may now be dead because of mixed feeding. If the mother/caregiver cannot remember or does not know, select 'Unknown'.

## Cotrimoxazole prophylaxis

Record the child's experience of cotrimoxazole prophylaxis, but exclude therapeutic cotrimoxazole.

## ART (child/mother)

'ART' refers to exposure to any antiretroviral therapy, apart from PMTCT, used currently or any time prior to presentation. This information needs to be gathered both for the child and the mother.

# REVISED WHO CLINICAL STAGING OF HIV/AIDS - INFANTS & CHILDREN

NB: Interim African region version for persons under 15 years of age with confirmed laboratory evidence of HIV infection (WHO, 2005)

## Stage I

- Asymptomatic
- Persistent generalized lymphadenopathy

## Stage II

- Hepatosplenomegaly
- Papular pruritic eruptions
- Extensive human papilloma virus infection
- Extensive molluscum contagiosum
- Fungal nail infections
- Recurrent oral ulcerations
- Lineal gingival erythema (LGE)
- Parotid enlargement
- Herpes zoster
- Recurrent or chronic RTIs (otitis media, otorrhoea, sinusitis)

## Stage III

- Moderate unexplained malnutrition not adequately responding to standard therapy
- Unexplained persistent diarrhoea (14 days or more)
- Unexplained persistent fever (intermittent or constant, for longer than 1 month)
- Oral candidiasis (outside neonatal period)
- Oral hairy leukoplakia
- Acute necrotizing ulcerative gingivitis / periodontitis
- Pulmonary TB
- Tuberculous lymphadenopathy (axillary, cervical or inguinal)
- Severe recurrent presumed bacterial pneumonia
- Unexplained anaemia ( $< 8$  g/dl), &/or neutropenia ( $< 0.5 \times 10^9/l$ ) &/or thrombocytopenia ( $< 50 \times 10^9/l$ ) for  $> 1$  month
- Chronic HIV-associated lung disease including bronchiectasis
- Symptomatic lymphoid interstitial pneumonitis (LIP)

## Stage IV

- Unexplained severe wasting or severe malnutrition not adequately responding to standard therapy
- Pneumocystis pneumonia
- Recurrent severe presumed bacterial infection (eg empyema, pyomyositis, bone/joint infection, meningitis, but excluding pneumonia)
- Chronic herpes simplex infection (orolabial or cutaneous of more than 1 month's duration, or visceral at any site)
- Extrapulmonary TB
- Kaposi's sarcoma
- Oesophageal candidiasis, or *Candida* of trachea, bronchi or lungs
- CNS toxoplasmosis (outside the neonatal period)
- HIV encephalopathy
- CMV infection (CMV retinitis or infection of organs other than liver, spleen or lymph nodes; onset at age of  $\geq 1$  month)
- Extrapulmonary cryptococcosis including meningitis
- Any disseminated endemic mycosis (e.g. extrapulmonary histoplasmosis, coccidiomycosis, penicilliosis)
- Cryptosporidiosis
- Isosporiasis
- Disseminated non-tuberculous mycobacterial infection
- Visceral herpes simplex infection
- Acquired HIV-associated rectal fistula
- Cerebral or B cell non-Hodgkin's lymphoma
- Progressive multifocal leukoencephalopathy (PML)
- HIV-associated cardiomyopathy or HIV-associated nephropathy