

## APPENDIX 4–C

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# ADULT AND ADOLESCENT CASE DEFINITIONS FOR AIDS FOR SURVEILLANCE PURPOSES

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For national reporting, a case of AIDS is defined as an illness characterized by one or more of the following indicator conditions, depending on the status of laboratory evidence and HIV infection identified below.

I. Without Laboratory Evidence Regarding HIV Infection

If laboratory tests for HIV were not performed or gave inconclusive results and the patient had no other cause of immunodeficiency listed in Section I.A below, then any disease listed in Section I.B indicates AIDS if it was diagnosed by a definitive method.

A. Causes of immunodeficiency that disqualify diseases as indicators of AIDS in the absence of laboratory evidence for HIV infection

1. high-dose or long-term systemic corticosteroid therapy or other immunosuppressive/cytotoxic therapy  $\leq$  3 months before the onset of the indicator disease
2. any of the following diseases diagnosed  $\leq$  3 months after diagnosis of the indicator disease: Hodgkin's disease, non-Hodgkin's lymphoma (other than primary brain lymphoma), lymphocytic leukemia, multiple myeloma, any other cancer of lymphoreticular or histiocytic tissue, or angioimmunoblastic lymphadenopathy
3. a genetic (congenital) immunodeficiency syndrome or an acquired immunodeficiency syndrome atypical of HIV infection, such as one involving hypogammaglobulinemia

B. Indicator disease diagnosed definitively

1. candidiasis of the esophagus, trachea, bronchi, or lungs
2. cryptococcosis, extrapulmonary

*Source:* Reprinted from HIV classifications, Centers for Disease Control and Prevention, Atlanta, Ga; 1992.

3. cryptosporidiosis with diarrhea persisting > 1 month
4. cytomegalovirus disease of an organ other than liver, spleen, or lymph nodes in a patient > 1 month of age
5. herpes simplex virus infection causing a mucocutaneous ulcer that persists longer than 1 month; or bronchitis, pneumonitis, or esophagitis for any duration affecting a patient > 1 month of age
6. Kaposi's sarcoma affecting a patient < 60 years of age
7. lymphoma of the brain (primary) affecting a patient < 60 years of age
8. *Mycobacterium avium* complex or *M. kansasii* disease, disseminated (at a site other than or in addition to lungs, skin, or cervical or hilar lymph nodes)
9. *Pneumocystis carinii* pneumonia
10. progressive multifocal leukoencephalopathy
11. toxoplasmosis of the brain affecting a patient > 1 month of age

## II. With Laboratory Evidence for HIV Infection

### A. Indicator conditions diagnosed definitively

1. CD4 T-lymphocyte count < 200 cells/uL, or CD4 T-lymphocyte percent < 14
2. recurrent pneumonia, more than 1 episode in a 1-year period
3. cervical cancer, invasive
4. coccidioidomycosis, disseminated (at a site other than or in addition to lungs or cervical or hilar lymph nodes)
5. HIV encephalopathy (also called "HIV dementia," "AIDS dementia," or "subacute encephalitis due to HIV")
6. histoplasmosis, disseminated (at a site other than or in addition to lungs or cervical or hilar lymph nodes)
7. isosporiasis with diarrhea persisting > 1 month
8. Kaposi's sarcoma at any age
9. lymphoma of the brain (primary) at any age
10. other non-Hodgkin's lymphoma of B-cell or unknown immunologic phenotype and the following histologic types:
  - a. small noncleaved lymphoma (either Burkitt or non-Burkitt type)
  - b. immunoblastic sarcoma (equivalent to any of the following, although not necessarily all in combination: immunoblastic lymphoma, large-cell lymphoma, diffuse histiocytic lymphoma, diffuse undifferentiated lymphoma, or high-grade lymphoma)
11. any mycobacterial disease caused by mycobacteria other than *M. tuberculosis*, disseminated (at a site other than or in addition to lungs, skin, or cervical or hilar lymph nodes)
12. disease caused by *M. tuberculosis*, pulmonary or extrapulmonary
13. salmonella (nontyphoid) septicemia, recurrent
14. HIV wasting syndrome (emaciation, "slim disease")

### B. Indicator diseases diagnosed presumptively

Note: Given the seriousness of diseases indicative of AIDS, it is generally important to diagnose them definitively, especially

when therapy that would be used may have serious side effects or when definitive diagnosis is needed for eligibility for anti-retroviral therapy. Nonetheless, in some situations, a patient's condition will not permit the performance of definitive tests. In other situations, accepted clinical practice may be to diagnose presumptively based on the presence of characteristic clinical and laboratory abnormalities.

1. recurrent pneumonia, more than 1 episode in a 1-year period
2. candidiasis of the esophagus
3. cytomegalovirus retinitis with loss of vision
4. Kaposi's sarcoma
5. *M. tuberculosis*, pulmonary
6. mycobacterial disease (acid-fast bacilli with species not identified by culture), disseminated (involving at least one site other than or in addition to lungs, skin, or cervical or hilar lymph nodes)
7. *Pneumocystis carinii* pneumonia
8. toxoplasmosis of the brain affecting a patient > 1 month of age

### III. With Laboratory Evidence Against HIV Infection

With laboratory test results negative for HIV infection, a diagnosis of AIDS for surveillance purposes is ruled out unless:

- A. All the other causes of immunodeficiency listed in Section I.A are excluded; and
- B. The patient has had either:
  1. *Pneumocystis carinii* pneumonia diagnosed by a definitive method; or
  2. both of the following:
    - a. any of the other diseases indicative of AIDS listed above in Section I.B diagnosed by a definitive method; and
    - b. a T-helper/inducer (CD4) lymphocyte count < 400/mm<sup>3</sup>.