

**PROVIDER INSTRUCTIONS FOR REPORTING AIDS
(Acquired Immune Deficiency Syndrome)**

LHD to Receive Report Within		State to Receive Within 7 days on:		N.C. Code #	Surveillance Form Required	Worksheet Available (Not Required)
24 hrs.	7 days	Confirmed	Probable	950	AIDS Confidential Case report form	None
√		√*				

*Confirmed AIDS diagnosis or documentation of a confirmed diagnosis. The case does not have to be a new diagnosis. Previously reported HIV infection cases must be reported again when the individual meets AIDS diagnosis criteria.

1) What to report to the local health department (LHD)

Providers/physicians who treat/consult persons with an AIDS diagnosis must report the case to the local health department. Report any confirmed (documented) case on a [communicable disease report card](#) (DHHS 2124) and an [Adult \(≥13 years of age\) Confidential Case Report form](#) (DHHS 4114) or a [Pediatric \(≤12 years of age\) Confidential Case Report form](#) (CDC 50.42B). The health department forwards the case reports to the **North Carolina HIV/STD Prevention & Care Program of the Communicable Disease Branch of DHHS.**

2) HIV/AIDS case definition

a) **In adults, adolescents, or children aged greater than or equal to 18 months****, a reportable case of HIV infection **must meet at least one of the following criteria:**

i) **Laboratory Criteria**

(1) Positive result on a screening test for HIV antibody (e.g., repeatedly reactive enzyme immunoassay), followed by a positive result on a confirmatory (sensitive and more specific) test for HIV antibody (e.g., Western blot or immunofluorescence antibody test)

or

(2) Positive result or report of a detectable quantity on any of the following HIV virologic (nonantibody) tests:

(a) HIV nucleic acid (DNA or RNA) detection (e.g., DNA polymerase chain reaction [PCR] or plasma HIV-1 RNA)***

(b) HIV p24 antigen test, including neutralization assay

(c) HIV isolation (viral culture)

OR

ii) Clinical or Other Criteria (if the above laboratory criteria are not met)

(1) Diagnosis of HIV infection, based on the laboratory criteria above, that is documented in a medical record by a physician

or

(2) Conditions that meet criteria included in the case definition for AIDS:

- CD4+ T-lymphocyte counts of less than 200/uL
- or
- CD4+ T-lymphocyte counts of less than 14%
- Bacterial infections, multiple or recurrent--including *Salmonella* septicemia (pediatric only)
- Candidiasis of bronchi, trachea, or lungs
- Candidiasis, esophageal
- Cervical cancer, invasive (adult/adolescent only)
- Coccidioidomycosis, disseminated or extrapulmonary
- Cryptococcosis, extrapulmonary
- Cryptosporidiosis, chronic intestinal--greater than 1 month's duration
- Cytomegalovirus disease--other than liver, spleen, or nodes
- Cytomegalovirus disease--other than liver, spleen, or nodes--onset at > 1 mo. of age (pediatric only)
- Cytomegalovirus retinitis (with loss of vision)
- Encephalopathy, HIV-related
- Herpes simplex: chronic ulcer(s)--greater than 1 month's duration; or bronchitis, pneumonitis, or esophagitis
- Herpes simplex: chronic ulcer(s)--greater than 1 month's duration; or bronchitis, pneumonitis, or esophagitis onset at >1 mo. of age (pediatric only)
- Histoplasmosis, disseminated or extrapulmonary
- Isosporiasis, chronic intestinal --greater than 1 month's duration
- Kaposi's sarcoma
- Lymphoid interstitial pneumonia and/or pulmonary lymphoid hyperplasia (pediatric only)
- Lymphoma, Burkitt's--or equivalent term
- Lymphoma, immunoblastic --or equivalent term
- Lymphoma, primary, of brain
- *Mycobacterium avium* complex or *M. kansasii*, disseminated or extrapulmonary
- *Mycobacterium tuberculosis*, any site -- pulmonary or extrapulmonary
- *Mycobacterium*, other species or unidentified species, disseminated or extrapulmonary
- *Pneumocystis carinii* pneumonia
- Pneumonia, recurrent
- Progressive multifocal leukoencephalopathy
- *Salmonella* septicemia, recurrent (pediatric or adult/adolescent)

- Toxoplasmosis of brain
- Toxoplasmosis of brain, onset at >1 mo. of age (pediatric only)
- Wasting syndrome due to HIV

b) In a child aged less than 18 months, a reportable case of HIV infection must meet at least one of the following criteria:

i) Laboratory Criteria

(1) Definitive

- (a) Positive results on two separate specimens (excluding cord blood) using one or more of the following HIV virologic (nonantibody) tests:
- (i) HIV nucleic acid (DNA or RNA) detection
 - (ii) HIV p24 antigen test, including neutralization assay, in a child greater than or equal to 1 month of age
 - (iii) HIV isolation (viral culture)

or

(2) Presumptive

A child who does not meet the criteria for definitive HIV infection but who has:

- (a) Positive results on only one specimen (excluding cord blood) using the above HIV virologic tests and no subsequent negative HIV virologic or negative HIV antibody tests

OR

ii) Clinical or Other Criteria (if the above definitive or presumptive laboratory criteria are not met)

- (1) Diagnosis of HIV infection, based on the laboratory criteria above, that is documented in a medical record by a physician

or

- (2) Conditions that meet criteria included in the 1987 pediatric surveillance case definition for AIDS

c) **A child aged less than 18 months born to an HIV-infected mother will be categorized for surveillance purposes as "not infected with HIV" if the child does not meet the criteria for HIV infection but meets the following criteria:**

i) **Laboratory Criteria**

(1) Definitive

(a) At least two negative HIV antibody tests from separate specimens obtained at greater than or equal to 6 months of age

or

(b) At least two negative HIV virologic tests* from separate specimens, both of which were performed at greater than or equal to 1 month of age and one of which was performed at greater than or equal to 4 months of age

AND

(c) No other laboratory or clinical evidence of HIV infection (i.e., has not had any positive virologic tests, if performed, and has not had an AIDS-defining condition)

or

(2) Presumptive

(a) A child who does not meet the above criteria for definitive "not infected" status but who has:

(i) One negative EIA HIV antibody test performed at greater than or equal to 6 months of age and NO positive HIV virologic tests, if performed

or

(ii) One negative HIV virologic test* performed at greater than or equal to 4 months of age and NO positive HIV virologic tests, if performed

or

(iii) One positive HIV virologic test with at least two subsequent negative virologic tests****, at least one of which is at greater than or equal to 4 months of age; or negative HIV antibody

test results, at least one of which is at greater than or equal to 6 months of age

AND

(iv) No other laboratory or clinical evidence of HIV infection (i.e., has not had any positive virologic tests, if performed, and has not had an AIDS-defining condition).

OR

ii) **Clinical or Other Criteria (if the above definitive or presumptive laboratory criteria are not met)**

(1) Determined by a physician to be "not infected", and a physician has noted the results of the preceding HIV diagnostic tests in the medical record

AND

(2) NO other laboratory or clinical evidence of HIV infection (i.e., has not had any positive virologic tests, if performed, and has not had an AIDS-defining condition)

3) **A child aged less than 18 months born to an HIV-infected mother will be categorized as having perinatal exposure to HIV infection if the child does not meet the criteria for HIV infection (II) or the criteria for "not infected with HIV" (III).**

* Draft revised surveillance criteria for HIV infection were approved and recommended by the membership of the Council of State and Territorial Epidemiologists (CSTE) at the 1998 annual meeting (11). Draft versions of these criteria were previously reviewed by state HIV/AIDS surveillance staffs, CDC, CSTE, and laboratory experts. In addition, the pediatric criteria were reviewed by an expert panel of consultants. [External Pediatric Consultants: C. Hanson, M. Kaiser, S. Paul, G. Scott, and P. Thomas. CDC staff: J. Bertolli, K. Dominguez, M. Kalish, M.L. Lindegren, M. Rogers, C. Schable, R.J. Simonds, and J. Ward]

** Children aged greater than or equal to 18 months but less than 13 years are categorized as "not infected with HIV" if they meet the criteria in III.

*** In adults, adolescents, and children infected by other than perinatal exposure, plasma viral RNA nucleic acid tests should **NOT** be used in lieu of licensed HIV screening tests (e.g., repeatedly reactive enzyme immunoassay). In addition, a negative (i.e., undetectable) plasma HIV-1 RNA test result does not rule out the diagnosis of HIV infection.

**** HIV nucleic acid (DNA or RNA) detection tests are the virologic methods of choice to exclude infection in children aged less than 18 months. Although HIV culture can be used for this purpose, it is more complex and expensive to perform and is less well standardized than nucleic acid detection tests. The use of p24 antigen testing to exclude infection in children aged less than 18 months is not recommended because of its lack of sensitivity.