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To : Provincial Directors of Health Services,
Deputy Provincial Directors of Health Services,
Directors of Teaching Hospitals,
Heads of Specialised Campaigns,
All Heads of Institutions

SURVEILLANCE AND CLINICAL CASE DEFINITION FOR ADVANCED HIV DISEASE/AIDS IN ADULTS AND ADOLESCENTS IN SRI LANKA

A new case definition for surveillance and for clinical diagnosis of advanced HIV disease/Acquired immunodeficiency syndrome (AIDS) has been formulated for use in Sri Lanka. This new definition should be followed for the purpose surveillance as well as for clinical diagnosis of patients with advanced HIV disease/AIDS. The definition is primarily based on the presence of a positive HIV Antibody test and the presence of defined clinical criteria.

Procedure to be followed when requesting HIV antibody test

The initial request for HIV antibody test should be made on a Pathology request form (Form Health 359 - see annex I) to the testing laboratory. In the case of private healthcare institutions/laboratories or General Practitioners, an appropriate document including the same particulars as those found in form Health 359 must accompany the sample. This applies only when HIV antibody test of a patient presenting with symptoms and signs of HIV disease is required. All other requests for HIV antibody test (eg. asymptomatic persons requesting HIV test, organ donors, surveys, etc.) must be made on the HIV antibody request form (HIV/AIDS/01/95 - annex 2).

Patients (in-patients as well as out-patients) should not be sent to the STD clinic for HIV antibody testing. A blood sample (5 cc) of the patient either in a vacutainer tube or a screw cap bottle, placed in a container with a well fitting lid should be sent to the testing laboratory with the request form.

On receipt of form Health 359, the specimen will be tested with the screening test available in the laboratory. Positive test results will be conveyed verbally to the requesting physician. Negative results will be sent under confidential cover.

If the screening test is positive, another sample of blood/body fluid should be sent for confirmatory testing accompanied by a duly completed HIV antibody request form (HIV/AIDS/01/95). The Central Laboratory of the STD/AIDS Control Programme is the only laboratory in this country that carries out the confirmatory test for HIV antibody. The Central Laboratory will not accept specimens for confirmatory testing unless the HIV antibody request form (HIV/AIDS/01/95) has been completed and duly signed by the Consultant/Registrar/SHO/DMO/MOIC/General Practitioner requesting the test. (The requesting physician's name should be clearly printed in capitals). The top section of page 1 of the HIV antibody request form is to be retained by the physician requesting the test. It is a physician's responsibility to keep this information confidential.

The newly designed HIV antibody request form (HIV/AIDS/01/95) will contain Group A and B indicator diseases of the case definitions for severe HIV disease/AIDS on the reverse side. The physician requesting the confirmatory test must indicate the clinical criteria present which warrant a query of HIV disease in respect of each patient. Clinical criteria have been incorporated into the HIV antibody request form in order to eliminate the need for a special notification form. It is hoped that all physicians would co-operate by completing both sides of the request form, when sending a sample for confirmatory HIV antibody testing and thereby facilitate surveillance of severe HIV disease in Sri Lanka.

Surveillance and Clinical Case definition for Advanced HIV Disease/AIDS in Sri Lanka

For the purpose of surveillance and clinical diagnosis of advanced HIV

disease/AIDS, an adult or adolescent (>12 years of age) is considered to have AIDS if a test for HIV antibody gives a positive result

AND

One or more indicator diseases listed in Group A.

OR

Two or more indicator diseases listed in Group B are present.

Group A

Indicator entity

1. > 10% of the body weight loss or cachexia, with diarrhoea or fever, or both, intermittent or constant, for at least 1 month, not known to be due to a condition unrelated to HIV infection.
2. Tuberculosis, disseminated (≥ 2 organs) or miliary, or extrapulmonary or non-cavitatory pulmonary.
3. Kaposi's Sarcoma
4. Unexplained, objective, neurological impairment interfering with normal daily activities.
5. Toxoplasmosis of the brain
6. Candidiasis of the oesophagus

1. Pneumocystis carinii pneumonia

8. Clinically diagnosed, life threatening or recurrent episodes of pneumonia with or without aetiological confirmation.

9. Extra-pulmonary cryptococcosis

Group B

1. Multidermatomal or recurrent herpes zoster

2. Generalised or persistent pruritic papular dermatitis not responding

to treatment.

3. Chronic persistent and disseminated herpes simplex virus infection
4. Oral hairy leukoplakia
5. Cytomegalovirus retinitis
6. Recurrent salmonella septicaemia
7. Recurrent vulvo-vaginal candidiasis
8. Invasive carcinoma of the cervix, in a female < 40 yr of age
9. Recurrent, resistant pelvic inflammatory disease
10. Recurrent fistulae-in-ano or recurrent perianal abscesses
11. Anaemia (Hb < 11 gr in a male and < 10G in female) and lymphopenia ($< 1000/\text{mm}^3$) or thrombocytopenia ($< 100,000/\text{mm}^3$ of blood)

Guidelines for diagnosis of diseases in Group A and B are given in Annex 3.

Deputy Director General (PHS)

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Director General of Health Service