

Appendix B: Provincial Case Definitions for Reportable Diseases

Disease: Acquired Immunodeficiency Syndrome (AIDS)

Acquired Immunodeficiency Syndrome (AIDS)

1.0 Provincial Reporting

Confirmed cases of disease

2.0 Type of Surveillance

Case-by-case

3.0 Case Classification

3.1 Confirmed Case of Human Immunodeficiency Virus (HIV) Infection

Children < 18 months:

- Detection of HIV nucleic acid (by deoxyribonucleic acid [DNA] polymerase chain reaction [PCR]) or p24 antigen (p24 Ag) in two separate samples collected one month and four months after delivery

Adults, Adolescents and Children >18 months:

- Detection of HIV antibody with confirmation
OR
- Detection of HIV nucleic acid or p24 antigen

3.2 Confirmed Case of Acquired Immunodeficiency Syndrome (AIDS)

- A positive test for HIV infection with confirmation
AND
- Definitive diagnosis of one or more AIDS indicative diseases (See Section 5.2)

4.0 Laboratory Evidence

4.1 Laboratory Confirmation

Any of the following will constitute a confirmed case of HIV:

Children < 18 months (on 2 separate samples):

- Positive for HIV nucleic acid
- Positive for HIV p24 Ag (>1 months)
- Positive HIV culture

Adults, Adolescents and Children >18 months:

- Positive for HIV-1, HIV-2 antibody with confirmation for HIV antibody (e.g. Western blot or immunofluorescent technique)
- Positive for HIV nucleic acid
- Positive for HIV p24 Ag
- Positive HIV culture

4.2 Approved/Validated Tests

- Tests for anti-HIV-1, anti-HIV-2 antibodies (enzyme immunoassay [EIA], Western blot, line immunoassay [LIA], radioimmunoassay [RIA], rapid tests)
- Nucleic acid amplification test (NAT) for HIV ribonucleic acid (RNA)/ deoxyribonucleic acid (DNA)
- HIV p24 Ag test

- Standard HIV culture

4.3 Indications and Limitations

- In children <18 months of age born to HIV positive mothers, all positive results should be repeated with a second specimen for confirmation. All negative tests should be repeated at 6-12 months to verify negative status

5.0 Clinical Evidence

5.1 HIV

Acute infection-Fever, arthralgia, myalgia, rash, lymphadenopathy, sore throat, fatigue, headache, oral ulcers and/or genital ulcers, weight loss, nausea, vomiting or diarrhea.

Chronic Symptomatic-oral hairy leukoplakia, unexplained fever, fatigue or lethargy, unexplained weight loss, chronic diarrhea, unexplained lymphadenopathy, cervical dysplasia, dyspnea and dry cough, loss of vision, recurrent or chronic candida (oral, esophageal, vaginal), dysphagia, red/purple nodular or mucosal lesions, encephalopathy, herpes zoster, unexplained anemia of chronic disease, increased frequency or severity of herpes simplex infection.

5.2 AIDS Indicative Diseases for Adults and Adolescents > 15 years of Age

- Bacterial pneumonia (recurrent)*
- Candidiasis (bronchi, trachea or lungs)
- Candidiasis (esophageal)[†]
- Cervical cancer (invasive)*
- Coccidioidomycosis (disseminated or extrapulmonary)*
- Cryptococcosis (extrapulmonary)
- Cryptosporidiosis chronic intestinal (> 1 month duration)
- Cytomegalovirus diseases (other than in liver, spleen or nodes)
- Cytomegalovirus retinitis (with loss of vision)*, [†]
- Encephalopathy, HIV-related (dementia)*
- Herpes simplex: chronic ulcer(s) (> 1 month duration) or bronchitis, pneumonitis or esophagitis
- Histoplasmosis (disseminated or extrapulmonary)*
- Isosporiasis, chronic intestinal (> 1 month duration)*
- Kaposi's sarcoma[†]
- Lymphoma, Burkitt's (or equivalent term)*
- Lymphoma, immunoblastic (or equivalent term)*
- Lymphoma (primary in brain)
- *Mycobacterium avium* complex or *M. kansasii* (disseminated or extrapulmonary)*
- *Mycobacterium* of other species or unidentified species*,[†]
- *M. tuberculosis* (disseminated or extrapulmonary)*
- *M. tuberculosis* (pulmonary)*
- *Pneumocystis carinii* pneumonia^{†,‡}
- Progressive multifocal leukoencephalopathy
- Salmonella septicemia (recurrent)*
- Toxoplasmosis of brain[†]
- Wasting syndrome due to HIV*

For pediatric cases only (< 15 years old)

- Bacterial infections (multiple or recurrent, excluding recurrent bacterial pneumonia)*
- Lymphoid interstitial pneumonia and/or pulmonary lymphoid hyperplasia†

* Must have laboratory evidence of HIV infection

† May be diagnosed presumptively if laboratory evidence of HIV infection is present

‡ This has been renamed as *Pneumocystis jirovecii*

6.0 ICD Code(s)

ICD 10 Code B24

7.0 Comments

N/A

8.0 References

- Heymann D, editor. Control of communicable diseases manual. 18th ed. Washington: American Public Health Association; 2004.
- Ministry of Health and Long-Term Care, Public Health Division. iPHIS manual. Toronto, ON: Queen's Printer for Ontario; 2005.
- Nationally Notifiable Diseases Case Definitions with Canadian Public Health Laboratory Network (CPHLN) and Epidemiologic Group Draft Edits. March 2007. Based on case definitions as written in the: Health Canada. Case definitions for diseases under national surveillance. Can Commun Dis Rep. 2000; 26 Suppl 3:i-iv 1-122. Available from <http://www.phac-aspc.gc.ca/publicat/ccdr-rmtc/00pdf/cdr26s3e.pdf>.

Date of Last Revision: November 2008

