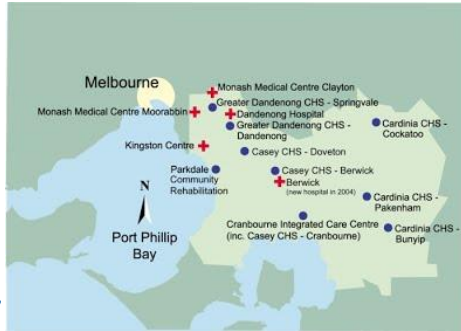


## Review of HIV testing recommendations in Australian specialty guidelines for HIV indicator conditions: A missed opportunity for recommending testing?



ASHM HIV Conference,  
Sydney 2018

Yi dan Lin, Laura Eades, Ajit Nair,  
Tony Korman and Ian Woolley



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### Disclosure of Interest

None

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Background: increased diagnosis makes the biggest impact on treatment targets



<https://sciencespeaksblog.org/2014/10/08/90-90-90-chris-collins-of-unaided-breaks-down-the-math-and-the-meaning/>

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Background: Differing diagnostic strategies

1. Increase testing in those engaged in care (STIGMA)
2. Increase testing in high risk populations through greater access (self testing)
3. Increase testing in indicator conditions (EACS)
4. Universal testing (US)

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# HIV indicator-based testing

- Since 2008, European AIDS Clinical Society (EACS)<sup>1</sup> and British HIV association (BHIVA) have recommended for HIV indicator condition-based testing.<sup>2</sup> ASHM also recommends in guidelines.<sup>3</sup>
- Routine testing for conditions with a HIV prevalence > 0.1% reported to be cost-effective<sup>1</sup>
- Does not require identification of high risk group by clinician or patient
- Normalises HIV testing and decreases stigma
- Partly based on symptoms partly on conditions associated with risk

1. HIV in Europe, accessed at <http://hiveurope.eu/Portals/0/Guidance.pdf.pdf>, 2012

2. BHIVA, accessed at <http://bhiva.org/HIV-testing-guidelines.aspx>, 2008

3. ASHM, National HIV Testing Policy 2017

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## 1. Conditions which are AIDS defining among PLHIV\*

Strongly recommend testing:

- Neoplasms:**
- Cervical cancer
  - Non-Hodgkin lymphoma
  - Kaposi's sarcoma
- Bacterial infections**
- Mycobacterium Tuberculosis, pulmonary or extrapulmonary
  - Mycobacterium avium complex (MAC) or Mycobacterium kansasii, disseminated or extrapulmonary
  - Mycobacterium, other species or unidentified species, disseminated or extrapulmonary
  - Pneumonia, recurrent (2 or more episodes in 12 months)
  - Salmonella septicaemia, recurrent
- Viral infections**
- Cytomegalovirus retinitis
  - Cytomegalovirus, other (except liver, spleen, glands)
  - Herpes simplex, ulcer(s) >1 month/bronchitis/pneumonitis
  - Progressive multifocal leucoencephalopathy
- Parasitic infections**
- Cerebral toxoplasmosis
  - Cryptosporidiosis diarrhoea, >1 month
  - Isosporiasis, >1 month
  - Atypical disseminated leishmaniasis
  - Reactivation of American trypanosomiasis (meningoencephalitis or myocarditis)
- Fungal infections**
- Pneumocystis carinii pneumonia
  - Candidiasis, oesophageal
  - Candidiasis, bronchial/ tracheal/ lungs
  - Cryptococcosis, extra-pulmonary
  - Histoplasmosis, disseminated/ extra pulmonary
  - Coccidioidomycosis, disseminated/ extra pulmonary
  - Penicilliosis, disseminated

## 2a. Conditions associated with an undiagnosed HIV prevalence of >0.1%\*\*

Strongly recommend testing:

- Sexually transmitted infections
- Malignant lymphoma
- Anal cancer/dysplasia
- Cervical dysplasia
- Herpes zoster
- Hepatitis B or C (acute or chronic)
- Mononucleosis-like illness
- Unexplained leukocytopenia/ thrombocytopenia lasting >4 weeks
- Seborrheic dermatitis/exanthema
- Invasive pneumococcal disease
- Unexplained fever
- Candidaemia
- Visceral leishmaniasis
- Pregnancy (implications for the unborn child)

HIV in Europe, accessed at <http://hiveurope.eu/Portals/0/Guidance.pdf.pdf>, 2012

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**2b. Other conditions considered likely to have an undiagnosed HIV prevalence of >0.1%**

Offer testing:

- Primary lung cancer
- Lymphocytic meningitis
- Oral hairy leukoplakia
- Severe or atypical psoriasis
- Guillain-Barré syndrome
- Mononeuritis
- Subcortical dementia
- Multiplesclerosis-like disease
- Peripheral neuropathy
- Unexplained weightloss
- Unexplained lymphadenopathy
- Unexplained oral candidiasis
- Unexplained chronic diarrhoea
- Unexplained chronic renal impairment
- Hepatitis A
- Community-acquired pneumonia
- Candidiasis

**3. Conditions where not identifying the presence of HIV infection may have significant adverse implications for the individual's clinical management despite that the estimated prevalence of HIV is most likely lower than 0.1%**

Offer testing:

- Conditions requiring aggressive immuno-suppressive therapy:
  - Cancer
  - Transplantation
  - Auto-immune disease treated with immunosuppressive therapy
- Primary space occupying lesion of the brain.
- Idiopathic/Thrombotic thrombocytopenic purpura

HIV in Europe, accessed at <http://hiveurope.eu/Portals/0/Guidance.pdf.pdf>, 2012

# JAIDS

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## Tenofovir Therapy for Hepatitis B May Be Commonly Prescribed Without HIV Testing

Deshpande, Sheetal MBBS<sup>1</sup>; Ko, Tina MBBS<sup>2</sup>; Roberts, Erika BPharm<sup>3</sup>; Lau, Jillian S. Y. MBBS<sup>4</sup>; Home, Kylie MBBS, PhD, FRACP<sup>1,†</sup>; Williams, Jacqueline MAppSci<sup>1</sup>; Kiss, Christopher MBBS<sup>5</sup>; Ratnam, Dilip MBBS, BSc, FRACP, PhD<sup>1,†</sup>; Woolley, Ian MBBS, FRACP, MD, DTMH<sup>1,†</sup>

## Background to this study

- High prevalence of HIV indicator conditions in late presenting patients with HIV at Monash Health between 2000 and 2014
- Of 80 patients with late presentation of HIV infection,
  - 54 (55%) had at least one,
  - 29 (36%) at least two,
  - 12 (15%) at least three and
  - 5 (6%) had four or more previous HIV indicator conditions which would have triggered HIV testing according to guidelines. (Lin YD ASHM 2017, QJM in press)
- 30/52 patients with gonococcus HIV testing not recorded (Loo LS unpublished)

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## Aim

- Was this due to insufficiencies in guidelines stimulating testing?
  - Would this have been a useful strategy to increase HIV diagnoses?
  - Unlikely the sole reason for missed testing

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Short communication | [Open Access](#) |

## Evaluation of HIV testing recommendations in specialty guidelines for the management of HIV indicator conditions

E Lord , AJ Stockdale, R Malek, C Rae, I Sperle, D Raben, A Freedman, D Churchill, J Lundgren, AK Sullivan, on behalf of ... [See all authors](#)

First published: 18 August 2016 | <https://doi.org/10.1111/hiv.12430> | Cited by: 2

### Results

We identified guidelines for 12 of 25 ADCs (48%) and 36 of 49 (73%) ICs. In total, 78 guidelines were reviewed (range 0–13 per condition). HIV testing was recommended in six of 17 ADC guidelines (35%) and 24 of 61 IC guidelines (39%). At least one guideline recommended HIV testing for six of 25 ADCs (24%) and 16 of 49 ICs (33%). There was no association between recommendation to test and publication year ( $P = 0.62$ ).

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## Method

1. EACS guidelines reviewed to produce list of AIDS-defining conditions (ADCs) and indicator conditions (IC) where HIV prevalence  $> 0.1\%$ , and ICs where HIV non-diagnosis would have adverse effect on patient's management (such as autoimmune conditions requiring immunosuppressive therapy)
2. Australian guidelines for these conditions identified from searches of websites of specialty societies, electronic Therapeutic Guidelines (eTG), National Health and Medical Research Council (NHMRC), state governments, MEDLINE and Google searches
3. We identified 8 key ICs that were part of the HIDES I study which were sexually transmitted infections, malignancy or lymphoma, cervical or anal cancer or dysplasia, herpes zoster, chronic viral hepatitis (B or C), mononucleosis like illness, unexplained leucopenia or thrombocytopenia, and seborrheic dermatitis or exanthema

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## Method

4. Guidelines were reviewed and classified according to whether
  - a) HIV was mentioned
  - b) HIV was mentioned but not testing
  - c) HIV and testing for HIV was mentioned
  
5. In addition, because sometimes US and other North American guidelines are used as a default in Australia we reviewed these with respect to the indicator conditions. The US guidelines, written in a setting with a somewhat higher prevalence HIV, provide a contrast also to Australian guidelines

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## Method



### Hepatitis B and HIV co-infection

Patients with HIV infection have a higher prevalence of HBV infection than the general population. HBV-HIV co-infection results in faster progression of liver fibrosis, with a higher rate of liver-related complications (such as HCC and liver failure). Liver disease is a significant cause of morbidity and mortality even in patients whose HIV infection is well controlled on antiretroviral therapy. Management can be complicated by immune reconstitution inflammatory syndrome and hepatotoxicity from antiretroviral drugs.

### Chronic hepatitis C

The patient's current personal and social circumstances and their wishes about HCV treatment should be established. Additionally, the following tests and investigations should be performed:

- full blood count, electrolytes/urea/creatinine (EUC) and international normalised ratio (INR)
- liver biochemistry
- blood glucose
- HCV RNA and genotype (testing is Medicare rebatable and can be requested by general practitioners), or provide documentation of previous results
- upper abdominal ultrasound
- serology for HIV, hepatitis A virus (HAV) and hepatitis B virus (HBV) [Note 5].

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# Method

Respiratory/pulmonology				
Tuberculosis	Therapeutic Guidelines - antibiotic	Yes	"Before starting therapy for TB, ascertain the HIV status of all patients"	<a href="https://guidcdp.tg.org.au.acs.hcn.com.au/viewTopic?topicId=mycobacterai-infections&amp;guidelineName=Antibiotic#toc_d1e150">https://guidcdp.tg.org.au.acs.hcn.com.au/viewTopic?topicId=mycobacterai-infections&amp;guidelineName=Antibiotic#toc_d1e150</a>
	Queensland Department of Health guidelines	Yes	Co-infection with HIV greatly influences the prognosis of tuberculosis and has a significant bearing on treatment and monitoring. All TB patients should be screened for HIV.	<a href="https://www.health.qld.gov.au/_data/assets/pdf_file/0029/444566/tb-guideline-treatment.pdf">https://www.health.qld.gov.au/_data/assets/pdf_file/0029/444566/tb-guideline-treatment.pdf</a>
	Victorian Department of Health Guidelines	Yes	Therefore, all patients with newly diagnosed TB should be asked about HIV risk factors, and should be advised to undergo HIV testing after appropriate pre-test discussion.	<a href="https://www.thermh.org.au/sites/default/files/media/documents/Management%20%20control%20and%20prevention%20of%20tuberculosis%20-%20Guidelines%20for%20health%20care%20providers%20-%202015.pdf">https://www.thermh.org.au/sites/default/files/media/documents/Management%20%20control%20and%20prevention%20of%20tuberculosis%20-%20Guidelines%20for%20health%20care%20providers%20-%202015.pdf</a>
	ISA Guidelines	Yes	HIV screening listed in baseline work-up for all TB patients	<a href="https://academic.oup.com/cid/article/63/7/e147/2196792">https://academic.oup.com/cid/article/63/7/e147/2196792</a>

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# Results

Specialty	Number of HIV indicator conditions	Conditions with Aus guideline, n (%)	Aus guidelines which don't mention HIV, n (%)	Aus guidelines which mention HIV but don't advise testing, n (%)	Aus guidelines which advise HIV testing, n (%)	Conditions with US guideline, n (%)	US guidelines which don't mention HIV, n (%)	US guidelines which mention HIV but don't advise testing, n (%)	US guidelines which advise HIV testing, n (%)
Resp	8	5 (63%)	1 (20%)	3 (60%)	1 (20%)	5 (63%)	2 (40%)	2 (40%)	1 (20%)
Neuro	10	4 (40%)	3 (75%)	1 (25%)	0 (0%)	3 (30%)	2 (67%)	0 (0%)	1 (10%)
Derm/genitourinary	10	7 (70%)	3 (43%)	3 (43%)	1 (14%)	7 (70%)	4 (57%)	1 (14%)	2 (29%)
Gastrointestinal	7	7 (100%)	1 (14%)	5 (71%)	1 (14%)	6 (86%)	0 (0%)	4 (57%)	2 (29%)
Oncology	5	2 (40%)	1 (50%)	0 (0%)	1 (50%)	4 (80%)	1 (25%)	0 (0%)	3 (75%)
O+G	6	4 (67%)	1 (25%)	1 (25%)	2 (50%)	3 (50%)	1 (33%)	0 (0%)	2 (67%)
Dental/ENT	5	2 (40%)	0	2 (40%)	0	2 (40%)	0	2 (100%)	0
Haem	5	2 (40%)	0	0	2 (100%)	2 (40%)	0	1 (50%)	1 (50%)
ID	25	15 (60%)	3 (12%)	8 (32%)	4 (16%)	13 (52%)	1 (4%)	6 (24%)	6 (24%)
Ophthal	1	1 (100%)	0	1 (100%)	0	0	0	0	0
Renal	1	1 (100%)	0	0	1 (100%)	1 (100%)	1 (100%)	0	0
Rheum	1	1 (100%)	0	0	1 (100%)	1 (100%)	1 (100%)	0	0
<b>Total</b>	<b>84</b>	<b>51 (60%)</b>	<b>13 (25%)</b>	<b>24 (47%)</b>	<b>14 (27%)</b>	<b>47 (56%)</b>	<b>13 (28%)</b>	<b>16 (34%)</b>	<b>18 (38%)</b>

Table 1: Guidelines by Specialty

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# Results

	Number of Australian guidelines identified (% of total number of conditions)	Association with HIV mentioned n (% of conditions with guideline available)	HIV testing recommended n (% of conditions with guideline available)	Number of US guidelines identified (% of total number of conditions)	Association with HIV mentioned n (% of conditions with guideline available)	HIV testing recommended n (% of conditions with guideline available)
All-conditions	53/84 (63%)	24/51 (47%)	14/51 (27%)	46/84 (55%)	15/46 (33%)	18/46 (39%)
AIDS-defining conditions	25/84 (30%)	18/25 (72%)	5/25 (20%)	26/84 (31%)	12/26 (46%)	10/26 (38%)
Indicator conditions with HIV prevalence (proven or likely) of 0.1%	25/84 (30%)	6/25 (24%)	8/25 (32%)	18/84 (21%)	3/18 (17%)	7/18 (39%)
Indicator Conditions:	1/84 (1%)	0/1 (0%)	1/1 (100%)	2/84 (2%)	0/2 (0%)	1/2 (50%)
Other*						
Source of guideline						
- eTG*	38/51 (75%)	21/38 (55%)	6/38 (16%)			
- Specialty society	5/51 (10%)	1/5 (20%)	2/5 (40%)			
- Other*	8/51 (16%)	1/8 (13%)	6/8 (75%)			

Table 2: Guidelines by source

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Guidelines for key indicator conditions	Number of Australian guidelines identified (% of total number of conditions)	Association with HIV mentioned n (% of conditions with guideline available)	HIV testing recommended n (% of conditions with guideline available)	Number of US guidelines identified (% of total number of conditions)	Association with HIV mentioned n (% of conditions with guideline available)	HIV testing recommended n (% of conditions with guideline available)
Total	23/23 (100%)	21/23 (91%)	10/23 (43%)	23/23 (100%)	19/23 (82%)	14/23 (61%)
Sexually transmitted infections	10/23 (43%)	9/10 (90%)	5 (50%)	8/23 (35%)	7/8 (88%)	5 (63%)
Malignancy or lymphoma	5/23 (22%)	4/5 (80%)	3 (60%)	7/23 (30%)	5/7 (71%)	5/7 (71%)
Cervical or anal cancer/dysplasia	1/23 (4%)	1/1 (100%)	0	3/23 (13%)	2/3 (67%)	2/3 (67%)
Herpes zoster	2/23 (9%)	2/2 (100%)	0	1/23 (4%)	0	0
HBV or HCV (acute or chronic)	4/23 (17%)	4/4 (100%)	2 (50%)	4/23 (17%)	4/4 (100%)	2/4 (50%)
Mononucleosis-like illness	0	0	0	0	0	0
Unexplained leucocytopenia, thrombocytopenia (>4wks)	0	0	0	0	0	0
Seborrheic dermatitis/exanthema	1/23 (4%)	0	0	0	0	0

Table 3: Guidelines by key indicator condition

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## Results Summary

- 51 ADCs and ICs had Australian guidelines
- 24/51(47%) mention association with HIV and 14/51 (27%) recommend HIV testing
- 23/51(45%) Australian guidelines for ADCs:17/23(74%) mention association with HIV and 4/23(17%) recommend testing
- 27/52 (53%) were guidelines ICs with HIV prevalence (proven or likely) of 0.1%: 7/27 (26%) mention HIV association and 9/27 (33%) recommend HIV testing
- 2/8 (25%) key ICs had no Australian guidelines and 3/8 (38%) do not mention HIV association or recommend HIV testing

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## Conclusion

Results limited by lack of clear methodology for finding and assessing national guidelines

Although almost half the guidelines for ADCs and ICs mention HIV association, only 27% specifically recommend HIV testing

Partnership with guideline development and specialist groups may be useful to ensure patients diagnosed with ADC/ICs are tested for HIV

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## Thanks! Questions?

- Yi dan Lin
- Laura Eades
- Ajit Nair
- Jillian Lau
- Leong Shooen Loo
- Sarah Garner
- Jackie Williams
- Kathy Cisera
- Chris Kiss
- Tony Korman
- Tina Ko
- Sheetal Despande



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## Background

- 39 per cent of new HIV diagnoses had a CD4 count of less than 350
- Late diagnosis is associated with increased HIV-related morbidity and mortality and health care costs e.g. hospitalisations
- Significant public health importance
  - 10–20 per cent of Australians living with HIV have not been diagnosed

Department of Health, National HIV Strategy, 2014

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## HIV Indicator diseases across Europe (HIDES I) study

	HIV test	HIV +	Prevalence (95%CI)	
<u>Total</u>	3588	66	1.84	(1.42-2.34)
STI	764	31	4.06	(2.78-5.71)
Malignant lymphoma	344	1	0.29	(0.01-1.61)
Cervical or anal dysplasia	542	2	0.37	(0.04-1.32)
Herpes Zoster <65yo	207	6	2.89	(1.07-6.21)
Hepatitis B/C	1099	4	0.36	(0.10-0.93)
On-going mononucleosis-like illness	441	17	3.85	(2.26-6.10)
Leuko/thrombocytopaenia	94	3	3.19	(0.66-9.04)
Seborrheic dermatitis/exanthema	97	2	2.06	(0.25-7.24)

Sullivan et AL. PLoS ONE, 2013, Volume 8, Issue 1, e52845

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HIDES

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# HIDES I Study

- Median CD4 (n=35/66): 400 cells/uL (11-675)
- 11% hospitalized – 71% of those with AIDS or infection
- 20% had potentially HIV-related presentations in the prior years
  - 23% had more than one presentation

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Sullivan et al. PLoS ONE, January 2013, Volume 8, Issue 1, e52845

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## Demographics

**Table 1. Demographics of Late Presenters compared with rest of HIV cohort**

	Late Presenters (n=82)	Control (n=354)	p-value
Age (years)	45 (9-85)	39 (0-82)	0.05
Sex			0.11
Male	68 (83%)	264 (75)	
Female	14 (17%)	90 (25)	
Born overseas	50 (61%)	207 (58%)	p=0.68
Heterosexual transmission	42 (51%)	109 (31%)	p<0.001

Garner et al, [The International Union against Sexually Transmitted Infections \(IUSTI\) Conference poster](#), 2016

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<b>Table 2: Prevalence of EACS HIV Indicator Conditions</b>		
<b>EACS HIV Indicator Conditions</b>	<b>Number (n=80)</b>	<b>%</b>
Opportunistic infections	5	6.3
Prevalence in undiagnosed PLHIV > 0.1%	42	52.5
Condition where non-diagnosis significantly impacts management •	2	2.5
<b>Number of Indicator Conditions</b>		
at least 1	44	55.0
at least 2	29	36.3
at least 3	12	15.0
4 or more	5	6.3
<b>Time between indicator condition to HIV diagnosis</b>		
at least 3 months	33	41.3
at least 12 months	20	25.0
<b>Presence of indicator condition by Year of HIV Diagnosis</b>		
2000-2007	21	26.3
2008-2014	23	28.8

- Conditions requiring aggressive immuno-suppressive therapy e.g. cancer, transplantation
- Primary space occupying lesion of the brain. • Idiopathic/Thrombotic thrombocytopenic purpura

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<b>Table 3: Prevalence of specific HIV Indicator Conditions</b>		
<b>HIV indicator conditions</b>	<b>N</b>	<b>%</b>
Unexplained loss of weight	25	31.3
Herpes zoster	8	10
Thrombocytopenia/leukopenia	8	10
Candidiasis (oral or oesophageal)	8	10
Community acquired pneumonia	7	8.8
Fevers/night sweats	6	7.5
Viral hepatitis	6	7.5
Diarrhoea	5	6.3
Lymphadenopathy	4	5
Mononucleosis like illness	3	3.8
Sexually transmitted infection	3	3.8
Psoriasis/seborrhoeic dermatitis	2	2.5
Peripheral neuropathy	2	2.5
Cervical dysplasia	1	1.3

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