Table 1: Clinical indicator diseases for adult HIV infection

	AIDS-defining conditions	Other conditions where HIV testing should be offered
Respiratory	Tuberculosis Pneumocystis	Bacterial pneumonia Aspergillosis
Neurology	Cerebral toxoplasmosis Primary cerebral lymphoma Cryptococcal meningitis Progressive multifocal leucoencephalopathy	Aseptic meningitis/encephalitis Cerebral abscess Space occupying lesion of unknown cause Guillain–Barré syndrome Transverse myelitis Peripheral neuropathy Dementia Leucoencephalopathy
Dermatology	Kaposi's sarcoma	Severe or recalcitrant seborrhoeic dermatitis Severe or recalcitrant psoriasis Multidermatomal or recurrent herpes zoster
Gastroenterology	Persistent cryptosporidiosis	Oral candidiasis Oral hairy leukoplakia Chronic diarrhoea of unknown cause Weight loss of unknown cause Salmonella, shigella or campylobacter Hepatitis B infection Hepatitis C infection
Oncology	Non-Hodgkin's lymphoma	Anal cancer or anal intraepithelial dysplasia Lung cancer Seminoma Head and neck cancer Hodgkin's lymphoma Castleman's disease
Gynaecology	Cervical cancer	Vaginal intraepithelial neoplasia Cervical intraepithelial neoplasia Grade 2 or above
Haematology		Any unexplained blood dyscrasia including: • thrombocytopenia • neutropenia • lymphopenia
Ophthalmology	Cytomegalovirus retinitis	Infective retinal diseases including herpesviruses and toxoplasma Any unexplained retinopathy
ENT		Lymphadenopathy of unknown cause Chronic parotitis Lymphoepithelial parotid cysts
Other		Mononucleosis-like syndrome (primary HIV infection) Pyrexia of unknown origin Any lymphadenopathy of unknown cause Any sexually transmitted infection

Table 2: Clinical indicator diseases for paediatric HIV infection

	AIDS-defining conditions	Other conditions where HIV testing should be considered
ENT		Chronic parotitis Recurrent and/or troublesome ear infections
Oral		Recurrent oral candidiasis Poor dental hygiene
Respiratory	Pneumocystis CMV pneumonitis Tuberculosis	Recurrent bacterial pneumonia Lymphoid interstitial pneumonitis Bronchiectasis
Neurology	HIV encephalopathy meningitis/encephalitis	Developmental delay Childhood stroke
Dermatology	Kaposi's sarcoma	Severe or recalcitrant dermatitis Multidermatomal or recurrent herpes zoster Recurrent fungal infections Extensive warts or molluscum contagiosum
Gastroenterology	Wasting syndrome Persistent cryptosporidiosis	Unexplained persistent hepatosplenomegaly Hepatitis B infection Hepatitis C infection
Oncology	Lymphoma Kaposi's sarcoma	
Haematology		Any unexplained blood dyscrasia including: • thrombocytopenia • neutropenia • lymphopenia
Ophthalmology	Cytomegalovirus retinitis	Any unexplained retinopathy
Other	Recurrent bacterial infections (e.g. meningitis, sepsis, osteomyelitis, pneumonia etc.) Pyrexia of unknown origin	

4.4 Which test to use?

There are two methods in routine practice for testing for HIV involving either venepuncture and a screening assay where blood is sent to a laboratory for testing or a rapid point of care test (POCT).

Blood tests

The recommended first-line assay is one which tests for HIV antibody AND p24 antigen simultaneously. These are termed fourth generation assays, and have the advantage of reducing the time between infection and testing HIV positive to one month which is one to two weeks earlier than with sensitive third generation (antibody only detection) assays [22]. It is reasonable to expect universal provision of these assays, although they are not offered by all primary screening laboratories.

HIV RNA quantitative assays (viral load tests) are not recommended as screening assays because of the possibility of false positive results, and also only marginal advantage over fourth generation assays for detecting primary infection.