

## CHIPS APPENDICES

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### APPENDIX 1 CDC classification of stages N, A and B

(Abbreviated from CDC 1994 classification)

*Clinical categories for children with human immunodeficiency virus (HIV) infection.*

#### **CATEGORY N: NOT SYMPTOMATIC**

Children who have no signs or symptoms considered to be the result of HIV infection or who have only one of the conditions listed in Category A.

#### **CATEGORY A: MILDLY SYMPTOMATIC**

Children with two or more of the conditions listed below but none of the conditions listed in Categories B and C.

- Lymphadenopathy ( $\geq 0.5$  cm at more than two sites; bilateral = one site)
- Hepatomegaly
- Splenomegaly
- Dermatitis
- Parotitis
- Recurrent or persistent upper respiratory infection, sinusitis or otitis media

#### **CATEGORY B: MODERATELY SYMPTOMATIC**

Children who have symptomatic conditions other than those listed for Category A or C that are attributed to HIV infection. Examples of conditions in clinical Category B include but are not limited to:

- Anaemia ( $<8$  gm/dL), neutropaenia ( $<1,000/\text{mm}^3$ ), or thrombocytopaenia ( $<100,000/\text{mm}^3$ ) persisting for longer than 30 days
- Bacterial meningitis, pneumonia or sepsis (single episode)
- Candidiasis, oropharyngeal (thrush), persisting for longer than 2 months in children  $> 6$  months of age
- Cardiomyopathy
- Cytomegalovirus infection, with onset before 1 month of age
- Diarrhoea, recurrent or chronic
- Hepatitis
- Herpes simplex virus (HSV) stomatitis, recurrent (more than 2 episodes within one year)
- HSV bronchitis, pneumonitis, or oesophagitis with onset before 1 month of age
- Herpes zoster (shingles) involving at least two distinct episodes or more than one dermatome
- Leiomyosarcoma
- Lymphoid Interstitial Pneumonia (LIP) or pulmonary lymphoid hyperplasia complex
- Nephropathy
- Nocardiosis
- Persistent fever (lasting  $>1$  month)
- Toxoplasmosis, onset before 1 month of age
- Varicella, disseminated (complicated chickenpox)

## APPENDIX 2 CDC Classification of stage C (AIDS)

(Abbreviated from CDC 1994 classification)

Opportunistic Infections	Definitions
Candidiasis Coccidioidomycosis Cryptococcosis Cryptosporidiosis or Isosporiasis Cytomegalovirus disease Herpes simplex virus  Histoplasmosis Atypical mycobacterial (M Avium or M Kansaii, other) disease Mycobacterium tuberculosis Toxoplasmosis Pneumocystis carinii pneumonia Progressive multi focal leukoencephalopathy Salmonella (non-typhoid) Septicaemia	Oesophageal or respiratory tract Disseminated or extrapulmonary Extrapulmonary Chronic intestinal with diarrhoea for > 1 month Disseminated, with onset > 1 month of age Disseminated, with onset > 1 month of age, or chronic ulcer persisting > 1 month Disseminated or extra pulmonary Disseminated at site other than or in addition to lungs, skin, cervical or hilar lymphadenopathy Disseminated or extra pulmonary Of the brain with onset > 1 month of age Pneumonia  Recurrent Recurrent
<b>Severe recurrent documented bacterial infection</b>	Any combination of at least 2 of the following within a 2-year period: septicaemia, pneumonia, meningitis, bone or joint infection, abscess of internal organ or body cavity.
<b>Wasting Syndrome</b>	Wasting syndrome in the absence of a concurrent illness other than HIV infection that could explain the following findings: a) persistent weight loss >10% of baseline OR b) downward crossing of at least two of the following percentile lines on the weight-for-age chart (e.g. 95th, 75th, 50th, 25th, 5th) in a child $\geq 1$ year of age OR c) <5th percentile on weight-for-height chart on two consecutive measurements, $\geq 30$ days apart <u>plus</u> a) chronic diarrhoea (i.e. at least two loose stools per day for $\geq 30$ days) OR b) documented fever (for $\geq 30$ days, intermittent or constant)
<b>HIV encephalopathy</b>	At least one of the following progressive findings for at least two months in the absence of a concurrent illness other than HIV infection that could explain the findings: a) Failure to attain or loss of developmental milestones or loss of intellectual ability, verified by standard developmental scale or neuropsychological tests b) impaired brain growth or acquired microcephaly demonstrated by head circumference measurements or by brain atrophy demonstrated by computerised tomography or magnetic resonance imaging (serial imaging is required for children <2 years of age) c) Acquired symmetric motor deficit manifested by two or more of the following: paresis, pathologic reflexes, ataxia, or gait disturbance
<b>Kaposi's Sarcoma</b> <b>Lymphoma</b> <b>Immunoblastic Sarcoma</b>	CNS or small cell, non cleaved (Burkitt or non-Burkitt)

**Definitive diagnosis:** microscopy (histology or cytology); culture; antigen detection

**Presumptive diagnosis:** characteristic clinical presentation, supported by investigations other than microscopy or culture and after exclusion of other causes in the differential diagnosis.

### APPENDIX 3 Reasons for starting, stopping or changing therapy

Please list as many reasons as is applicable:

1. Clinical Symptoms	8. Adherence failure (child refusal)
2. Increasing viral load	9. Result of a resistance test (please give name of test or lab) <b>Please use as reason for STARTING only</b>
3. Falling CD4 count	10. Death
4. Entering a clinical trial	11. Parental decision
5. Following guidelines (please specify which)	12. Viral load rebound
6. Other reason (please specify)	16. Change in dose
7. Drug toxicity/ replacement drug for toxicity stop	17. Post-partum prophylaxis
	18. Asymptomatic HIV infected infant

### APPENDIX 4 Common adverse events related to ART

(These include but are not limited to the following list)

(Adapted from NIH/DAIDS toxicity tables for grading severity of paediatric adverse events, December 2004; see [www3.niaid.nih.gov/research/resources/DAIDSClinRsrch/PDF/Safety/DAIDSAEGradingTable.pdf](http://www3.niaid.nih.gov/research/resources/DAIDSClinRsrch/PDF/Safety/DAIDSAEGradingTable.pdf) for further information/ other events.)

Event	Grade 2 Moderate	Grade 3 Severe	Grade 4 Life-threatening
<b>Hyperlipidaemia</b> Triglycerides Cholesterol	5.65 - 8.48 mmol/L 5.16 – 7.77 mmol/L	8.49 – 13.56 mmol/L >7.77 mmol/L	>13.56 mmol/L
<b>Lipodystrophy</b>	See Appendix 5		
<b>Pancreatitis</b> Pancreatic amylase Or Amylase + clinical symptoms	1.6 - 2.0 x ULN	2.1 - 5.0 x ULN	>5.0 x ULN
<b>Neuropathy/ Lower Motor Neuronopathy</b>	Mild transient Paraesthesia only.	Persistent or progressive paraesthesias, burning sensation in feet, or mild dysaesthesia; no weakness; mild to moderate deep tendon reflex changes; no sensory loss.	Onset of significant weakness, decrease or loss of DTRs, sensory loss in "stocking glove" distribution, radicular sensory loss, multiple cranial nerve involvement; bladder or bowel dysfunction, fasciculations, respiratory embarrassment from chest wall weakness. Grade 3 symptoms which do not resolve with dose reduction.
<b>Renal/ electrolytes</b> Creatinine Glucose High – fasting High - non-fasting Low	1.4 - 1.8 x ULN  6.95 - 13.88 mmol/L 8.89 - 13.88 mmol/L 3.06 - 2.22 mmol/L	1.9 – 3.4 x ULN  13.89 - 27.75 mmol/L 13.89 - 27.75 mmol/L 2.23 - 1.67 mmol/L	>3.4 x ULN  >27.75 mmol/L >27.75 mmol/L <1.67 mmol/L
<b>Hepatic</b> Bilirubin AST ALT Alkaline phosphatase	1.6 - 2.5 x ULN 2.6 - 5.0 x ULN 2.6 - 5.0 x ULN 2.6 - 5.0 x ULN	2.6 - 5.0 x ULN 5.1 - 10.0 x ULN 5.1 - 10.0 x ULN 5.1 - 10.0 x ULN	>5.0 x ULN >10.0 x ULN >10.0 x ULN >10.0 x ULN
<b>Rash</b>	Diffuse macular, maculopapular, or morbilliform rash OR Target lesions.	Diffuse macular, maculopapular, or morbilliform rash with vesicles or limited number of bullae OR Superficial ulcerations of mucous membrane limited to one site.	Extensive or generalized bullous lesions OR Stevens- Johnson syndrome OR Ulceration of mucous membrane involving two or more distinct mucosal sites OR Toxic epidermal necrolysis (TEN).

...continued over/

Event	Grade 2 Moderate	Grade 3 Severe	Grade 4 Life-threatening
<b>Abacavir hyper-sensitivity reaction</b>	One or more of the following: fever, gastro-intestinal symptoms (nausea, vomiting, diarrhoea), rash (erythema that may be macular, maculopapular, urticarial or pruritic), and malaise and/or constitutional flu-like symptoms including myalgia. Grade as Symptoms.		
<b>Anaemia</b>	99.9x10 <sup>9</sup> - 50.0x10 <sup>9</sup> /L	25.000x10 <sup>9</sup> - 49.999x10 <sup>9</sup> /L	<25.000 x10 <sup>9</sup> /L
<b>Neutropenia</b> (On two consecutive occasions)	0.999x10 <sup>9</sup> -0.75x10 <sup>9</sup> /L	0.749 x10 <sup>9</sup> - 0.500 x10 <sup>9</sup> /L	<0.500 x10 <sup>9</sup> /L
<b>Other clinical symptoms</b> (not specified above)	May require minimal intervention and monitoring.	Requires medical care and possible hospitalisation.	Requires active medical intervention, hospitalisation, or hospice care.
<b>Other laboratory values</b> (not specified above)	Sufficiently abnormal to require evaluation as to casualty and perhaps mild therapeutic intervention. Not of sufficient severity to warrant immediate changes in drugs.	Sufficiently severe to require evaluation and treatment, including at least temporary suspension of drugs.	Life-threatening severity. Requires immediate evaluation, treatment, and usually hospitalisation.

Note: ULN = Upper limit of normal range

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## APPENDIX 5 Definition of body fat changes

- Mild:** Noticeable only if specifically looked for.  
No change in clothes fitting (other than expected by normal increase in height due to normal growth).
- Moderate:** Easily noted by patient or clinician.  
Clothing has become tight or loose (other than expected by normal increase in height due to normal growth).
- Severe:** Obvious to the casual observer.  
Has required a change in clothing, due to change in body shape not due to increase in height.