

Most common OI diagnoses during hospital admission for adults and adolescents

Diagnosis	Subcategories	
<p>TB:</p> <p><input type="checkbox"/> <i>yes</i></p> <p><input type="checkbox"/> <i>no</i></p> <p>If yes, check one box below:</p> <p><input type="checkbox"/> Treatment started during this admission</p> <p><input type="checkbox"/> Treatment started before this admission</p>	<p>Resistance – check one box only:</p> <p><input type="checkbox"/> Empiric treatment</p> <p><input type="checkbox"/> LAM positive and resistance unknown</p> <p><input type="checkbox"/> Rifampicin sensitive</p> <p><input type="checkbox"/> Rifampicin resistant</p> <p><input type="checkbox"/> Rifampicin plus other resistance - list other resistance below:</p>	<p>Localisation – check one box only:</p> <p><input type="checkbox"/> Pulmonary TB only</p> <p><input type="checkbox"/> Any neurological TB (+/-TB at any other location)</p> <p><input type="checkbox"/> Extra-pulmonary TB +/- pulmonary TB</p> <p>Additional information – check <i>all that apply</i>:</p> <p><input type="checkbox"/> TB not improving or deteriorating on treatment, causes other than paradoxical TB IRIS¹</p> <p><input type="checkbox"/> Paradoxical TB IRIS²</p>
<p>Toxoplasmosis:</p> <p><input type="checkbox"/> <i>yes</i></p> <p><input type="checkbox"/> <i>no</i></p>	<p>Check one box only:</p> <p><input type="checkbox"/> toxoplasmosis IgG positive</p> <p><input type="checkbox"/> empiric treatment³, no IgG result</p>	
<p>Cryptococcal disease:</p> <p><input type="checkbox"/> <i>yes</i></p> <p><input type="checkbox"/> <i>no</i></p>	<p>Check one box only:</p> <p><input type="checkbox"/> Cryptococcal meningitis; CSF CrAg positive or CSF CrAg not done and clinical evidence of meningitis</p> <p><input type="checkbox"/> Serum CrAg positive, CSF CrAg negative</p> <p><input type="checkbox"/> Serum CrAg positive, CSF CrAg not done and no clinical evidence of meningitis</p>	
<p>Pneumocystis pneumonia⁴:</p> <p><input type="checkbox"/> <i>yes</i></p> <p><input type="checkbox"/> <i>no</i></p>		
<p>Chronic diarrhoea⁵:</p> <p><input type="checkbox"/> <i>yes</i></p> <p><input type="checkbox"/> <i>no</i></p>		
<p>Kaposi's sarcoma:</p> <p><input type="checkbox"/> <i>yes</i></p> <p><input type="checkbox"/> <i>no</i></p>	<p>Localisation – check one box only:</p> <p><input type="checkbox"/> Skin only</p> <p><input type="checkbox"/> any other site +/- skin</p>	
<p>Oesophageal candida:</p> <p><input type="checkbox"/> <i>yes</i></p> <p><input type="checkbox"/> <i>no</i></p>		
<p>Additional important OI diagnoses in your setting⁶:</p> <p><input type="checkbox"/> <i>yes</i></p> <p><input type="checkbox"/> <i>no</i></p> <p>(adapt to context)</p>	<p><input type="checkbox"/> Regional: Visceral Leishmaniasis, Talaromyces</p> <p><input type="checkbox"/> CMV: retinitis/encephalitis/other</p> <p><input type="checkbox"/> MAC: empiric treatment/confirmed</p> <p><input type="checkbox"/> Histoplasmosis: empiric treatment/confirmed</p> <p><input type="checkbox"/> Other malignancy: Lymphoma/cervical cancer – suspected or proven</p> <p><input type="checkbox"/> Other:</p>	

Notes regarding case definitions:

These are a guide – a decision to initiate and continue treatment for a particular condition also fulfills the diagnostic criteria.

¹ On TB treatment for more than 2 weeks

² Paradoxical IRIS: improving on TB treatment, then starting ART or switching to second or third line ART and subsequently deteriorating. Other causes such as DRTB excluded or considered clinically unlikely

³ Any abnormal neurology and CD4 < 200 or unknown

⁴ Respiratory rate > 30 breaths per min or saturation < 90% **and** CD4 < 200 or unknown

⁵ Diarrhoea for 2 weeks or more, or previous episode (s) of chronic diarrhoea, or a clinical decision to treat if shorter duration

⁶ This section to be customized for each setting