Revised pediatric HIV classification system

In the fall of 1994, a new classification system for pediatric HIV replaced the 1987 system. The new system is summarized in Tables 1 and 2. Table 3 compares the 1987 and 1994 systems.

Clinical categories for children with 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 are defined as category N.

Category A: Mildly symptomatic
Category A comprises children with two or more of the conditions listed below but none of the conditions listed in categories B and C.

- Lymphadenopathy (> 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
Category B consists of 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:

- Anemia (< 8 gm/dL), neutropenia (< 1,000/mm³), or thrombocytopenia (< 100,000/mm³) persisting ≥ 30 days
- Bacterial meningitis, pneumonia, or sepsis (single episode)
- Candidiasis, oropharyngeal (thrush), persisting (> 2 months) in children > 6 months of age
- Cardiomyopathy
- Cytomegalovirus infection, with onset before 1 month of age
- Diarrhea, recurrent or chronic
- Hepatitis
- Herpes simplex virus (HSV) stomatitis, recurrent (more than two episodes within 1 year)
- HSV bronchitis, pneumonitis, or esophagitis 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 chicken pox)

<table>
<thead>
<tr>
<th>Table 1. Pediatric HIV classification*</th>
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<tbody>
<tr>
<td><strong>Clinical Categories</strong></td>
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<tr>
<td>Immunologic Category</td>
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<tr>
<td>---------------------------------------</td>
</tr>
<tr>
<td>1: No evidence of suppression</td>
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<tr>
<td>2: Evidence of moderate suppression</td>
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<td>3: Severe suppression</td>
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* Children whose HIV infection status is not confirmed are classified by using the above grid with a letter E (for perinatally exposed) placed before the appropriate classification code (e.g.; EN2).
* Both category C and lymphoid interstitial pneumonitis in category B are reportable to state and local health departments as AIDS.

- Serious bacterial infections, multiple or recurrent (i.e., a combination of at least two culture-confirmed infections within a 2-year period), of the following types: septicemia, pneumonia, meningitis, bone or joint infection, or abscess of an internal organ or body cavity (excluding otitis media, superficial skin or mucosal abscesses, and indwelling catheter-related infections)
Candidiasis, esophageal or pulmonary (bronchi, trachea, lungs)
Coccidioidomycosis, disseminated (at site other than or in addition to lungs or cervical or hilar lymph nodes)
Cryptococcosis, extrapulmonary
Cryptosporidiosis or isosporiasis with diarrhea persisting > 1 month
Cytomegalovirus disease with onset of symptoms at age > 1 month; (at site other than liver, spleen, or lymph nodes)
Encephalopathy (at least one of the following progressive findings present for at least 2 months in the absence of a concurrent illness other than HIV infection that could explain the findings):
1. Failure to attain or loss of developmental milestones or loss of intellectual ability, verified by standard developmental scale or neuropsychological tests
2. Impaired brain growth or acquired microcephaly demonstrated by head circumference measurements or brain atrophy demonstrated by computerized tomography or magnetic resonance imaging (serial imaging is required for children < 2 years of age)
3. Acquired symmetric motor deficit manifested by two or more of the following: paresis, pathologic reflexes, ataxis, or gait disturbance
Herpes simplex virus infection causing a mucocutaneous ulcer that persists for > 1 month; or bronchitis, pneumonitis, or esophagitis for any duration affecting a child > 1 month of age
Histoplasmosis, disseminated at (site other than or in addition to lungs or cervical or hilar lymph nodes)
Kaposi's sarcoma
Lymphoma, primary, in brain
Lymphoma, small noncleaved cell (Burkitt's), or immunoblastic or large cell lymphoma of b-cell or unknown immunologic phenotype
Mycobacterium tuberculosis, disseminated or extrapolmonary
Mycobacterium, other species or unidentified species, disseminated (at site other than or in addition to lungs, skin, or cervical or hilar lymph nodes)
Mycobacterium avium complex or Mycobacterium kansasii, disseminated (at site other than or in addition to lungs, skin or cervical or hilar lymph nodes)
Pneumocystis carinii pneumonia
Progressive multifocal leukoencephalopathy
Salmonella (nontyphoid) septicemia, recurrent
Toxoplasmosis of the brain with onset at > 1 month of age
Wasting syndrome in the absence of a concurrent illness other than HIV infection, which could explain the following findings:
1. Persistent weight loss > 10% of baseline, or
2. Downward crossing of at least two of the following percentile lines on the weight-for-age chart (e.g., 95th, 75th, 60th, 25th, 6th) in a child ≥ 1 year of age, or
3. < 5th percentile on weight-for-height chart on two consecutive measurements ≥ 30 days apart, plus
1. Chronic diarrhea (i.e., at least two loose stools per day for ≥ 30 days), or
2. Documented fever (≥ 30 days, intermittent or constant).

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