



Reporting Criteria of Acquired immunodeficiency syndrome

(1) Definition

Immune deficient state as manifested by opportunistic infections or development of malignant tumors as a consequence of infection with a retrovirus, human immunodeficiency virus (HIV)

(2) Clinical symptoms:

Decrease of the CD4+ lymphocyte count consequent to the HIV infection, and development of severe immunodeficiency associated with opportunistic infections and malignant tumors after asymptomatic phase lasting about 10 years when untreated.

(3) Criteria of notification

- a) **Patients (confirmed cases):** A physician, who has examined a patient with clinical characteristics as described in (2), suspected of acquired immunodeficiency syndrome on the basis of clinical and other findings, and considered that the patient satisfies the criteria in (4) b), must notify the case within 7 days in accordance with Infectious Diseases Control Law, Article 12, paragraph 1.
- b) **Asymptomatic carriers:** A physician, who has examined a person who has no clinical features as described in (2) but diagnosed that the patient has characteristics that satisfy the criteria of the notification as described in (4) a), must notify the case within 7 days in accordance with Infectious Diseases Control Law Article 12, paragraph 1.
- c) **Dead body of the infected:** A physician, who has examined dead body of a patient with clinical characteristics as described in (2), suspected of acquired immunodeficiency syndrome on the basis of clinical and other findings, and concluded that the patient's death was attributable to acquired immunodeficiency syndrome based on the criteria in (4) b), must notify the case within 7 days in accordance with Infectious Diseases Control Law Article 12, paragraph 1.

(4) Criteria required for the notification (Extract from diagnostic criteria for HIV/AIDS surveillance, MHLW AIDS Surveillance Committee, 2007)

- a) Diagnosis of HIV infection (asymptomatic phase)
 - (i) HIV infection is considered positive when positive results were obtained in the screening test [enzyme-linked immunosorbent assay (ELISA), particle agglutination assay (PA), immunochromatography (IC), etc.] as well as at least in one of the confirmatory tests below:
 - (1) Antibody confirmatory test (Western blot assay, immunofluorescent

antibody tests (IFA), etc.

- (2) HIV antigen tests, virus isolation, gene-amplification (PCR, etc.) and other methods for detection of pathogens, which will be called “HIV pathogen test” hereafter.
- (ii) In case of a less than 18-month old baby born to an HIV-positive mother, HIV infection is considered positive when positive results were obtained in an HIV antibody screening test and in either one of the following tests:
- (1) HIV pathogen test
 - (2) High serum immunoglobulin level combined with decreased lymphocyte counts, decreased CD4+ lymphocyte counts, or decreased ratio of CD4+ T lymphocyte count to CD8+ T lymphocyte count

b) Diagnosis of AIDS

A patient is classified as AIDS when a) is satisfied and at least one of the following indicator diseases are observed. A patient, who satisfies a) (i) and has ailments not found in the list, is classified as “others”.

<Indicator diseases>

A. Mycosis

1. Candidiasis (esophagus, trachea, bronchi, lungs, etc.)
2. Cryptococcosis (other than lungs)
3. Coccidioidomycosis
 - (1) Systemic dissemination
 - (2) Infection of sites other than lung, neck, and hilar lymph nodes
4. Histoplasmosis
 - (1) Systemic dissemination
 - (2) Infection of sites other than lung, neck and hilar lymph nodes
5. Pneumocystis pneumonia
Note: *P. carinii*'s new systematic name is *P. jiroveci*.

B. Protozoiasis

6. Toxoplasma encephalitis (in individuals later than one month after birth)
7. Cryptosporidiosis (associated with diarrhea continuing 1 month or longer)
8. Isosporiasis (associated with diarrhea continuing 1 month or longer)

C. Bacterial infections

9. Purulent bacterial infections: in patients younger than 13 years, the ailments listed below occurred at multiple sites or repeatedly through infection with *Haemophilus*, *Streptococcus* or other pyogenic bacteria
 - (1) Sepsis

- (2) Pneumonia
- (3) Meningitis
- (4) Osteoarthritis
- (5) Abscess of organs other than middle ear and mucus membrane, or abscess of deep organs
- 10. Recurrent infections by *Salmonella* bacteremia excluding *Salmonella* Typhi
- 11. Active tuberculosis (lung tuberculosis and extrapulmonary tuberculosis)*
- 12. Nontuberculous mycobacterial infection
 - (1) Systemic infection
 - (2) Infection in sites other than lung, skin, cervical or hilar lymph nodes
- D. Virus Infections
 - 13. Cytomegalovirus infection (later than 1 month after birth in organs other than liver, spleen and lymphatic nodes)
 - 14. Herpes simplex virus infection
 - (1) Skin or mucous membrane ulcer that persists more than 1 month
 - (2) Herpes infection associated with bronchitis, pneumonia and esophagitis that occur later than 1 month after birth
 - 15. Progressive multifocal encephalopathy
- E. Tumors
 - 16. Kaposi's sarcoma
 - 17. Primary cerebral lymphoma
 - 18. Non-Hodgkin lymphoma [(1) large-cell type (immunoblast type) and (2) Burkitt type in LSG classification]
 - 19. Infiltrating cervical cancer*
- F. Others
 - 20. Recurrent pneumonia
 - 21. Lymphoid interstitial pneumonitis/pulmonary lymph node hyperplasia: LIP/PLH complex (under the age of 13 years)
 - 22. HIV encephalopathy (dementia or subacute encephalitis)
 - 23. HIV wasting syndrome (general prostration or slim disease)

*For pulmonary tuberculosis in “active tuberculosis C11”, and for “infiltrating cervical carcinoma E19”, those with immunodeficiency findings are considered to have developed indicator diseases.