**WHO Clinical Staging of HIV Disease in Adults vs Children**

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| **Adults and adolescents** | **Children** |
| **Clinical stage 1** | |
| * Asymptomatic * Persistent generalized lymphadenopathy | * Asymptomatic * Persistent generalized lymphadenopathy |
| **Clinical stage 2** | |
| * Moderate unexplained weight loss * (<10% of presumed or measured body * weight) * Recurrent respiratory tract infections * sinusitis, tonsillitis, otitis media and * pharyngitis) * Herpes zoster * Angular cheilitis * Recurrent oral ulceration * Papular pruritic eruptions * Fungal nail infections * • Seborrhoeic dermatitis | * Unexplained persistent hepatosplenomegaly * Recurrent or chronic upper respiratory tract * infections (otitis media, otorrhoea, sinusitis, * tonsillitis) * Herpes zoster * Lineal gingival erythema * Recurrent oral ulcerations * Papular pruritic eruptions * Fungal nail infections * Extensive wart virus infection * Extensive molluscum contagiosum * Unexplained persistent parotid enlargement |
| **Clinical stage 3** | |
| * Unexplained severe weight loss (>10% of * presumed or measured body weight) * Unexplained chronic diarrhoea for longer * than 1 month * Unexplained persistent fever (intermittent * or constant, for >1 month) * Persistent oral candidiasis * Oral hairy leukoplakia * Pulmonary tuberculosis (current) * Severe bacterial infections (such as pneumonia, empyema, pyomyositis, bone or joint infection, meningitis, bacteraemia) * Acute necrotizing ulcerative stomatitis, gingivitis or periodontitis * Unexplained anemia (<8 g/dl), neutropaenia (<0.5×109/l) or chronic thrombocytopenia (<50×109/l) | * Unexplained moderate malnutrition not adequately responding to standard therapy * Unexplained persistent diarrhoea (14 days or more) * Unexplained persistent fever (above 37.5°C, intermittent or constant, for longer than 1 month) * Persistent oral candidiasis (after first 6 weeks of life) * Oral hairy leukoplakia * Lymph node TB * Pulmonary TB * Severe recurrent bacterial pneumonia * Acute necrotizing ulcerative gingivitis or periodontitis * Unexplained anaemia (<8.0 g/dl), neutropaenia (<0.5 x 109/l) or chronic thrombocytopaenia (<50 x 109/l) * Symptomatic lymphoid interstitial pneumonitis * Chronic HIV-associated lung disease, including bronchiectasis |
| **Clinical stage 4** | |
| * HIV wasting syndrome * *Pneumocystis (jiroveci)* pneumonia * Recurrent severe bacterial pneumonia * Chronic herpes simplex infection (orolabial, genital or anorectal of more than 1 month’s duration or visceral at any site) * Oesophageal candidiasis (or candidiasis of trachea, bronchi or lungs) * Extrapulmonary tuberculosis * Kaposi’s sarcoma * Cytomegalovirus infection (retinitis or infection of other organs) * Central nervous system toxoplasmosis * HIV encephalopathy * Extrapulmonary cryptococcosis including meningitis * Disseminated non-tuberculous mycobacterial infection * Progressive multifocal leukoencephalopathy * Chronic cryptosporidiosis (with diarrhoea) * Chronic isosporiasis * Disseminated mycosis (extrapulmonary histoplasmosis, coccidiomycosis) * Lymphoma (cerebral or B-cell non-Hodgkin) or other solid HIV-associated tumours * Symptomatic HIV-associated nephropathy or cardiomyopathy * Recurrent septicaemia (including nontyphoidal *Salmonella*) * Invasive cervical carcinoma * Atypical disseminated leishmaniasis | * Unexplained severe wasting, stunting or severe malnutrition not responding to standard therapy * *Pneumocystis (jiroveci)* pneumonia * Recurrent severe bacterial infections (such as empyema, pyomyositis, bone or joint infection, meningitis, but excluding pneumonia) * Chronic herpes simplex infection (orolabial or cutaneous of more than 1 month’s duration or visceral at any site) * Oesophageal candidiasis (or candidiasis of trachea, bronchi or lungs) * Extrapulmonary TB * Kaposi sarcoma * Cytomegalovirus infection (retinitis or cytomegalovirus infection affecting another organ, with onset at age more than 1 month) * Central nervous system toxoplasmosis (after the neonatal period) * HIV encephalopathy * Extrapulmonary cryptococcosis, including meningitis * Disseminated non-tuberculous mycobacterial infection * Progressive multifocal leukoencephalopathy * Chronic cryptosporidiosis (with diarrhoea) * Chronic isosporiasis * Disseminated endemic mycosis (extrapulmonary histoplasmosis, coccidioidomycosis, penicilliosis) * Lymphoma (cerebral or B-cell non-Hodgkin) * HIV-associated cardiomyopathy or nephropathy |
| a) In the development of this table, adolescents were defined as 15 years or older. For those aged less than 15 years, the clinical staging for children should be used.  b) For children younger than 5 years, moderate malnutrition is defined as weight-for-height <–2 z-score or mid-upper arm circumference ≥ 115 mm to < 125 mm.  c) Some additional specific conditions can be included in regional classifications, such as penicilliosis in Asia, HIV-associated rectovaginal fistula in southern Africa and reactivation of trypanosomiasis in Latin America.  d) For children younger than 5 years of age, severe wasting is defined as weight-for-height <–3 z-score; stunting is defined as length-for-age/height-for-age <–2 z-score; and severe acute malnutrition is either weight for height <–3 z-score or mid-upper arm circumference <115 mm or the presence of oedema | |

**Adapted from WHO case definitions of HIV for surveillance and revised clinical staging and immunological classification of HIV-related disease in adults and children. Geneva, World Health Organization, 2007 (**[**www.who.int/**](http://www.who.int/) **HIV/pub/guidelines/ HIVstaging150307.pdf).**