ADAPTED **WHO CLINICAL STAGING**

- All children with CONFIRMED HIV INFECTION must be staged at diagnosis and as part of regular follow-up
- Children are staged in order to monitor their progress on ART
- If in doubt, discuss the child with a colleague or refer

STAGE 1	STAGE 2	STAGE 3	STAGE 4
• No symptoms • Persistent generalised lymphadenopathy	• Unexplained persistent enlarged liver and/ or spleen • Papular pruritic eruptions • Seborrheic dermatitis • Extensive human papilloma infection • Extensive molluscum contagiosum • Fungal nail infections • Recurrent oral ulcerations • Linear gingival erythema • Angular cheilitis • Unexplained persistent enlarged parotid • Herpes zoster • Recurrent or chronic respiratory tract infections (sinusitis, ear infection, otorrhoea, sinusitis, tonsillitis)	• Unexplained Moderate Malnutrition not adequately responding to standard therapy • Oral thrush (outside neonatal period) • Oral hairy leucoplakia • Acute necrotising ulcerative gingivitis/ periodontitis • The following conditions if unexplained and if not responding to standard treatment: - Diarrhoea for 14 days or more - Fever for one month or more - Anaemia (Hb <8 g/dL) for one month or more - Neutropaenia (< 500/mm3) for one month - Thrombocytopaenia (platelets <50,000/mm3) for one month or more • Recurrent severe bacterial pneumonia • Pulmonary TB • TB lymphadenopathy • Chronic HIV-associated lung disease, including bronchiectasis • Symptomatic Lymphoid Interstitial Pneumonitis	• Unexplained severe wasting or Severe Malnutrition not adequately responding to standard therapy • Oesophageal thrush • Herpes simplex ulceration for one month or more • Severe multiple or recurrent bacterial infections, two or more episodes in a year (not including pneumonia) • Pneumocystis pneumonia (PCP/ PJP) • Kaposi sarcoma • Extrapulmonary TB