Human immunodeficiency virus (HIV; individual aged 18 months or older)

Australian national notifiable diseases case definition

This document contains the surveillance case definition for human immunodeficiency virus (HIV; individual aged 18 months or older), which is nationally notifiable within Australia. State and territory health departments use this definition to decide whether to notify the Australian Government Department of Health and Aged Care of a case.

Version	Status	Last reviewed	Implementation date
2.0	Integration of HIV – newly acquired and HIV unspecified into one case definition that covers both stages of infection. Laboratory definitive and laboratory suggestive evidence updated to reflect advances in laboratory testing. Detection of HIV nucleic acid (RNA or DNA) included as laboratory definitive evidence (in combination with other evidence) and as laboratory suggestive evidence.	2022	1 January 2023
1.0	Initial CDNA case definition	2004	2004

HIV may be diagnosed in individuals aged 18 months or older at the time of specimen collection. A diagnosis of HIV excludes a diagnosis of HIV in individuals aged less than 18 months at the time of specimen collection.

Reporting

Both **confirmed cases** and **probable cases** should be notified.

Confirmed case

A confirmed case requires **laboratory definitive evidence** only.

Laboratory definitive evidence

Reactive[1] HIV antibody or HIV antigen/antibody combination assay

AND at least one of the following:

1. Positive western blot

OR

2. Detection of HIV-1 p24 antigen, confirmed by neutralisation

OR

3. Detection of HIV nucleic acid (RNA or DNA) by an HIV nucleic acid test [2],[3]

Probable case

A probable case requires **Laboratory suggestive evidence** only

Laboratory suggestive evidence

1. Detection of HIV-1 p24 antigen, confirmed by neutralisation

OR

2. Detection of HIV nucleic acid (RNA or DNA) by an HIV nucleic acid test [2,3]

Note: Additional information to distinguish newly-acquired HIV infection should be collected routinely for surveillance purposes, and includes evidence of a negative or indeterminate HIV antibody test and/or a seroconversion illness occurring within the 12 months prior to diagnosis.

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[1] False positive results can occur infrequently with screening tests, and hence screening test results should be reported as reactive rather than positive. Most manufacturers of HIV screening assays recommend samples that are initially reactive be retested in duplicate in the same assay to confirm the result, in-line with the National Pathology Accreditation Advisory Council (NPAAC) *Requirements for Laboratory Testing of HIV*.

[2] RNA testing should be performed using a commercial nucleic acid test assay with an in-vitro diagnostic (IVD) medical device which has been classified by the Therapeutic Goods Administration as a Class 4 IVD and entered on the *Australian Register of Therapeutic Goods (ARTG)* for diagnostic purposes.

[3] HIV nucleic acid testing should be performed on a dedicated specimen not previously used for other testing.