

## List of Definitions

Below, please find a list of definitions for the AIDS defining events collected in EuroSIDA. The diagnostic criteria and duration required for classifying as a “definitive” or a “presumptive” event are indicated (for opportunistic infections only).

For the definitions of clinical events where completion of a RESPOND Event Form is indicated, please see the **Manual of Operations (MOOP) for clinical events** in RESPOND and EuroSIDA at <https://www.chip.dk/Studies/EuroSIDA/Study-documents>

### **Section D: Severe opportunistic infections**

#### **DEM: AIDS dementia complex**

Definitive:	Disabling cognitive and/or motor dysfunction, and no other causes by CSF exam and brain imaging or by autopsy
Presumptive:	Same as above, but no CSF and brain imaging performed

#### **BCNE: Bacterial pneumonia, recurrent ( $\geq 2$ episodes within 1 year)**

Definitive:	X-ray evidence of pneumonia not present on previous X-rays <u>and</u> culture of bacteria that typically cause pneumonia (other than <i>M. Tuberculosis</i> )
Presumptive:	Acute radiological findings (new X-ray evidence not present earlier) <u>and</u> acute clinical findings

#### **CANO: Oesophageal candidiasis**

Definitive/autopsy:	Gross inspection by endoscopy/autopsy or by microscopy (histology)
Presumptive:	Recent onset retrosternal pain on swallowing and confirmed oral or pharyngeal candidiasis

#### **CRCO: Cryptococcosis, extrapulm.**

Definitive/autopsy:	Microscopy, culture of, or antigen detection in affected tissue
---------------------	---

#### **CRSP: Cryptosporidiosis (duration > 1 month)**

Definitive/autopsy:	Microscopy. Duration of diarrhoea for more than 1 month
---------------------	---

#### **CMVR: Cytomegalovirus retinitis**

Presumptive:	Loss of vision and characteristic appearance on serial ophtalmoscopy, progressing over several months
--------------	---

#### **CMVO: Cytomegalovirus (pneumonia, oesophagitis, colitis, adrenalitis, other organs)**

Definitive/autopsy:	Microscopy (histology or cytology)
---------------------	------------------------------------

#### **HERP: Herpes simplex ulcers (duration > 1 month) or pneumonia/oesophagitis**

Definitive/autopsy:	Microscopy, culture of, or antigen detection in affected tissue
---------------------	---

**HIST: Histoplasmosis (extrapulm.)**

Definitive/autopsy: Microscopy, culture of, or antigen detection in affected tissue

**WAST: HIV wasting syndrome**

Definitive: Weight loss (over 10% of baseline) with no other cause, and 30 days or more of either diarrhoea or weakness with fever

**ISDI: Isosporiasis diarrhoea (duration > 1 month)**

Definitive/autopsy: Microscopy (histology or cytology). Duration of diarrhoea for more than 1 month

**LEU: Progressive multifocal leukoencephalopathy (PML)**

Definitive/autopsy: Microscopy (histology or cytology)

Presumptive: Progressive deterioration in neurological function and CT/MR scan evidence

**MC: Mycobacterium MAC/Kansasii (extrapulmonary only.)**

Definitive: Culture

**MCP: Mycobacterium tuberculosis, pulmonary**

Definitive: Culture or PCR positive for Mycobacterium Tuberculosis

Presumptive: Smear positive for acid fast bacilli or a biopsy suggestive of Mycobacterium Tuberculosis by histology

**MCX: Mycobacterium tuberculosis, extrapulmonary**

Definitive: Culture or PCR positive for Mycobacterium Tuberculosis

Presumptive: Smear positive for acid fast bacilli or a biopsy suggestive of Mycobacterium Tuberculosis by histology

**MCPO: Mycobacterium, other type (pulmonary)**

Definitive: Culture (indicate type)

Presumptive: Smear positive for acid fast bacilli (species not identified by culture)

**MCXO: Mycobacterium, other type (extrapulmonary)**

Definitive: Culture (indicate type)

Presumptive: Smear positive for acid fast bacilli (species not identified by culture) on microscopy of normally sterile body fluid/tissue

**PCP: Pneumocystis jirovecii pneumonia**

Definitive: Microscopy (histology or cytology)

Presumptive: Recent onset of dyspnoea on exertion or dry cough, and diffuse bilateral infiltrates on chest X-ray and pO<sub>2</sub> <70 mmHg and no evidence of bacterial pneumonia or viral pneumonia caused by SARS-CoV-2

**SAM: Salmonella bacteraemia (non-typhoid) (≥ 2 episodes)**

Definitive: Culture

**TOX: Toxoplasmosis, brain**

Definitive:	Microscopy (histology/cytology)
Presumptive:	Recent onset focal neurological abnormalities or reduced level of consciousness, and mass effect lesion on scan, and specific therapy response

Please see the Manual of Operations (MOOP) for clinical events in RESPOND and EuroSIDA for the definition of non-AIDS defining clinical events at <https://www.chip.dk/Studies/EuroSIDA/Study-documents>