

Specification for HIV Reports

The UK regulations and CAA's guidance material for fitness decisions, acceptable treatments and required investigations (if specified) can be found in the medical section of the CAA website (www.caa.co.uk/medical).

For many conditions, there are also flow charts available for guidance on the assessment process.

The following subheadings are for guidance purposes only and should not be taken as an exhaustive list.

Diagnoses

Clinical HIV history

All points should be covered as far as possible with an initial report and thereafter follow-up reports should cover anything that has happened since the previous report.

- Presenting symptoms / conditions with dates
- Stability / control of infection
- Any history of AIDS defining conditions
- Other relevant medical history including relevant co-infection, for example, Hepatitis C
- History of substance use
- Any history of mental ill-health
- Any history of metabolic impairment

Examination finding

- Any current symptoms or signs relating to HIV infection or associated conditions
- Any neurological features of HIV infection
- Any evidence of neurocognitive impairment
- Other clinical findings

Investigation findings

- Latest results for full blood count (FBC), renal function (U&Es), liver function tests (LFTs), fasting glucose and lipids
- Nadir CD4+ count (for initial reports), CD4+ T cell counts (for initial reports and then any new measurements between reports), HIV-RNA level, CD4:CD8 ratio (if available)
- Reverse transcriptase and protease genotype, genotype resistance testing (GRT)
- Neurocognitive testing (if this has been formally tested)
- 5-year or 10-year cardiovascular risk
- Other procedures and investigation reports

Treatment

- Anti-retroviral therapy (ART) history with start/stop dates (for initial reports and then any changes between reports thereafter)
- Description of any adverse effects and risk of future adverse effects
- Any other current and recent past medications (dose, frequency, start and finish dates)

Follow up and further investigations / referrals planned or recommended

- Anticipated follow up / frequency of clinical reviews and investigations
- Anticipated changes to treatment
- Risk of developing neurocognitive impairment during the coming year

Clinical implications

- Any concerns regarding disease progression, treatment compliance, risk of virologic failure