CORRIGENDA (14 August 2023)

Consolidated guidelines on person-centred HIV strategic information: strengthening routine data for impact

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Page 70, Table 3.2, footnote a

Delete:	[a]WHO recommends the following VL thresholds to distinguish between treatment failure (>1000 copies/mL) and undetectable (≤50 copies/mL) levels *(2)*.
Insert:	[a]Numerator updated for clarity. However, calculation of the indicator and what it measures remain unchanged.

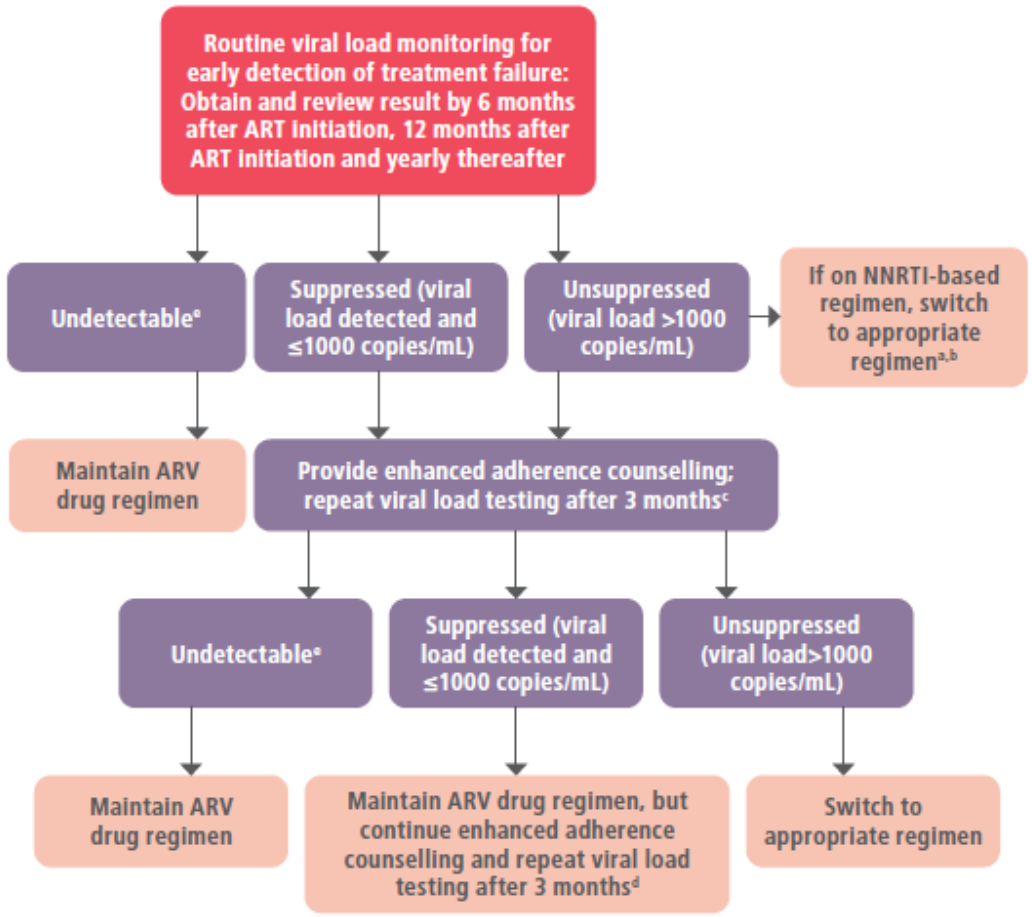
Page 70, Table 3.2, footnote c

Delete:	[c]Numerator updated for clarity. However, calculation of the indicator and what it measures remain unchanged.
Insert:	[c]WHO recommends the following VL thresholds to distinguish between treatment failure (>1000 copies/mL) and undetectable (≤50 copies/mL) levels *(2)*.

Page 75, Fig. 3.3

Please replace by corrected version below.

Fig. 3.3 HIV treatment monitoring algorithm



Adherence counselling should be provided at all visits to ensure that viral suppression is maintained or given priority throughout care.

[a] Switch after a single elevated viral load should be considered if treatment experience is likely.

[b] A second viral load test may be considered before regimen switch if DTG-based regimens are unavailable and the results of a viral load test can be returned and acted on rapidly.

[c] Conduct same-day testing using point-of-care viral load testing for a repeat viral load test, where available, to expedite the return of results. If not available, viral load specimens and results for a repeat viral load test should be given priority across the laboratory referral process (including specimen collection, testing and return of results).

[d] Consider therapy switch for those receiving NNRTI-based regimens and based on clinical considerations and no adherence concerns.

[e] Not detected by assay or sample type used. This is updated from<50copies/mL.

Source: WHO, 2021 *(12)*

Page 309, line 23

Delete: HIV status (positive, negative)

Insert: HIV status (positive, negative, unknown status)

Page 313, lines 17–33

Delete: **Method of measurement**
For the numerator: Best estimate based on available data sources

1. **Direct estimates from HIV case surveillance** systems of the number of people living with HIV diagnosed with HIV, reported by a surveillance system and who are still alive. HIV case surveillance data can be used if reporting from all facilities providing confirmatory HIV testing and treatment services has been in place since at least 2014 and if people who have died, been lost to follow-up, etc., are removed from the numerator. Only confirmed HIV diagnoses should be counted. Mechanisms should be in place to de-duplicate individuals reported multiple times or from multiple facilities.
2. **Modelled estimates**, for which the modelling approach depends on the availability of country data. For countries with robust case surveillance and vital registration systems, the number of people who know their HIV status can be derived using the Case Surveillance and Vital Registration (CSAVR) fitting tool in the Spectrum AIDS Impact Module (AIM). For countries with household population survey data that either directly capture the number of HIV-positive respondents who report that they know their status or the number of HIV-positive people who report ever having been tested, UNAIDS recommends (as of 2018) that the first 90 be modelled using the Shiny First 90.[1]

Insert:

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For the denominator: Estimation models, for example, Spectrum AIM, are the preferred source for the number of people living with HIV.
Regarding estimating the number of children who know their status in countries with modelled estimates based on household survey data:

Since household surveys are often restricted to respondents of reproductive age, a separate estimate of knowledge of HIV status among children (0–14 years old) may need to be constructed using programme data in order to produce an overall (that is, all ages) estimate. In this case UNAIDS recommends that countries use the number of children on ART, as reported in GAM Indicator 2.2, as a proxy measure. This represents the most conservative measure of knowledge of status in the population.

Page 386, lines 23–24

Delete: Probable route of transmission[2] (Heterosexual sex, sex between men, sex work, injecting drug use with unsterile equipment, nosocomial, vertical, other[3])

Insert: Probable route of transmission[2] (Heterosexual sex, sex between men, unprotected intercourse during sex work, injecting drug use with unsterile equipment, nosocomial, vertical, other[3])

Page 386, lines 26–27

Delete: Key populations (men who have sex with men, people living in prisons and other closed settings, people who inject drugs, sex workers, trans and gender diverse people)[2]

Insert: Key populations[2] (men who have sex with men, people living in prisons and other closed settings, people who inject drugs, sex workers, trans and gender-diverse people) and adolescent girls and young women

These corrections have been incorporated into the electronic file.