

# HAB HIV Core Clinical Performance Measures for Adult/Adolescent Clients: Group 3



<b>Performance Measure:</b> Toxoplasma Screening		<b>OPR-Related Measure:</b> No
Percentage of clients <sup>1</sup> with HIV infection for whom Toxoplasma screening <sup>2</sup> was performed at least once since the diagnosis of HIV infection <sup>3</sup>		
<b>Numerator:</b>	Number of HIV-infected clients who have documented Toxoplasma status in health record	
<b>Denominator:</b>	Number of HIV-infected clients who had a medical visit with a provider with prescribing privileges <sup>4</sup> at least once in the measurement year	
<b>Patient Exclusions:</b>	1. Patients with known toxoplasmic disease, e.g. <i>Toxoplasma gondii</i> encephalitis	
<b>Data Elements:</b>	1. Is the client HIV-infected? (Y/N) a. If yes, is there documentation of the client’s Toxoplasma status in the health record? (Y/N)	
<b>Data Sources:</b>	<ul style="list-style-type: none"> <li>• Electronic Medical Record/Electronic Health Record</li> <li>• CAREWare, Lab Tracker or other electronic data base</li> <li>• Medical record data abstraction by grantee of a sample of records</li> <li>• Billing records</li> </ul>	
<b>National Goals, Targets, or Benchmarks for Comparison:</b>	None available at this time	
<b>Outcomes Measures for Consideration:</b>	<ul style="list-style-type: none"> <li>• Toxoplasmosis-related mortality rates in the clinic population</li> <li>• Incidence of Toxoplasmosis in the clinic population</li> </ul>	
<b>Basis for Selection and Placement in Group 3:</b>		
<p>Toxoplasmic disease appears to occur almost exclusively because of reactivation of latent tissue cysts. Clinical disease is rare among patients with CD4 counts &gt;200 cells/uL. The greatest risk is among patients with a CD4 cell count &lt; 50/uL. HIV-infected patients with <i>Toxoplasma gondii</i> encephalitis (TE) are almost uniformly seropositive for anti-toxoplasma IgG antibodies.<sup>5</sup></p> <p>The measure is placed in Group 3 because it overlaps and focuses on similar aspects of care (prophylaxis) previously captured in measures included in Group 1. Certain geographic regions have lower rates of toxoplasmic disease.</p>		
<b>US Public Health Guidelines:</b>		
<p>“HIV-infected persons should be tested for immunoglobulin G (IgG) antibody to Toxoplasma soon after the diagnosis of HIV infection to deter latent infection with <i>T. gondii</i> (strength of recommendation: BIII).”<sup>6</sup></p> <p>“<i>Toxoplasma</i>-seronegative persons who are not taking a PCP prophylactic regimen known to be active</p>		

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against TE should be retested for IgG antibody to *Toxoplasma* when their CD4+ counts decline to  $<100/uL$  to determine whether they have seroconverted and are therefore at risk for TE (strength of recommendation: CIII).<sup>7</sup>

### References/Notes:

<sup>1</sup> “Clients” refers to all clients aged 13 years and older.

<sup>2</sup>Toxoplasma screening refers to testing for the presence of anti-toxoplasma immunoglobulin G (IgG) antibodies to detect latent infection with *Toxoplasma gondii*.

<sup>3</sup>Unless there is concern about ongoing exposure, annual re-screening is not generally recommended.

<sup>4</sup> A “provider with prescribing privileges” is a health care professional who is certified in their jurisdiction to prescribe medications.

<sup>5</sup>Centers for Disease Control and Prevention. Guidelines for Prevention and Treatment of Opportunistic Infections in HIV-Infected Adults and Adolescents. June 18, 2008; 1-134.

([http://aidsinfo.nih.gov/contentfiles/Adult\\_OI.pdf](http://aidsinfo.nih.gov/contentfiles/Adult_OI.pdf))

<sup>6</sup>Ibid

<sup>7</sup>Ibid