INFECTIOUS DISEASE								
Condition	HIV-related?	Comorbidity or complication of HIV?	Evidence-based interventions?	Promotes viral suppression?	Improves quality of life?	Diagnostic procedure required?	Anesthesia needed	References
Histoplasmosis	Yes — AIDS-defining OI	Complication (disseminated disease with CD4 <150)	Yes — liposomal amphotericin B induction, itraconazole maintenance; itraconazole prophylaxis CD4 <150 in endemic areas; ART	Yes — indirect; ART is integral to treatment and prevents relapse	Yes — reduces mortality/morbidity	Often — blood/urine antigen (venipuncture); bone marrow, lymph node, skin, or lung biopsy; sometimes bronchoscopy	Local for biopsy/bone marrow; sedation for bronchoscopy; general rarely (surgical lung biopsy)	[1-3]
Leishmaniasis (visceral)	Yes — OI in coinfected persons	Complication of advanced immunosuppression	Yes — liposomal amphotericin B, secondary prophylaxis, ART	Yes — indirect via ART initiation/retention	Yes	Yes — serology, PCR; bone marrow or splenic aspirate for parasitologic confirmation	Local ± sedation for marrow/splenic aspirate	[1]
Non-tuberculous mycobacteria (MAC and others)	Yes — disseminated MAC is AIDS-defining	Complication (CD4 <50); also IRIS manifestation	Yes — macrolide-based multidrug therapy; primary MAC prophylaxis no longer recommended with prompt ART	Yes — ART is core therapy	Yes	Yes — mycobacterial blood cultures; bone marrow, lymph node, or tissue biopsy; bronchoscopy for pulmonary disease	Local for biopsy; sedation for bronchoscopy	[1-2, 4]
Syphilis / neurosyphilis	Yes — higher incidence; screening mandated at entry to care and periodically	Comorbidity (shared transmission) and complication (accelerated neuroinvasion); raises HIV viral load	Yes — penicillin G (IV aqueous penicillin for neurosyphilis); serologic screening; doxyPEP for prevention	Yes — treating syphilis lowers HIV viral load and transmission risk [1]	Yes	Yes — RPR/treponemal serology; **lumbar puncture** for neurosyphilis; darkfield/PCR of lesions	Local for LP; sedation rarely (anxiety, difficult LP); general not required	[1, 5-6]

INFECTIOUS DISEASE								
Condition	HIV-related?	Comorbidity or complication of HIV?	Evidence-based interventions?	Promotes viral suppression?	Improves quality of life?	Diagnostic procedure required?	Anesthesia needed	References
Varicella zoster (including zoster ophthalmicus)	Yes — occurs at increased incidence at all CD4 strata	Complication; recurrent/disseminated forms mark immunosuppression	Yes — acyclovir/valacyclovir/famciclovir; recombinant zoster vaccine; varicella IgG screening	Yes — indirect (engagement, ART)	Yes — reduces pain, post-herpetic neuralgia, vision loss	Sometimes — usually clinical; PCR of lesion swab; ocular fluid PCR if retinal involvement	Topical/local for lesion swab or anterior chamber tap	[1, 5, 7]
Viral hepatitis B	Yes — shared transmission; HBV-active ART required	Comorbidity and driver of chronic liver disease/hepatoma	Yes — tenofovir-based ART (TAF/TDF + FTC/3TC), HBV vaccination, HCC surveillance	Yes — HBV-active agents are simultaneously ART components	Yes	Yes — serology, HBV DNA; elastography or liver biopsy in select cases	Local for liver biopsy; sedation sometimes; none for elastography	[6, 8-9]
Viral hepatitis C	Yes	Comorbidity; accelerates fibrosis and CKD risk	Yes — direct-acting antivirals with high cure rates; attention to DAA–ART interactions	Yes — indirect; sustained care engagement	Yes	Yes — antibody plus HCV RNA; elastography; biopsy rarely	Local if biopsy; usually none	[5, 8]
INFECTIOUS DISEASE AND DERMATOLOGY								
Condition	HIV-related?	Comorbidity or complication of HIV?	Evidence-based interventions?	Promotes viral suppression?	Improves quality of life?	Diagnostic procedure required?	Anesthesia needed	References
Mpox	Yes — more severe and prolonged with low CD4	Complication of immunosuppression; coinfections common	Yes — supportive care, tecovirimat for severe/high-risk disease, isolation, vaccination of at-risk groups	Yes — indirect; ART optimization is central to severe disease	Yes	Yes — PCR of lesion swab	None to topical; local if deep lesion biopsy	[6, 9]
INFECTIOUS DISEASE AND OPHTHALMOLOGY								
Condition	HIV-related?	Comorbidity or complication of HIV?	Evidence-based interventions?	Promotes viral suppression?	Improves quality of life?	Diagnostic procedure required?	Anesthesia needed	References
Toxoplasmosis (Toxoplasma encephalitis)	Yes — AIDS-defining	Complication (CD4 <100)	Yes — pyrimethamine–sulfadiazine–leucovorin; TMP-SMX prophylaxis; ART	Yes — ART required for immune reconstitution and stopping secondary prophylaxis	Yes	Yes — serology, brain MRI; **brain biopsy** if	Local for LP; **general anesthesia for stereotactic brain biopsy**	[1, 10]

INFECTIOUS DISEASE								
Condition	HIV-related?	Comorbidity or complication of HIV?	Evidence-based interventions?	Promotes viral suppression?	Improves quality of life?	Diagnostic procedure required?	Anesthesia needed	References
						no response to empiric therapy; LP in selected cases		

INFECTIOUS DISEASE AND PULMONOLOGY								
Condition	HIV-related?	Comorbidity or complication of HIV?	Evidence-based interventions?	Promotes viral suppression?	Improves quality of life?	Diagnostic procedure required?	Anesthesia needed	References
Tuberculosis	Yes — risk elevated at any CD4 count	Comorbidity and complication; increases plasma HIV RNA	Yes — standard 4-drug therapy, LTBI screening with IGRA/TST and treatment, ART timing per guidelines	Yes — TB treatment lowers HIV viral load; ART co-administration required [1]	Yes	Yes — IGRA/TST, sputum AFB/Xpert, imaging; bronchoscopy or tissue/lymph node biopsy if smear-negative	Sedation for bronchoscopy or EBUS; local for pleural/node biopsy; general for surgical biopsy	[1, 4-5]

MENTAL HEALTH SERVICES AND PSYCHIATRY								
Condition	HIV-related?	Comorbidity or complication of HIV?	Evidence-based interventions?	Promotes viral suppression?	Improves quality of life?	Diagnostic procedure required?	Anesthesia needed	References
Mental health disorder caused/exacerbated by HIV diagnosis or treatment	Yes	Complication (diagnosis-related distress, ART neuropsychiatric effects)	Yes — screening at entry to care, pharmacotherapy, psychotherapy, integrated behavioral health	Yes — directly; untreated psychiatric illness is a major barrier to adherence	Yes	No procedure — clinical interview plus validated screening instruments; labs to exclude organic causes	None	[5-6]
Mental health condition hindering treatment adherence	Yes — adherence is the central determinant of suppression	Comorbidity that directly impairs HIV outcomes	Yes — adherence-support interventions, case management, substance use treatment, psychiatric care	Yes — directly	Yes	No	None	[5]
NEPHROLOGY								
Condition	HIV-related?	Comorbidity or complication of HIV?	Evidence-based interventions?	Promotes viral suppression?	Improves quality of life?	Diagnostic procedure required?	Anesthesia needed	References
HIV-associated nephropathy (HIVAN)	Yes — direct HIV infection of kidney cells	Complication; leading cause of ESRD, especially in Black persons with HIV	Yes — ART (reduces HIVAN risk ~60%), RAS blockade, KDIGO-based care; glucocorticoids in selected cases (limited evidence)	Yes — ART is the primary treatment and viral load correlates with kidney function	Yes	Yes — urinalysis/uPCR, renal ultrasound, **kidney biopsy** for definitive diagnosis	**Local anesthesia** for percutaneous biopsy; sedation sometimes; general uncommon	[5-6, 12-13]
Renal failure/CKD (including HIV-related CVD or diabetes-driven)	Related	Comorbidity; multifactorial (hypertension, diabetes, HCV, ART nephrotoxicity)	Yes — eGFR/proteinuria screening, ARV renal dose adjustment, avoid nephrotoxic agents, KDIGO CKD management	Yes — enables safe, appropriate ART dosing and continuity	Yes	Yes — labs, imaging; biopsy if diagnosis unclear	Local if biopsy; usually none	[6, 14]

NEUROLOGY								
Condition	HIV-related?	Comorbidity or complication of HIV?	Evidence-based interventions?	Promotes viral suppression?	Improves quality of life?	Diagnostic procedure required?	Anesthesia needed	References
Delirium	Related	Complication of OIs, metabolic derangement, drugs, advanced HIV	Yes — identify and treat precipitant, non-pharmacologic delirium bundles, minimize deliriogenic drugs	Yes — indirect; restores capacity for adherence	Yes	Often — labs, neuroimaging; **LP** when CNS infection suspected	Local for LP; sedation may be needed for imaging in agitated patients	[1, 10]
HAND (asymptomatic, mild neurocognitive disorder, HIV-associated dementia)	Yes	Complication persisting in 30–50% despite ART	Partially — ART optimization, cognitive rehabilitation, exercise; adjuvants (minocycline, memantine, selegiline) have shown negligible cognitive benefit	Yes — indirect; cognitive impairment undermines adherence	Yes	Yes — neurocognitive testing (IHDS, MoCA, formal battery); MRI and CSF biomarkers to exclude alternatives	None for testing; local for LP if CSF obtained	[6, 15]
HIV-related encephalopathy	Yes — AIDS-defining	Complication of advanced disease	Yes — ART; exclusion and treatment of OIs and CNS lymphoma	Yes	Yes	Yes — MRI, **LP** with CSF studies including HIV RNA and PCR panels	Local for LP; general if brain biopsy required	[6, 10]
Peripheral neuropathy (distal sensory polyneuropathy)	Yes — affects 30–60%	Complication of HIV, immune activation, and older neurotoxic ART	Yes — gabapentin and capsaicin 8% patch per 2017 HIVMA guideline; alpha-lipoic acid and medical cannabis in select cases; stop neurotoxic ART; exercise. Lamotrigine not recommended; amitriptyline, duloxetine, pregabalin show limited benefit; lidocaine/mexiletine ineffective	Yes — indirect; pain control supports adherence	Yes	Sometimes — diagnosis is clinical; EMG/nerve conduction or skin biopsy in unclear cases	Local for skin punch biopsy; none for EMG/NCS	[6]
neurosyphilis	*See infectious diseases.*							

NUTRITION								
Condition	HIV-related?	Comorbidity or complication of HIV?	Evidence-based interventions?	Promotes viral suppression?	Improves quality of life?	Diagnostic procedure required?	Anesthesia needed	References
Lipodystrophy / lipoatrophy	Yes	Complication of HIV and older ART	Yes — ART regimen switch, lifestyle intervention, tesamorelin for visceral adiposity	Yes — indirect; body-shape changes drive nonadherence	Yes	Sometimes — clinical exam, DXA or CT for body composition	None	[5-6]
Wasting / weight loss	Yes — wasting syndrome is AIDS-defining	Complication of advanced HIV, OIs, malignancy, enteropathy	Yes — treat underlying OI/malignancy, ART, nutritional support	Yes	Yes	Often — workup for OI/malignancy (imaging, endoscopy, biopsy)	Sedation for endoscopy; local for biopsy	[5-6]
Weight gain / body composition change on ART	Yes	Complication of ART (INSTIs, TAF) plus return-to-health effect	Yes — lifestyle intervention, GLP-1/GIP agonists (semaglutide, tirzepatide), ART adjustment, behavioral counseling	Yes — indirect; avoids self-directed ART discontinuation	Yes	No — BMI, metabolic panel, A1c	None	[6, 9]
OPHTHALMOLOGY/OPTOMETRY								
Condition	HIV-related?	Comorbidity or complication of HIV?	Evidence-based interventions?	Promotes viral suppression?	Improves quality of life?	Diagnostic procedure required?	Anesthesia needed	References
Acute retinal necrosis (VZV/HSV, rarely CMV)	Related — CMV-related ARN occurs almost exclusively in immunocompromised hosts	Complication	Yes — high-dose valacyclovir or IV acyclovir (IV ganciclovir if CMV), often with intravitreal foscarnet; treatment cuts fellow-eye involvement from 70% to 13%	Yes — indirect	Yes — sight-preserving	Yes — clinical diagnosis plus PCR of aqueous or vitreous (79–100% positive)	Topical/local anesthesia for anterior chamber tap and intravitreal injection; general anesthesia if vitrectomy performed	[7, 16]
Bacterial retinitis / endophthalmitis	Related	Complication	Yes — intravitreal plus systemic antimicrobials, vitrectomy in severe cases	Yes — indirect	Yes	Yes — vitreous/aqueous tap for culture and PCR	Topical/local for tap; general for vitrectomy	[7]

OpenEvidence AI Review-Selections from Miami-Dade Ryan White Allowable Conditions List

Condition	HIV-related?	Comorbidity or complication of HIV?	Evidence-based interventions?	Promotes viral suppression?	Improves quality of life?	Diagnostic procedure required?	Anesthesia needed	References
Candida endophthalmitis	Related	Complication (also seen with injection drug use, catheters)	Yes — systemic antifungal plus intravitreal amphotericin/voriconazole; vitrectomy for vitritis	Yes — indirect	Yes	Yes — dilated exam, vitreous tap/culture, blood cultures	Local for tap; general for vitrectomy	[7]
Cryptococcal chorioretinitis	Yes	Complication of disseminated cryptococcosis (CD4 <100)	Yes — induction amphotericin B + flucytosine, fluconazole consolidation; fluconazole prophylaxis with positive serum CrAg; ART timing per OI guidelines	Yes — ART deferral/timing is explicitly managed	Yes	Yes — serum CrAg, lumbar puncture with opening pressure; ocular exam	Local for LP	[1-2]
CMV retinitis	Yes — AIDS-defining	Complication (CD4 <50)	Yes — oral valganciclovir, IV ganciclovir, or IV induction then oral (all AI); foscarnet or cidofovir as alternatives; intravitreal ganciclovir or foscarnet added for lesions within 1,500 µm of fovea/optic disc. Intravitreal cidofovir is not recommended (AIII) due to hypotony, uveitis, and immune recovery uveitis	Yes — ART reduces inflammation recurrence (10% vs 33% without ART)	Yes — vision preservation	Yes — dilated ophthalmologic exam by an experienced ophthalmologist; aqueous/vitreous PCR in atypical cases	Topical/local for intravitreal injection or tap; general only for retinal detachment surgery	[1, 17]
Pneumocystis choroiditis	Yes	Complication of disseminated PCP	Yes — systemic anti-PCP therapy (TMP-SMX), ART	Yes	Yes	Yes — dilated exam; systemic PCP workup (BAL)	Sedation if bronchoscopy needed; none for ocular exam	[1]
Cataracts	Related	Comorbidity; accelerated aging, prior uveitis, corticosteroid exposure	Yes — surgical extraction with IOL	Indirectly	Yes	Yes — slit lamp exam; cataract surgery is therapeutic	Local/topical (± sedation) for cataract surgery; general rarely	[5]

Condition	HIV-related?	Comorbidity or complication of HIV?	Evidence-based interventions?	Promotes viral suppression?	Improves quality of life?	Diagnostic procedure required?	Anesthesia needed	References
Glaucoma	Related	Comorbidity; also secondary to uveitis and steroid therapy	Yes — topical IOP-lowering therapy, laser trabeculoplasty, surgery	Indirectly	Yes	Yes — tonometry, gonioscopy, visual fields, OCT	Topical anesthesia for tonometry/gonioscopy; local ± sedation for laser or filtering surgery	[5]
Intraretinal hemorrhages / cotton-wool spots (HIV retinopathy)	Yes	Complication; a target of the guideline-recommended eye exam	Yes — ART and immune reconstitution; exclude CMV retinitis	Yes — indirect	Yes	Yes — dilated fundus exam, fundus photography, OCT	None	[5, 18]
Reactive arthritis	Yes — more common at lower CD4	Complication	Yes — NSAIDs, DMARDs, ART optimization	Yes — indirect	Yes	Sometimes — inflammatory markers, imaging; joint aspiration to exclude infection	Local for arthrocentesis	[6]
Trichomegaly / eyelash hypertrichosis	Yes — marker of late-stage disease	Complication of advanced HIV	Yes — ART and immune restoration; trimming	Yes — indirect (signals advanced disease requiring ART)	Yes	No — clinical diagnosis	None	[5]
Uveitis (including immune recovery uveitis)	Yes	Complication of OIs, IRIS, and drug effects (cidofovir, rifabutin)	Yes — treat underlying infection, topical/periocular/systemic corticosteroids; avoid intravitreal cidofovir	Yes — indirect	Yes	Yes — slit lamp exam; aqueous/vitreous PCR in infectious uveitis	Topical/local for anterior chamber tap	[1, 7]
Herpes simplex virus (ocular/mucocutaneous)	Yes	Complication; chronic ulcerative HSV >1 month is AIDS-defining	Yes — acyclovir/valacyclovir/famciclovir, suppressive therapy for frequent recurrence	Yes — indirect	Yes	Sometimes — PCR of lesion or ocular fluid; corneal exam with fluorescein	Topical anesthetic for corneal scraping/ocular tap	[1, 7]

Condition	HIV-related?	Comorbidity or complication of HIV?	Evidence-based interventions?	Promotes viral suppression?	Improves quality of life?	Diagnostic procedure required?	Anesthesia needed	References
Herpes zoster–varicella visual changes	Yes	Complication (HZO, progressive outer retinal necrosis)	Yes — systemic antivirals ± intravitreal foscarnet; recombinant zoster vaccine for prevention	Yes — indirect	Yes	Yes — dilated exam; ocular fluid PCR when retinal involvement suspected	Topical/local for tap or injection	[7, 16]
Ocular syphilis	Yes	Complication; requires neurosyphilis-equivalent treatment	Yes — IV aqueous crystalline penicillin G; ophthalmology co-management	Yes — treating syphilis lowers HIV viral load	Yes	Yes — serology, dilated exam, lumbar puncture	Local for LP	[1, 5]
ONCOLOGY								
Condition	HIV-related?	Comorbidity or complication of HIV?	Evidence-based interventions?	Promotes viral suppression?	Improves quality of life?	Diagnostic procedure required?	Anesthesia needed	References
Lymphoma (non-Hodgkin, CNS)	Yes — AIDS-defining; CNS lymphoma is a hallmark of AIDS	Complication; more common with low CD4	Yes — ART plus chemotherapy/targeted therapy	Yes — ART is integral to oncologic outcomes	Yes	Yes — excisional or core biopsy, flow cytometry, PET; LP for CNS staging; bone marrow biopsy	Local ± sedation for core biopsy/marrow; general for excisional or stereotactic brain biopsy; local for LP	[1, 6]
Breast cancer	Not HIV-defining	Comorbidity; screening per general population guidance	Yes — age-appropriate mammographic screening, standard oncologic therapy	Indirectly (care engagement)	Yes	Yes — imaging plus core needle or excisional biopsy	Local for core biopsy; general for excisional/surgical management	[5]
Eye cancers (e.g., ocular surface squamous cell carcinoma)	Yes — markedly increased incidence in HIV, HPV-associated	Complication	Yes — surgical excision, topical chemotherapy (mitomycin C, interferon), ART	Yes — indirect	Yes	Yes — excisional/incisional biopsy of conjunctival lesion	Topical/local anesthesia; general in select or pediatric cases	[6]

Condition	HIV-related?	Comorbidity or complication of HIV?	Evidence-based interventions?	Promotes viral suppression?	Improves quality of life?	Diagnostic procedure required?	Anesthesia needed	References
Polycythemia vera	Not HIV-defining	Comorbidity; distinguish from HIV-related clonal hematopoiesis, which is associated with increased cancer risk	Yes — phlebotomy, cytoreduction, JAK inhibitors per hematology	Indirectly	Yes	Yes — CBC, erythropoietin, JAK2 testing, bone marrow biopsy	Local anesthesia for marrow biopsy	[6]
Prostate cancer	Not HIV-defining	Comorbidity; screening per general population guidance	Yes — shared decision-making PSA screening, standard therapy	Indirectly	Yes	Yes — DRE, PSA, transrectal or transperineal prostate biopsy	Local anesthesia ± sedation; general for transperineal approach in some centers	[5]

PODIATRY

Condition	HIV-related?	Comorbidity or complication of HIV?	Evidence-based interventions?	Promotes viral suppression?	Improves quality of life?	Diagnostic procedure required?	Anesthesia needed	References
Diabetic foot care	Related	Comorbidity; HIV/ART-associated insulin resistance and neuropathy compound risk	Yes — routine foot inspection, offloading, glycemic control, podiatric care, vascular assessment	Indirectly; prevents hospitalization and care disruption	Yes — prevents ulceration and amputation	Sometimes — monofilament and vibration testing, ABI, imaging; wound or bone biopsy if osteomyelitis suspected	None for screening; local for wound/bone biopsy; general for operative debridement	[5-6]
Foot and ankle pain	Related	Comorbidity/complication (neuropathy, osteonecrosis, arthritis)	Yes — treat the underlying cause; gabapentin/capsaicin for neuropathic pain; NSAIDs, physical therapy	Yes — indirect; chronic pain undermines adherence	Yes	Sometimes — radiography first, MRI most sensitive for osteonecrosis	None for imaging; local for injection/aspiration	[6]

Condition	HIV-related?	Comorbidity or complication of HIV?	Evidence-based interventions?	Promotes viral suppression?	Improves quality of life?	Diagnostic procedure required?	Anesthesia needed	References
Plantar fasciitis (including lipoatrophy-related plantar fat pad loss)	Related	Complication of ART/HIV-associated lipoatrophy and altered biomechanics	Yes — stretching, orthoses/cushioned footwear, physical therapy, corticosteroid injection in refractory cases	Yes — indirect	Yes	Rarely — clinical diagnosis; ultrasound or MRI if refractory	Local anesthesia if corticosteroid injection performed	[5-6]
PULMONARY								
Condition	HIV-related?	Comorbidity or complication of HIV?	Evidence-based interventions?	Promotes viral suppression?	Improves quality of life?	Diagnostic procedure required?	Anesthesia needed	References
Mycobacterium (cutaneous/soft tissue and skeletal disease)	Yes	Complication	Yes — culture-directed multidrug antimycobacterial therapy, ART	Yes	Yes	Yes — tissue biopsy with AFB stain, culture, PCR	Local for skin/soft tissue biopsy; general for deep or bone biopsy	[1, 4]
Pneumocystis pneumonia	Yes — AIDS-defining	Complication (CD4 <200)	Yes — TMP-SMX plus adjunctive corticosteroids for hypoxemia; prophylaxis until CD4 >200 for ≥3 months; ART within 2 weeks	Yes — ART initiation within 2 weeks is standard of care	Yes	Yes — induced sputum, PCR, β-D-glucan; bronchoscopy with BAL (90–99% sensitive); transbronchial or open lung biopsy	Topical/local for induced sputum; sedation for bronchoscopy; general for open lung biopsy	[1, 4]
Recurrent bacterial pneumonia	Yes — ≥2 episodes/year is AIDS-defining	Complication; risk elevated even with normal CD4	Yes — β-lactam plus macrolide or fluoroquinolone; pneumococcal and influenza/COVID vaccination; ART	Yes — indirect	Yes	Yes — chest imaging, cultures; bronchoscopy if non-resolving	Sedation if bronchoscopy; otherwise none	[4, 11]

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