

**JIAS Supplement on Misdiagnosis of HIV infection · DEADLINE 11 NOVEMBER 2016**

Misdiagnosis of HIV infection has important implications for individuals and for public health. With the exponential expansion of HIV testing using multiple technologies, the potential for both false positive and false negative results has similarly grown. HIV testing technologies range from rapid diagnostic tests and other technologies that enable testing at the point-of-care or near point-of care, to those that are used exclusively in high-level facilities and laboratories. Although most technologies for HIV testing have high sensitivity and specificity and are highly accurate when used in a validated national algorithm, the volume of tests conducted (over 150 million tests in 2014 alone), could result in thousands of misdiagnosed cases, particularly if not conducted correctly. Conditions in which tests are conducted are often far from ideal: reagents may be in short supply; expired tests may be used; staff may have insufficient training or supervision; suboptimal testing strategies and invalidated algorithms may be used; quality systems may be missing; and user errors may occur, particularly when reading and interpreting weak reactive lines. Other areas for potential misdiagnoses include inaccurate determinations of viral load, false positive and negative serological determinations of infections related to HIV, as well as cross-reactivity due to various factors, including those at the population- and individual-level.

In order to gather evidence and draw attention to this topic, the World Health Organization is overseeing a special issue on the ethical, legal, human rights and public health implications of misdiagnosis of HIV status that will be published in the Journal of the International AIDS Society in 2017.

**Submission topics**

We invite authors to submit original manuscripts related to HIV misdiagnoses including epidemiology, laboratory or translational research.

Submissions may include, but are not limited to original research on:

- The scale and cost of HIV misdiagnosis
- Types and causes of HIV misdiagnosis including testing materials, user or clerical errors, sub-optimal testing algorithms, human resource challenges including supervision and training.
- Quality assurance implementation, challenges and reviews, particularly quality systems or approaches which have been shown to prevent misdiagnosis and/or address and correct it when it occurs.
- Reports on counselling individuals who have been misdiagnosed with HIV, as well as their families, their communities, and trained providers or health workers who have delivered incorrect results.
- Reviews of HIV misdiagnosis
- Reports of misdiagnosis or delayed diagnosis related to testing individuals using anti-retroviral therapy (ART) for treatment or prevention
- Related areas including inaccurate determinations of viral load, misdiagnoses of infections related to HIV, and cross-reactivity (e.g. population-level characteristics, HIV subtype O, other interactions between test kits used in a national algorithm).
- Short reports from program implementation and policy viewpoints.

**Submission Process**

The deadline for submission of full manuscripts is **November 11, 2016**. Manuscripts should be emailed to Cheryl Johnson (johnsonc@who.int) with the subject line (JIAS HIV MISDIAGNOSIS) and should conform to the journal style and format (see Instructions for Authors). All submissions should be accompanied by a cover letter referring to this special issue.

The full manuscripts will be reviewed by the guest editors and shortlisted for the Special Issue. Authors whose manuscripts have been selected will be notified by **December 9, 2016** and invited to submit full manuscripts to the Journal of the International AIDS Society by **December 16, 2016**.

Only invited articles will be considered for the issue, although invitation to submit an article is not a guarantee of publication. All editorial decisions regarding publication in the Journal will be based on the outcome of peer review.

For questions about this supplement, please contact **Cheryl Johnson** at johnsonc@who.int

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