

**DIVISION OF AIDS TABLE FOR GRADING THE SEVERITY OF  
ADULT AND PEDIATRIC ADVERSE EVENTS  
PUBLISH DATE: DECEMBER 2004**

**Addendum 1  
Female Genital Grading Table for Use in Microbicide Studies**

<b>INDIVIDUAL SIGNS/SYMPTOMS</b>					
<b>PARAMETER</b>	<b>GRADE 0 NORMAL</b>	<b>GRADE 1 MILD</b>	<b>GRADE 2 MODERATE</b>	<b>GRADE 3 SEVERE</b>	<b>GRADE 4 POTENTIALLY LIFE- THREATENING</b>
<b>GENERAL</b>					
Odor	No complaint	Mild-moderate unpleasant odor	Severe unpleasant odor	NA	NA
<b>PAIN AND TENDERNESS</b> (Specify Area: Vulvar/Perineum, Vagina, Cervix (including cervical motion tenderness), Uterus, Adnexae, Pelvic/Lower Abdominal, or Ovulatory)					
<b>*Note – if both pain and tenderness are present, only report the one with the most severe grade</b>					
Pain* <sup>1</sup>	None	Pain causing no or minimal interference with usual social & functional activities	Pain causing greater than minimal interference with usual social & functional activities or the need for non-narcotic medication	Pain causing inability to perform usual social & functional activities or the need for narcotic medication	Disabling pain causing inability to perform basic self-care functions OR hospitalization (other than emergency room visit) indicated
Tenderness* <sup>1</sup>	None	Mild tenderness	Moderate tenderness	Severe tenderness	NA
Dyspareunia (pain with sexual activity)	None	Pain causing no or minimal interference with sexual function	Pain causing greater than minimal interference with sexual function	NA	NA
Dysmenorrhea/cramping with menses	None	Pain causing no or minimal interference with usual social & functional activities	Pain causing greater than minimal interference with usual social & functional activities or the need for non-narcotic medication	Pain causing inability to perform usual social or functional activities or the need for narcotic medication	NA

<sup>1</sup> If pain or tenderness is included in the grading of another category (e.g., PID), it should not be graded again in the pain or tenderness category.

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<b>GENITOURINARY SIGNS/SYMPTOMS – VULVA</b>					
Vulvar/vaginal itching	None	Itching causing no, mild, or moderate interference with usual social & functional activities	Itching causing inability to perform usual social & functional activities; may require intervention such as antihistamine or bathing to provide relief	NA	NA
Vulvar edema	None	Mild, non-pitting edema	Moderate, 1-2+ pitting edema	3+ pitting edema, severe enough to require urinary drainage, or weeping edema ± skin breakdown	NA
Vulvar erythema	None	Erythema covering < 50% of vulvar surface	Erythema covering ≥ 50% of vulvar surface	NA	NA
Vulvar lesions (findings seen only by colposcopy should not be included here)	Normal variants including skin tags, moles, scars, etc.	Blisters, ulcerations, or pustules - no treatment indicated	Blisters, ulcerations or pustules, with treatment indicated	Severe epithelial disruption with hospitalization indicated	NA
Vulvar rash	None	Rash covering < 50% of vulvar surface	Rash covering ≥ 50% of vulvar surface	Severe epithelial disruption with hospitalization indicated	NA
Bartholin's or Skene's gland	No findings	Cyst with no inflammation	Cyst or abscess with outpatient intervention indicated	Cyst or abscess with hospitalization indicated	Necrotizing fasciitis from Bartholin's abscess
<b>GENITOURINARY SIGNS/SYMPTOMS – VAGINA</b>					
<b>** Note – if vaginal discharge is present both by history and on examination, only report the one with the most severe grade</b>					
Vaginal edema	None	Mild-moderate engorgement	Loss of ruggae and friability	NA	NA
Vaginal erythema	None	Erythema covering < 50% of vaginal surface	Erythema covering ≥ 50% of vaginal surface	NA	NA

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Vaginal dryness	No complaint	Dryness causing no or minimal interference with usual sexual, social, & functional activities	Dryness causing greater than minimal interference with usual sexual, social, & functional activities	NA	NA
Vaginal discharge by participant report **	Participant's usual amount of discharge, regardless of color or quantity	Mild-moderate increase in amount above participant baseline - no sanitary protection required	Profuse increase in discharge requiring pad use or other hygienic intervention	NA	NA
Vaginal discharge as observed by clinician ** (red or brown discharge should be reported under bleeding, not discharge)	Slight amount of discharge, any color	Mild-moderate increase in amount	Significant increase in amount with pooling in vagina on examination	NA	NA
Vaginal abrasions or lacerations (including probable applicator injuries)	None	Superficial disruptions and disruptions extending through the mucosa with minimal impact on life	Large disruptions extending through the mucosa or large superficial disruptions, hospitalization not indicated	Large disruptions extending through the mucosa or large superficial disruptions, hospitalization indicated	Lacerations extending into the peritoneal cavity, bladder, or rectum
Vaginal lesions (findings seen only by colposcopy should not be included here)	Normal variants including skin tags, moles, scars, etc.	Blisters, ulcerations, or pustules, no treatment indicated	Blisters, ulcerations, or pustules with treatment indicated	Severe epithelial disruption requiring hospitalization	NA
Vaginal and Cervical masses (polyps, myomas, or possible malignancy)	None or normal variants such as Nabothian cyst or Gartner duct cyst	Polyp or myoma or undiagnosed mass without symptoms	Polyp, myoma, or undiagnosed mass causing mild symptoms, e.g., bleeding/pain not requiring more than mild analgesia	Polyp, myoma, or undiagnosed mass causing severe symptoms, e.g., bleeding/pain affecting bladder and bowel function	Visible cervical cancer
<b>GENITOURINARY SIGNS/SYMPTOMS – CERVIX</b>					
Cervical edema and friability	None	Edema without friability	Friable cervix	NA	NA

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Cervical erythema	None	Erythema covering < 50% of cervix	Erythema covering ≥ 50% of cervix	NA	NA
Cervical discharge	White or clear discharge	Small amount of purulent discharge at os	Purulent discharge extending onto cervix or vagina	NA	NA
Visible cervical lesions (findings seen only by colposcopy should not be included here)	Normal variants including skin tags, moles, scars, etc.	Blisters, ulcerations, or pustules, no treatment indicated	Blisters, ulcerations, or pustules with treatment indicated	NA	NA
<b>GENITOURINARY SIGNS/SYMPTOMS – UTERUS</b>					
Uterine masses/enlargement based on bimanual examination	Normal to 8 week size, no palpable myomas	Enlarged uterus and mild symptoms, e.g., bleeding/pain requiring mild analgesics	Enlarged uterus/myoma with moderate pain or symptoms, e.g., bleeding	Mass causing severe bleeding/pain or with impact on bowel/bladder function	Uterine mass that requires transfusion or surgery
Polyp, submucosal fibroid, or thickened endometrium detected by transvaginal ultrasound (new or increasing in size from prior exam)	None or unchanged/reduced in size from prior exam	New myomas < 6 cm diameter (single or multiple) or diameter increased < 6 cm since prior exam	New myomas ≥ 6 cm diameter (single or multiple) or diameter increased ≥ 6 cm since prior exam	Hospitalization and/or surgery indicated	NA
<b>GENITOURINARY SIGNS/SYMPTOMS – ADNEXA</b>					
Not pregnancy- or infection-related adnexal masses based on bimanual exam (use if no ultrasound done; if ultrasound done, use ultrasound categories below)	None, ≤ 4 cm, normal size ovary	> 4 cm with minimal or no symptoms	> 4 cm with severe symptoms, e.g., pain, but hospitalization not indicated (see footnote #1)	> 4 cm with severe symptoms, e.g., pain and hospitalization indicated (see footnote #1)	NA
Hydrosalpinx based on ultrasound	None	Asymptomatic, suspected hydrosalpinx	Hydrosalpinx with pain, but without evidence of infection or ectopic pregnancy	Signs/symptoms of infection with hospitalization and/or surgery indicated	NA
Adnexal mass based on ultrasound	None	Simple cyst, asymptomatic	Simple cyst, symptomatic	Mass suspicious for malignancy	Malignant mass

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<b>GENITOURINARY SIGNS/SYMPTOMS – ABDOMEN</b>					
Abdominal mass not palpable on pelvic exam of unknown diagnosis	None or known (pre-existing) mass unchanged in size	New mass or increased size of known mass requiring mild analgesia with minimal impact	New mass or increased size of known mass with moderate symptoms	Mass causing severe bleeding/pain with impact on bladder/bowel function or with hospitalization indicated	Malignancy
<b>GENITOURINARY SIGNS/SYMPTOMS – URINARY TRACT</b>					
Urinary frequency	None	Up to 2 times participant's normal frequency	> 2 times participant's normal frequency	NA	NA
Dysuria	None	Superficial only	Deep ± superficial	Inability to void due to pain	NA
Hematuria	None	Microscopic, no intervention indicated (beyond evaluation for infection)	Gross blood in urine or medical intervention/evaluation indicated (beyond evaluation for infection)	Persistent bleeding with transfusion, hospitalization or intervention indicated to obtain hemostasis (endoscopy, interventional radiology, or operative)	Profuse hemorrhage with shock or orthostatic dizziness

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<b>COMPOSITE SIGNS/SYMPTOMS</b> (Use instead of individual categories if 2 or more signs/symptoms are present)					
<b>PARAMETER</b>	<b>GRADE 0 NORMAL</b>	<b>GRADE 1 MILD</b> (Use if all signs/ symptoms would individually be Grade 0 or 1)	<b>GRADE 2 MODERATE</b> (Use if one or more signs/symptoms would individually be Grade 2 and all others Grade 0 or 1)	<b>GRADE 3 SEVERE</b> (Use if one or more signs/symptoms would individually be Grade 3)	<b>GRADE 4 POTENTIALLY LIFE- THREATENING</b>
<b>NO ORGANISM IDENTIFIED BUT INADEQUATE TESTING PERFORMED</b>					
Vulvovaginitis (combinations of pain, itching, erythema, edema, rash, tenderness, or discharge)	None	Mild signs/ symptoms	Moderate signs/ symptoms	Severe signs/ symptoms	NA
Cervicitis (combinations of dyspareunia, erythema, edema, tenderness, and discharge)	None	Mild signs/ symptoms	Moderate signs/ symptoms	Severe signs/ symptoms	NA
PID (if Gonorrhea or Chlamydia identified use that category)	None	NA	Cervicitis with mild uterine tenderness, ± mild cervical motion tenderness, no signs of peritoneal irritation	More diffuse tenderness, any signs of peritoneal irritation, or indications for hospitalization	Tubo-ovarian abscess or surgery required for resolution
<b>NO ORGANISM IDENTIFIED AFTER APPROPRIATE TESTING PERFORMED</b>					
Vulvovaginitis (combinations of pain, itching, erythema, edema, rash, tenderness, or discharge)	None	Mild signs/ symptoms	Moderate signs/ symptoms	Severe signs/ symptoms	NA
Cervicitis (combinations of dyspareunia, erythema, edema, tenderness, and discharge)	None	Mild signs/ symptoms	Moderate signs/ symptoms	Severe signs/ symptoms	NA
PID (if Gonorrhea or Chlamydia identified use that category)	None	NA	Cervicitis with mild uterine tenderness, ± mild cervical motion tenderness, no signs of peritoneal irritation	More diffuse tenderness, any signs of peritoneal irritation, or indications for hospitalization	Tubo-ovarian abscess or surgery required for resolution

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<b>INFECTIONS AND DYSPLASIA</b>					
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<b>GENITOURINARY INFECTIONS</b>					
Genital herpes	No lesions	Characteristic ulcerative or vesicular lesions confirmed by culture, PCR, Tzanck prep or other diagnostic test of lesion or previous type-specific serology, covering < 25% of vulva, vagina, or cervix	Same criteria as mild but covering 25-50% of vulvar, vaginal, or cervical surface	Same criteria as mild but covering > 50% of vulvar, vaginal, or cervical surface	Symptoms of significant systemic involvement, e.g., encephalitis, hepatitis
Candida	Absence of symptoms regardless of candida test results	Positive culture, wet mount, or other laboratory test for yeast, with mild symptoms	Positive culture, wet mount, or other laboratory test for yeast, with moderate to severe symptoms	NA	NA
Trichomonas	Negative	NA	Positive wet mount, culture, PCR or other licensed test, excluding pap smear, showing T. vaginalis, regardless of symptoms	NA	NA
Bacterial Vaginosis (BV)	Negative	Asymptomatic BV diagnosed by Amsel criteria, wet mount, Gram stain, or licensed diagnostic test	Symptomatic confirmed by wet mount, Gram stain, or any licensed diagnostic test	NA	NA

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Chlamydia	Negative	NA	Positive culture or other diagnostic test for Chlamydia, asymptomatic or with mild uterine or cervical motion tenderness (no signs of peritoneal irritation)	Positive test for Chlamydia with abdominal or uterine or adnexal tenderness on examination, with or without adnexal mass, diffuse tenderness, any signs of peritoneal irritation, or indications for hospitalization	Tubo-ovarian abscess or surgery required for resolution
Gonorrhea	Negative	NA	Positive culture or other diagnostic test for Gonorrhea, asymptomatic or with mild uterine or cervical motion tenderness (no signs of peritoneal irritation)	Positive test for Gonorrhea with abdominal or uterine or adnexal tenderness on examination, with or without adnexal mass, diffuse tenderness, any signs of peritoneal irritation, or indications for hospitalization	Tubo-ovarian abscess or surgery required for resolution or disseminated gonococcal infection
Urinary tract infection (by urinalysis and urine culture)	Negative	5-10 WBC/hpf on urinalysis with a negative culture per protocol definition (with or without symptoms)	> 10 WBC/hpf on urinalysis OR a positive culture per protocol definition (with or without symptoms)	Pyelonephritis	Sepsis (septicemia) due to urinary tract infection

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Syphilis	Negative treponemal or non-treponemal test or both positive with known treatment and stable titers (< 4 fold increase)	NA	Syphilis diagnosed by a positive treponemal test along with a positive non-treponemal test and no previous treatment or a four-fold rise in titer on the non-treponemal test after previous treatment regardless of symptoms or non-oral lesions positive by darkfield exam for treponemes	Criteria for Grade 2 Syphilis in the presence of neurologic symptoms or a positive CSF VDRL or FTA-ABS	NA
<b>GENITAL DYSPLASIA</b>					
Condyloma (specify site: cervical, vaginal, vulvar, perianal)	None	Condylomata causing no or mild interference with daily function	Condylomata causing moderate interference with daily function	Condylomata causing severe interference with daily function, secondary infection, or hospitalization indicated	NA
Intraepithelial Neoplasia by biopsy (VIN, CIN, VAIN)	None	Intraepithelial Neoplasia 1 (IN1)	Intraepithelial Neoplasia 2 (IN2)	Carcinoma in situ (CIS)	Invasive carcinoma
Pap (use this category <u>only</u> if treatment performed without diagnostic testing, otherwise use biopsy category above)	nl PAP	ASCUS or LSIL	HSIL	Carcinoma in situ or Carcinoma	NA

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<b>UTERINE BLEEDING AND PREGNANCY COMPLICATIONS</b>					
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<b>ABNORMAL UTERINE BLEEDING UNRELATED TO PREGNANCY</b>					
Menorrhagia <sup>2</sup> (prolonged and/or heavy menstrual bleeding)	Participant report of normal bleeding relative to her baseline	Increase from usual with no or minimal interference with usual social & functional activities (including sexual functioning)	Increase from usual with moderate interference with usual social & functional activities (including sexual)	Incapacitating or severe interference with usual social & functional activities (including sexual functioning), transfusion indicated	Life threatening hemorrhage with or without shock
Metrorrhagia <sup>2</sup> (intermenstrual or frequent bleeding)	None or any expected nonmenstrual bleeding	Increase from usual with no or minimal interference with usual social & functional activities (including sexual functioning)	Increase from usual with moderate interference with usual social & functional activities (including sexual)	Incapacitating or severe interference with usual social & functional activities (including sexual functioning), transfusion indicated	Life threatening hemorrhage with or without shock
Unexplained infrequent bleeding (excludes expected absence of menses due to hormonal contraception or pregnancy/postpartum)	Participant report of normal or expected bleeding frequency	No menses for 1-3 months (missed menses)	No menses for > 3 months (oligomenorrhea/ amenorrhea)	NA	NA
Postcoital bleeding	None	Occasional (< 25% of coital acts) OR Increase from usual with no or minimal interference with usual social functioning (including sexual functioning)	Frequent (25-75% of coital acts) OR Increase from usual with moderate interference with usual social functioning (including sexual)	Consistent (> 75% of coital acts) OR Incapacitating or severe interference with usual social functioning (including sexual functioning), transfusion indicated	Life threatening hemorrhage with or without shock

<sup>2</sup> If both Menorrhagia and Metrorrhagia are present, a single adverse event should be reported as "Menometrorrhagia" and graded per the Menorrhagia grading scale.

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<b>COMPLICATIONS OF PREGNANCY</b>					
First trimester bleeding	None	Spotting or bleeding less than menses with continuation of pregnancy	Bleeding like menses or heavier with continuation of pregnancy	Spontaneous abortion, or profuse bleeding with dizziness or orthostatic hypotension, transfusion indicated	Spontaneous abortion with profuse bleeding and/or shock
Postabortal endometritis/salpingitis	None	Low grade fever and uterine tenderness, resolved with oral antibiotics	Moderate symptoms, requiring $\leq$ 3 days of parenteral antibiotics	Severe symptoms requiring > 3 days of IV antibiotics or development of tubo-ovarian abscess	Ruptured TOA or diffuse peritonitis or severe uterine infection for which operative intervention indicated
Postpartum hemorrhage	EBL < 500 cc for vaginal delivery or < 1000 cc after CS or reported as normal	EBL 500-1000 for vaginal delivery or 1000-1500 for CS or reported as slightly increased	EBL > 1000 for vaginal delivery or > 1500 for CS, with or without mild dizziness, no transfusion required	Hemorrhage at a level for which transfusion of 1-2 units of packed cells, but no other blood products indicated	Hemorrhage with shock or coagulopathy, for which transfusion of > 2 units of packed cells or any amount of other blood components is indicated
Postpartum endometritis	None	Low grade fever and uterine tenderness, resolved with oral antibiotics	Moderate symptoms, treated by $\leq$ 3 days of parenteral antibiotics	Severe symptoms treated with > 3 days of IV antibiotics or addition of heparin	Severe infection or infection for which operative intervention is indicated
Chorioamnionitis	None	Fever (38°C – 38.4°C or 100.4°F – 100.9°F) with two or more: FHR > 160 BPM, maternal HR > 120, uterine tenderness between contractions or purulent AF or preterm labor	Same as Grade 1 plus fever 38.5°C – 40°C or 101°F – 104°F	Criteria for Grade 2 plus fetal distress or fever > 40°C or 104°F	Criteria for Grade 3 plus either fetal demise or maternal symptoms of shock

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Episiotomy infection	None	Mild erythema, edema, and tenderness of wound	Fever > 38°C or 100.4°F with erythema, edema, and tenderness of wound	Fever with wound dehiscence or debridement required	Fever with signs of wound infection and shock or necrotizing fasciitis
Second/third trimester bleeding	None	Bleeding less than menses	Bleeding like menses or greater, but not requiring intervention	Bleeding requiring delivery or other intervention, e.g., transfusion	Bleeding with fetal demise or coagulopathy
Preterm rupture of membranes	None	NA	Preterm rupture with hospitalization but not resulting in delivery at less than 37 weeks' gestation	Delivery at 33-36 weeks' gestation or 1501-2500 grams birth weight	Delivery < 33 weeks' gestation or ≤ 1500 grams birth weight
Preterm contractions	None	Preterm contractions which resolve without medical intervention	Preterm contractions with cervical change which result in medical intervention but not resulting in preterm delivery	Delivery at 33-36 weeks' gestation or 1501-2500 grams birth weight	Delivery < 33 weeks' gestation or ≤ 1500 grams birth weight
Poor fetal growth	At or above 10th percentile	Fetal growth < 10th percentile but ≥ 3rd percentile for gestational age by ultrasound or newborn exam	NA	Fetal growth < 3rd percentile for gestational age by ultrasound or newborn exam	NA

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