

## HIV indicator conditions: a quiz for you or your team

For which of the following conditions might undiagnosed HIV be a cause?

Eczema	Yes	No
CIN II	Yes	No
Gout	Yes	No
Anaemia	Yes	No
Achilles tendinitis	Yes	No
Unexplained weight loss	Yes	No
Seborrhoeic dermatitis	Yes	No
Bacterial pneumonia	Yes	No
Renal colic	Yes	No
Night sweats	Yes	No
Persistent diarrhoea	Yes	No
Lymphoma	Yes	No
Recurrent oral thrush in a 4 year old child	Yes	No
Deep vein thrombosis	Yes	No
Glandular fever-like illness	Yes	No
Recurrent, hard to treat, vaginal candida	Yes	No
High platelet count	Yes	No
Psoriasis	Yes	No
Lymphadenopathy	Yes	No
Mumps	Yes	No
Shingles	Yes	No

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For which of the following conditions might undiagnosed HIV be a cause?

### Answers and explanations

Eczema	No	There is no association between eczema and undiagnosed HIV
CIN II	Yes	HPV causes cervical cancer. Progression to cancer is accelerated by both HIV and also smoking. Women with HIV require annual cervical screening
Gout	No	There is no association between gout and undiagnosed HIV
Anaemia	Yes	Many blood dyscrasias are associated with HIV, including anaemia
Achilles tendinitis	No	There is no association between achilles tendinitis and undiagnosed HIV
Unexplained weight loss	Yes	HIV is an important possible cause of unexplained weight loss
Seborrhoeic dermatitis	Yes	Seborrhoeic dermatitis is associated with undiagnosed HIV infection
Bacterial pneumonia	Yes	HIV is an important possible underlying cause of community acquired pneumonia and HIV testing should be discussed
Renal colic	No	There is no association between renal colic and undiagnosed HIV
Night sweats	Yes	HIV is an important possible cause of night sweats, and of pyrexia of unknown origin
Persistent diarrhoea	Yes	Persistent diarrhoea may be caused by the HIV itself or by increased susceptibility to other infections such as shigella or campylobacter
Lymphoma	Yes	All patients diagnosed with lymphoma should be offered an HIV test, (and don't be closed to the possibility of HIV in the over-50s).
Recurrent oral thrush in a 4 year old child	Yes	Only neonatal oral thrush is common enough to be considered normal. In a four year old, an underlying cause should be sought (such as diabetes or HIV).
Deep vein thrombosis	No	There is no association between DVT and undiagnosed HIV
Glandular fever-like illness	Yes	Primary HIV infection may mimic flu or glandular fever. This is the best possible – earliest possible – moment to diagnose HIV infection. If sending a blood test for glandular fever then do also discuss HIV.
Recurrent, hard to treat, vaginal candida	Yes	HIV and diabetes are important causes for this that should both be ruled out.
High platelet count	No	<b>Low</b> counts – including thrombocytopenia, anaemia and leukopenia - are associated with HIV infection.
Psoriasis	Yes	New onset and hard to treat psoriasis are thought to be associated with HIV infection.
Lymphadenopathy	Yes	HIV is an important underlying cause of lymphadenopathy.
Mumps	No	There is no association between mumps and undiagnosed HIV
Shingles	Yes	HIV is an important underlying cause of shingles (and don't be closed to the possibility of HIV in the over 50s).