

AIDS/2

U.K. HAEMOPHILIA CENTRE DIRECTORS' HEPATITIS WORKING PARTYACQUIRED IMMUNE DEFICIENCY SYNDROME SURVEYSPECTRUM OF DISEASE PRESENTATION IN THE  
ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS)

Please complete and return to Haemophilia Centre a report form AIDS/3 for all patients with blood coagulation defects seen by your Centre who fulfil any of the following criteria. Although some patients meeting the following criteria may have other underlying conditions and/or immunosuppressive therapy accounting for AIDS-related findings, please report these patients anyway.

1. Diseases Specific for AIDS

The following diseases may be specific manifestations of or associated with AIDS. Report all patients with these diseases:

Malignancies

Kaposi's sarcoma  
Lymphocytic leukemia  
Lymphoma  
Other lymphoreticular neoplasms

InfectionsParasitic

Pneumocystis carinii pneumonia  
Toxoplasmosis (CNS or pulmonary)  
Strongyloidosis (CNS or pulmonary)  
Cryptosporidiosis (intestinal disease lasting longer than one month)

Fungal

Candidiasis - "thrush" (oral, pharyngeal, esophageal or systemic)  
Cryptococcosis (CNS or pulmonary)  
Zygomycosis (CNS or pulmonary)  
Aspergillosis (CNS or pulmonary)  
Nocardiosis (CNS or pulmonary)

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Viral

Cytomegalovirus disease (CNS, pulmonary or esophageal)  
 Herpes simplex virus (extensive oral or genital  
 disease or persisting longer  
 than one month)  
 Varicella zoster virus - herpes zoster, "shingles"  
 (involving more than one  
 dermatome or persisting longer  
 than one month)

Bacterial

Tuberculosis (active, reactivated, and/or disseminated)  
 Non-tuberculosis mycobacterial disease (e.g.,  
M. avium [intracellulare]/Batterry bacillus

2. AIDS-Related Diseases:- Nonspecific-Diagnoses

The following "diseases" are non-specific diagnoses for which AIDS-specific diagnoses must be considered until a specific diagnosis is made.

Pneumonia  
 Central nervous system dysfunction

3. AIDS-Related Prodromal Symptoms and Signs

The following symptoms and signs have been common among AIDS cases prior to the diagnosis of the specific diseases listed above. Report all patients with any of these symptoms or signs:

Throat pain and difficulty swallowing (lasting more than a week)  
 Shortness of breath  
 Fever (lasting more than a week)  
 Diarrhoea (lasting more than a week)  
 Swollen lymph glands (lasting more than a month)  
 Cough (lasting more than two weeks)  
 Unexplained weight loss

4. Haematologic/Immunologic Abnormalities

The underlying defect leading to AIDS appears to be a loss of the "helper" subset of the T cell population of lymphocytes. The following laboratory test abnormalities are seen in a variable (depending on the test) proportion of AIDS cases. Please report all patients with the following abnormalities:

Lymphopenia (WBC x % lymphs in differential e.g.,  
 4500 x .20 = 900) (consistently less than 1,000  
 lymphocytes per mm<sup>3</sup> on at least two occasions at  
 least two weeks apart)  
 In vitro lymphocyte stimulation test responses  
 abnormally low  
 Skin test allergy to delayed type hypersensitivity  
 antigens

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T lymphocytes percent or absolute number abnormally low

T-helper lymphocytes percent or absolute number abnormally low

T-helper:T-suppressor lymphocyte ratio abnormally low (below 1.0)

5. Autoimmune Disorders

Idiopathic thrombocytopenia purpura

Coombs positive haemolytic anaemia

Demyelinating neuropathy (recent onset, unexplained)

1st March 1983