

Our data support the view that healthcare vaccination against influenza is a useful intervention and that steps to reduce unwarranted variation in vaccination rates will be worthwhile. ■

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## Comment on CME Infectious diseases

Editor – The recommendations for testing for some sexually transmissible infections vary across the scenarios discussed in the CME Infectious diseases section of *Clinical Medicine*, volume 18, issue 2, April 2018.

HIV testing is recommended in pyrexia of unknown origin<sup>1</sup> and in acute meningitis<sup>2</sup> but for acute encephalitis, the advice is to establish 'risk factors for HIV infection'.<sup>3</sup> This may be problematic in an encephalopathic patient; even patients with intact sensoria may conceal (or be unaware of) risk factors for HIV. Encephalitis is a recognised complication of HIV seroconversion as well as advanced disease. For some years syphilis has been the fastest increasing sexually transmitted disease in the UK. No advice to test for syphilis is given even though neurological involvement, including meningitis, is a recognised complication in early and late disease. I wonder if recommendations for testing for these entities in these areas should be reconsidered? ■

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## Response

We welcome this comment regarding our CME articles on encephalitis and meningitis. As we suggest on p 156 of the article about acute encephalitis, 'all patients with suspected brain infection should have an HIV test'. This view is also supported by national guidelines on encephalitis and meningitis.<sup>1,2</sup> We agree that testing is vital in this patient group, as not only can meningoencephalitis occur at HIV seroconversion, but HIV infection also widens the potential differential diagnosis of neurological infections. We suggest that it is also valuable to establish risk factors for HIV infection during history taking, as in the period of acute HIV infection diagnostic testing may be negative. However, we agree that this is not always possible, either due to encephalopathy or patient reticence.

We also agree that syphilis testing is indicated in selected cases of encephalitis and meningitis, particularly in those with exposure history, subacute or chronic meningitis, infarcts or cranial nerve involvement. ■

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