Pneumocystis pneumonia is characterized by a gradual onset with shortness of breath and/or difficulty breathing. This disorder may be accompanied with fevers, night sweats, weight loss and dry cough. Dry cough is one distinction from typical pneumonia because spit (sputum) is too thick to become productive, therefore productive cough is not as common in PJP. Uncommonly, the PJP fungus can spread to other body organs such as the liver, kidney and spleen as the disease progresses. PJP is a frequent AIDS-defining diagnosis in the United States and in Europe. Pneumocystis pneumonia is commonly seen in HIV infected people with a CD4 count of less than 200 cells/mm3. People receiving high doses of glucocorticoids or other immunosuppressive drugs after an organ transplant or to treat cancer are at risk for PJP. People with other inflammatory conditions such as granulomatosis with polyangiitis (Wegener's), polymyositis or dermatomyositis can also have an increased risk of acquiring PJP. The diagnosis of Pneumocystis pneumonia requires multiple tests such as a chest X-ray and a sample of sputum collected by a procedure called bronchoalveolar lavage to differentiate PJP between from other causes of pneumonia. To further confirm PJP, a test to amplify trace amounts of DNA (polymerase chain reaction or PCR) is used and a blood test to detect β-D-glucan is used.