Autoimmune hemolytic anemias as a group are estimated to affect 1-3 people per 100,000 in the general population. Both the syphilitic and non-syphilitic forms of chronic PCH are exceedingly rare. The prevalence and incidence rates are unknown. Anyone may acquire PCH, but it is more common among children than among adults. An individual with a viral infection is at higher risk of contracting the disorder. No known genetic, sex, or racial risk factors exist, although the disease has been reported in families. A diagnosis of PCH may be suspected in some individuals with anemia. In particular, the diagnosis should be suspected in any acutely ill child with hemoglobinuria. A diagnosis is made based upon a thorough clinical evaluation, a detailed patient history, identification of characteristic symptoms and a variety of specialized tests such as a direct antiglobulin test (Coombs) test, which is used to detect certain antibodies that act against red blood cells. A diagnosis of PCH is confirmed by the results of a Donath-Landsteiner test, which can distinguish PCH from other forms of hemolytic anemia. The test consists of incubating a sample of the patient’s serum with normal red blood cells (RBCs) in the cold for 30 minutes and then warming the mixture to body temperature (37C). Hemolysis of the RBCs in this "bi-phasic" test indicates a diagnosis of PCH.