improve the attendance rate and which should be considered to maximise the use of current resources.

C THOMPSON
Victoria Hospital
Hayfield Road
Kirkcaldy
Fife KY2 5AH, UK
JD ROSS
Edinburgh Royal Infirmary


Accepted for publication 11 July 1996.

Prevention and management of tuberculosis in HIV positive patients

Brook and Miller have raised many important issues in their review of tuberculosis and HIV.1 We agree with most of what they have said; however, we differ on two points. Their assertion that “there are no published data on the interpretation of tuberculin testing in BCG vaccinated HIV-positive patients” is incorrect.2

Secondly, to isolate all patients with fever and weight loss (which in the UK will be most commonly due to Pneumocystis carinii pneumonia) in negative pressure rooms because of the fear of radiological and sputum-negative, broncho-alveolar lavage-positive TB, will require enormous financial investment in HIV units. It may be more practical to treat such patients outside units dedicated to patients with immuno-suppression pending the exclusion of tuberculosis as the cause of their cough and fever.

We strongly endorse their view that tuberculosis in this group of patients is under-reported. Compliance with the regulations on the notification of tuberculosis will greatly improve the management of patients with this infection who are a challenging public health problem.

S P HIGGINS
Department of Genitourinary Medicine
Manchester Royal Infirmary
Manchester
M13 9WL, UK

N T BATEMAN
Department of Thoracic Medicine
St Thomas’ Hospital
London
SE1 7EH, UK


Accepted for publication 9 July 1996.