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

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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.

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