

Tuberculin sensitivity testing in human immunodeficiency virus–infected patients

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To the Editor—The recent report on tuberculin sensitivity testing in human immunodeficiency virus (HIV)–infected patients by Lin et al¹ is very interesting. They concluded that “The high risk of tuberculosis disease during the early period of antiretroviral therapy supports early use of tuberculin sensitivity testing”.¹ In fact, this finding confirms the previous report by Elzi et al.² Nevertheless, there are some specific points to be considered. First, the diagnostic properties of different test assays might differ.³ The corresponding physician-in-charge has to select the test with good diagnostic property.

Second, there are many conditions that can lead to a false negative, including immunosuppression and military tuberculosis.⁴ These conditions have to be kept in mind in any cases with negative results.

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Authors' reply

To the Editor—We thank Joob and Wiwanitkit for their comments. In contrast to the study by Elzi et al,¹ our study was carried out in a single centre, where patients were followed up longitudinally by the same team of HIV physicians, in a region with an intermediate tuberculosis (TB) burden. Moreover, the coverage of annual tuberculin sensitivity testing (TST) in our study was high (89%), and all of our study subjects were on antiretroviral therapy, which is well known to be the major factor responsible for reducing the risk of TB in HIV infection. Therefore, our study provided strengthened evidence on the effectiveness of treatment of latent TB infection as identified by annual TST in HIV-infected patients on antiretroviral therapy. The use of interferon-gamma release assays is a potential breakthrough in HIV disease. As mentioned in our article, however,

for the purpose of treatment of latent TB infection a recent meta-analysis did not show consistently improved sensitivity with such testing when compared with TST.² We nevertheless look forward to future studies on their role in patients who are otherwise unable to receive TST, or when used as an additional test.

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