



Bulletin No. 14

June 24, 1988

## EXAMINING HIV-INFECTED PERSONS FOR TUBERCULOSIS AND TUBERCULOUS INFECTION

Individuals who are known to be HIV-seropositive should be given a Mantoux (PPD) skin test with 5 tuberculin units of purified protein derivative as part of their clinical assessment. Although some false-negative skin test results may be encountered in this setting as a result of immunosuppression induced by HIV infection, positive reactions are still meaningful (> than 10 mm induration). If the skin test reaction is positive, a chest radiograph should be obtained, and, if abnormalities are detected, additional diagnostic procedures for tuberculosis should be undertaken. Patients with clinical AIDS or other opportunistic infections should receive both a tuberculin skin test and a chest radiograph because of the higher probability of false-negative tuberculin reactions in immunosuppressed patients.

### EXAMINING PATIENTS WITH CLINICALLY ACTIVE TUBERCULOSIS OR LATENT TUBERCULOUS INFECTION FOR HIV INFECTION

As part of the evaluation of patients with tuberculosis and tuberculous infection, risk factors for HIV infection should be identified. Voluntary testing for HIV antibody of all persons with these risk factors is recommended. In addition, testing for HIV antibody should be considered for patients of all ages who have severe or unusual manifestations of tuberculosis. The presence of HIV infection has implications regarding treatment, alerts the physician and other health care providers to the possibility of other opportunistic infections, and allows for counseling about transmission of HIV infection. Testing for HIV antibody is especially important for persons over age 35 with asymptomatic tuberculous infection, because isoniazid would not usually be indicated for persons in this age group. INH is recommended for HIV infected individuals older than 35 years who are infected with HIV.

### ALASKA STATE MEDICAL ASSOCIATION PASSES RESOLUTION ON AIDS POLICY IN ALASKA

WHEREAS, the AIDS epidemic has resulted in the deaths of thousands of people and the human immunodeficiency virus (HIV) has infected hundreds of thousands of people, and

WHEREAS, scientists and researchers now believe that effective treatment, drugs and vaccines may not be available for ten years or more, making it essential that efforts to control this epidemic rely on education aimed at modifying or eliminating behaviors that place individuals at high risk of HIV infection, and

WHEREAS, Alaskans have responded to AIDS by developing a statewide program by appropriating state funds and by implementing effective policies and programs; therefore

BE IT RESOLVED that the Alaska State Medical Association commends the governor, legislature, Senate Select Committee on AIDS, and the Department of Health and Social Services for their leadership in responding to the AIDS epidemic, and

BE IT FURTHER RESOLVED that the Alaska State Medical Association calls upon the governor to adopt a state policy on AIDS that will:

- insure accessibility and availability of appropriate services to all persons infected with HIV;
- provide appropriate education and training to the general public, to all health care professionals, and to members of groups known to be at high risk for developing AIDS;
- develop and provide public health measures designed to control the disease; and
- respond to the AIDS epidemic based on the highest standard of scientific and ethical principle.

(Adopted by the Alaska State Medical Association, June 11, 1988)