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## LUNG ALERT

### Good news for treating HIV and tuberculosis co-infection?

▲ Breen RAM, Miller RF, Gorsuch T, *et al.* Virological response to highly active antiretroviral therapy is unaffected by antituberculosis therapy. *J Infect Dis* 2006;**193**:1437–40

The global burden of tuberculosis and HIV continues to increase. However, the combination of HAART and tuberculosis treatment is potentially problematic due to interactions, side effects and pill burden; this may lead to failure of HAART.

Case notes of 156 HIV and tuberculosis co-infected patients were retrospectively reviewed and compared with a matched control group of tuberculosis uninfected HIV positive patients who were commenced on HAART during the study period. The primary outcome measures were virological and immunological response at 6 months.

One hundred and eleven patients received concurrent HAART and tuberculosis treatment. 83% achieved or maintained a viral load of <50 copies/ml and 89% a  $\geq 2 \log_{10}$  reduction at 6 months. There was no statistical difference in outcome according to HAART regimen, time of HAART commencement in relation to tuberculosis therapy, or in comparison with the control group. Similar increases in median CD4 cell count were noted in both groups. The outcome of tuberculosis treatment was also assessed using a second control group of HIV negative patients with tuberculosis. Tuberculosis recurrence rates were similar (3% and 1%, respectively), although the median follow up was 38 months in co-infected patients compared with 20 months in controls.

The authors conclude that patients co-infected with HIV and tuberculosis may be treated with good outcomes for both conditions. The study was limited by differing ethnicity of the co-infected patients compared with HIV uninfected controls (78% Black Africans versus 41% controls), lack of clarity regarding the optimum time to commence HAART, and possible lack of reproducibility in resource-poor settings. Further studies are required to address these issues in regions with a high burden of disease.

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