positive, and mycobacterial culture of submitted samples may take as long as 12 weeks to yield the organism. During the follow-up period, the disease may manifest before the laboratory reports positive culture results. A high index of suspicion, regular follow-up, and perseverance on the part of the attending physician are required. In the absence of HIV-1 coinfection in our cohort, 100% of neonates with tuberculosis survived. The outcome when there is coexistent HIV-1 infection in the mother and/or baby is less clear and is presently being evaluated in a longitudinal study at the unit.

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References

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Reply

SIR—We acknowledge Pillay and Adhikari for their extensive experience in the management of congenital tuberculosis. As discussed in our report [1], we concur with their observation that clinical signs of tuberculosis in the neonate are frequently nonspecific. We also agree that mothers of infected infants are most often asymptomatic, as was true in our case. Unfortunately, in the case that we presented, the diagnosis of congenital tuberculosis was not established until autopsy; diagnostic studies mentioned by Pillay and Adhikari, such as culture of tracheal aspirate and CSF samples for mycobacteria, were not performed. The mother had emigrated from an area in West Africa where tuberculosis is endemic; the country was not specified to protect the family’s identity. The HIV infection status of the mother is unknown. Postmortem examination of the infant did not demonstrate tuberculous involvement of the brain or meninges.

As discussed in our report, and reiterated in the guidelines for the evaluation of an ill neonate that are outlined by Pillay and Adhikari, a high index of suspicion is essential for the diagnosis of congenital tuberculosis.

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Incidence and Spectrum of AIDS-Defining Illnesses Among Persons Treated with Antiretroviral Drugs

SIR—Forrest et al. [1] reported that among HIV-infected patients receiving antiretroviral therapy, the incidence of AIDS-defining illnesses has decreased substantially. We conducted a study to determine if there have been significant declines in mortality rates and incidences associated with selected opportunistic processes between January 1995 and June 1998 and found similar results.

Our study population came from a public HIV outpatient clinic in New Orleans. All subjects and data were from the Adult Spectrum of Disease Study, a prospective study funded by the Centers for Disease Control and Prevention that examined the natural history of HIV infection. The study included HIV-infected individuals with CD4+ cell counts of <200/mm3 who had attended the clinic between January 1995 and June 1998. There were statistically significant declines in mortality rates associated with selected opportunistic processes between January 1995 and June 1998.

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Figure 1. Changes in the mortality rates and incidences associated with selected opportunistic processes and the proportion of HIV-infected individuals receiving highly active antiretroviral therapy (HAART) between 1 January 1995 and 30 June 1998. = Pneumocystis carinii pneumonia (PCP); = candidal esophagitis (CE); = Mycobacterium avium complex (MAC) infection; = cytomegalovirus (CMV) retinitis; = percentage of individuals receiving HAART. There were statistically significant declines in mortality rates (P < .01) and incidences associated with PCP (P < .01), MAC infection (P < .01), and CMV retinitis (P < .02) but not with the incidence associated with CE (P = .38). There was a statistically significant increase in the percentage of individuals receiving HAART (P < .01).
1998. The mortality rates and incidences associated with Pneumocystis carinii pneumonia (PCP), Mycobacterium avium complex (MAC) infection, cytomegalovirus (CMV) retinitis, and candidal esophagitis were calculated for 6-month intervals. These four opportunistic processes were chosen because of the relatively high prevalences and morbidity rates associated with them. In addition, the proportion of individuals receiving highly active antiretroviral therapy (HAART) during each 6-month interval was calculated. The χ² statistic was used to determine any significant trends.

Most of the 2,415 subjects studied were male (81.3%), African-American (58.5%), and older than 35 years of age at study entry (53.7%). During the study period, the mortality rates and incidences associated with the selected opportunistic processes reached their lowest values in the last 6-month interval. There were statistically significant declines in the incidences and mortality rates associated with PCP, MAC infection, and CMV retinitis. In addition, the proportion of individuals receiving HAART significantly increased between January 1995 and June 1998 (figure 1).

The results from this study are consistent with those reported by Forrest et al., and they emphasize the dramatic declines in morbidity and mortality rates that have occurred over the past few years. These declines are likely to be due to the increasing numbers of HIV-infected individuals who are receiving HAART in our clinic.

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