Mycobacterial Infections in Patients with AIDS in a Low HIV Prevalence Area

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SUMMARY

The Czech Republic is characterized here as both a low HIV prevalence area (1.64 registered positivity per 10⁶ population and 45 AIDS patients notified in the 1986-93 period) and a low tuberculosis prevalence area (mortality rate 0.8, incidence of bacillary pulmonary cases 11.3 per 10⁵ population and risk of infection 0.04 in 1990). From 1988 to 1993 a total of 10 cases of mycobacterial infections complicating AIDS or ARC disease were registered in the Czech Republic in 9 male patients aged from 29 to 55, 8 homosexuals, and one woman aged 48.

Classical pulmonary tuberculosis caused by M. tuberculosis was diagnosed in one male patient and was controlled by antituberculosis chemotherapy. The remaining mycobacterial infections were caused by the following opportunistic mycobacterial pathogens: (a) M. avium - in five individuals, four of them died of a disseminated disease; (b) M. kansasii - in two patients, one died of a disseminated infection; (c) M. xenopi - involved in a fatal generalized CMV and cryptococcal and mycobacterial infection; (d) M. fortuitum caused a generalized disease in a case of exhaustive multifocal encephalopathy.

Authors conclude that under conditions of low prevalence of both HIV and tuberculosis the risk to AIDS patients of contracting classical tuberculosis is low. A relatively frequent occurrence of non-tuberculous mycobacterial disease in AIDS patients afflicted with the impaired immunity is explained by transmission of opportunistic mycobacteria from the environment.

Key words: HIV/AIDS, tuberculosis, mycobacterial infections, Mycobacterium tuberculosis, M. kansasii, M. avium, M. xenopi, M. fortuitum, opportunistic mycobacteria

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