

HIV infection among tuberculous patients in Morocco

Referring to the report (*Eur Respir J*, 1991; 4: 1288-1295): "Tuberculosis elimination in the countries of Europe and other industrialized countries", we should like to add our experience in screening for human immunodeficiency virus (HIV)-infection among tuberculosis patients.

In Morocco, a high incidence of tuberculosis (105 per 100,000) is associated with a low prevalence of HIV infection [1, 2, 3, 4]. Therefore, the evaluation of HIV infections in tuberculosis patients appears to be relevant. From 14 March, 1988 to 27 May, 1990 a sample of 997 adult patients suffering from bacteriologically confirmed tuberculosis and admitted to the University Hospital of Casablanca, agreed to be screened for HIV-1 and HIV-2 antibodies. Three of them (0.3%) were found to be HIV-1 seropositive, whereas no HIV-2 seropositive case was detected. This number is lower than HIV prevalence among tuberculosis cases of other African countries, where HIV infection represents a great public health problem and where the rate can reach 60% [5]. Our figure is, however, clearly higher than the degree of HIV seropositivity (0.21 per 1,000) among a sample of 143,802 blood donors screened in Morocco during the same period [4].

We do not know whether the tuberculosis cases found in our sample are attributable to HIV infection. We could only infer that HIV-associated tuberculosis is not yet a major public health problem in Casablanca. However, we consider that tuberculosis patients could constitute a valuable sentinel group for an HIV national survey, because Human Immunodeficiency Virus infection has emerged as the strongest risk factor for the progression of latent tuberculosis infection to disease [6]. Even in developed countries such as the USA a high prevalence of

dual infection has resulted in a high rate of AIDS cases with tuberculosis [7]. The situation in Europe should be carefully monitored.

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References

1. Direction de l'Epidémiologie et des Programmes Sanitaires. Ministère de la Santé Publique. Royaume du Maroc. Le nouveau programme national de la lutte anti-tuberculeuse (document de synthèse). 1990: 1-24.
2. Benslimane A, Sekkat S, Lahrar B, Bouchta F, Riyad M, Mansouri A, Benchemsi N. - Prévalence des anticorps anti-HIV1 chez les donneurs de sang. *Arch l'Institut Pasteur Maroc*, 1988; 1: 5-9.
3. Riyad M, Benslimane A, Lahrar B, Sekkat S, Bouchta F, Benchemsi N. - Prévalence de l'infection a HIV1 dans des groupes a risque au Maroc. *Arch l'Institut Pasteur Maroc*, 1988; 2: 36-41.
4. Ministère de la Santé Publique, Royaume du Maroc. Situation épidémiologique du SIDA au Maroc au 30.06.1991: 1-5.
5. Elliott AM, Luo N, Tembo G, Hawiindi B, Steenbergen G, Machiels L, Pobee J, Nunn P, Hayes RJ, McAdam KPWJ - Impact of HIV on tuberculosis in Zambia: a cross sectional study. *B Med J*, 1990; 310: 412-415.
6. Selwyn PA, Hartel D, Lewis VA *et al.* - A prospective study of the risk of tuberculosis among intravenous drug users with human immunodeficiency virus infection. *N Engl J Med*, 1989; 320: 545-550.
7. CDC. - Tuberculosis, final data. United States. *MMWR*, 1988; 36: 817-820.