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INH for HIV-Infected Persons With Anergy at Risk for TB

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HIV infection accounted for a substantial portion of the excess cases of tuberculosis (TB) in the United States from 1980 through the early 1990s. It has been suggested by the CDC and the American Thoracic Society that preventive therapy be considered for HIV-infected persons who have anergy but belong to groups in which the prevalence of TB infection is ⩾10%. However, no study had investigated the benefits of providing preventive therapy to this population.

The results of a multicenter, randomized, placebo-controlled clinical trial of 6 months of prophylactic isoniazid (INH) treatment in HIV-infected patients with anergy who had risk factors for TB infection was reported recently. The primary end point was culture-confirmed TB. The study was conducted between November 1991 and June 1996. Over 90% of the patients had two or more risk factors for TB infection (eg, more than 95% lived in high-risk areas for TB for more than 1 year [nearly 75% were from greater New York City], and more than 78% reported drug or alcohol abuse for more than 1 year.)

After a mean follow-up of 33 months, TB was diagnosed in only 6 of 257 patients in the placebo group and 3 of 160 patients in the INH group. There were no significant differences between the two groups with regard to death, the progression of HIV disease, or adverse events.

The researchers concluded that, even in HIV-infected patients with anergy and multiple risk factors for latent TB infection, the rate of development of active TB is low. This finding does not support the use of INH prophylaxis in high-risk patients with HIV infection and anergy unless they have been exposed to active TB.

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