

Medical News

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AmFAR Launches Emergency Tuberculosis Initiative

The American Foundation for AIDS Research (AmFAR) has launched an emergency initiative against tuberculosis that will raise and distribute more than \$300,000 to develop critical new tuberculosis diagnostic technologies.

AmFAR began the initiative because of the growing threat of tuberculosis and multidrug-resistant tuberculosis to the public health in general and to people living with HIV/AIDS in particular. AmFAR will provide funding for four to six research projects testing new genetic and chemical techniques to make diagnosing tuberculosis quicker, easier, and more reliable.

The emergency grants initiative will support both developing technologies and new methods currently being tested in the field that can cut the interval for diagnosing infectious tuberculosis to days, allowing people to be treated early enough to greatly increase their chance of surviving tuberculosis while also helping to prevent the spread of the disease.

AmFAR's tuberculosis initiative will be supported with the technical assistance from the American Lung Association (ALA).

From the Centers for Disease Control

UNEXPLAINED CD4 + T-LYMPHOCYTE DEPLETION IN PERSONS WITHOUT EVIDENT HIV INFECTION-UNITED STATES

Since 1989, 21 persons with unexplained CD4 + T-lymphocyte depletion, but without evident human immunodeficiency virus (HIV) infection have been

described.¹⁻¹² These reports included persons who have resided in the United States and six other countries and who sought medical care for conditions often associated with immunodeficiency. Some of these cases were also described at the VIII International Conference on AIDS/III STD World Congress in Amsterdam. In addition, the Centers for Disease Control (CDC) has received reports of five persons from three states who have had persistently low CD4 + T-cell levels but who have had no evidence of HIV infection or underlying disease processes or therapies known to be associated with T-cell depletion. In some of these five patients, opportunistic infections were diagnosed that frequently occur in persons with acquired immunodeficiency syndrome (AIDS). This report described preliminary clinical and laboratory findings from an ongoing investigation by CDC of these five patients.

Patient 1

In March 1991, a 70-year-old man developed *Pneumocystis carinii* pneumonia that was successfully treated with trimethoprim-sulfamethoxazole. Although serology for HIV antibody was negative, his CD4 count was 50 cells/ μ l. After this hospitalization, he developed a fungal infection of the groin that was treated with oral ketoconazole and topical antifungal medications. In April 1992, transitional cell carcinoma of the bladder, stage II, was diagnosed. As of July 1992, he was asymptomatic.

His family history and personal history were negative for immunodeficiency disease and for recurrent or unusual infections. His spouse, who has remained healthy, is HIV negative and has a normal CD4 count. He did not report sexual contact with men or intravenous drug use. In 1987, he received three units of whole blood for a bleeding duodenal ulcer; follow-up investigation in 1992 indicated that all three