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British HIV Association (BHIVA) comments from the Chair of the BHIVA Guidelines Writing Group on TB, on behalf of BHIVA. BHIVA welcomes this important document but would like to make the following comments:

1. Assessment for, and management of TB in new entrants should consist of the following:
   - should this statement re mantoux testing be consistent with the NICE guidance on the use of Mantoux and gamma interferon tests in HIV positives or with the BHIVA guidelines on screening and prevention of tuberculosis?
   - If someone is thought to be at risk of being HIV positive an HIV test should be performed before a BCG vaccination or Mantoux test are performed?

   We are concerned that no detailed discussion of HIV testing is in the draft document -What HIV risk assessment is recommended? Many hard to reach groups such as migrants from sub-Saharan Africa have a high prevalence of HIV but there is an overall rising HIV incidence across Europe with ~26,000 new diagnoses in 28 European countries in 2009. The rates of new diagnoses across the continent are estimated to be <2 - >20/100,000 and there are also high numbers of undiagnosed HIV estimated at 15 - 50%. HIV testing is cost effective if HIV prevalence > 0.1% and so it is important that new entrants are offered an HIV test.

   Where should HIV testing be performed, by whom, what test should be used and where should patients who are already HIV positive or found to be newly positive be referred? Some guidance here might help implementation.

Please add extra rows as needed

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Stakeholder Comments

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<td>Tuberculosis is an indicator disease for HIV, which the Chief Medical Officer has previously highlighted and TB is included in National guidance on testing for HIV.</td>
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<td>We would recommend that all patients who are found to have tuberculosis be offered an HIV test in all healthcare settings and that these HIV tests should be readily available.</td>
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References

- Sullivan A K et al. EACS Belgrade 2011 PS8/5

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