Dialysis and HIV Infection

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Dear Sir,

We would like to give a comment on the considerable impact about dialysis and AIDS in the December issue of Nephron [2, 6, 10].

First of all we consider HIV (human immunodeficiency virus) to be the term of choice for the human T-lymphotropic virus and we support that standardization should be required.

We do not know the background for the argument of Robles et al. [10] that the risk of infection among patients on dialysis is high. Balcke et al. [1] have followed-up HIV-positive patients in dialysis units and have not found any evidence for transmission. A number of studies [7-9] has been performed recently, and they have indicated that there is a prevalence of HIV antibodies among patients on dialysis between 0 and 0.8% [9]. No transmission of HIV infection in the dialysis center environment has been reported yet, and the possibility appears to be extremely unlikely as long as routine infection control precautions are followed [4, 5]. Therefore, current experiences do not support the notion of Robles et al. [10], who consider the isolation of patients with HIV antibodies to be essential.

But we strongly support the issue that continuous ambulatory peritoneal dialysis (CAPD) is the treatment of choice. We do not believe, as Berlyne et al. [2] do, that CAPD may give greater exposure of staff to infections during the disposal of dialysis fluid. Although HIV has been cultured from tears, urine, cerebrospinal fluid and saliva, we were not able to culture HIV from peritoneal dialysis fluid. These fluids have not been implicated in disease transmission. Spouses and family members of our patients with HIV antibodies and CAPD showed to be negative for HIV antibodies. If there is a potential risk of infection for hospital staff [3, 8] caring for these patients, we believe this risk to be minimized under the application of CAPD.

We would like to finish with a comment on the paper of De Rossis et al. [6]. We do not favor a study on the prevalence of HIV antibodies among patients on dialysis without a more detailed analysis of the patients. If there are 3.4% false-positive results, data on the history of renal transplantation among these patients are required. How many of these patients have a history of renal transplantation?

Further experience is required to decide whether the precautions of Berlyne et al. [2] in dialysis have to be applied generally or whether the Center of Disease Control [4] recommendations are sufficient.

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