

of HIV, methods to prevent this, post-exposure prophylaxis, and universal precautions while examining an HIV positive patient. Training helped improve knowledge about post-exposure prophylaxis with nevirapine ( $p < 0.001$ ) precautions during vaginal delivery ( $p < 0.001$ ), and safe mode of delivery in HIV positive women ( $p < 0.05$ ). Overall scores in the questionnaire improved after training ( $p < 0.05$ ), as well as mother to child transmission sub-score ( $p < 0.05$ ).

**Conclusions:** Health care workers' awareness of all aspects of HIV, including mother to child transmission, should be assessed and addressed.

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### Seroreversion Time of Uninfected HIV-exposed Infants in Penang, Malaysia

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**Background:** The aim of the study is to investigate the seroreversion time of uninfected HIV-exposed Malaysian infants.

**Methods:** This is a retrospective descriptive study of perinatal HIV-exposed infants in Penang state, Malaysia. Medical records of all infants born to HIV infected mothers followed up in the Department of Paediatrics from 1999 to June 2006 were reviewed. Serial serology test available for each infant and basic demographic data were collected. The proportion of infants who seroreverted at 9, 12, and 15 months were calculated. The mean age of seroreversion was calculated by obtaining the mean between a seropositive and seronegative age of individual infant.

**Results:** From 1999 to June 2006, there were a total of 36 infants born to HIV infected mother who were referred to Penang Hospital. 26 of them who had seroreverted were eligible for analysis, 10 infants had been lost to follow up. The mean age for seroreversion for these 26 infants was 12.9 months (ranged 9 to 17 months). Overall, the seroreversion rates were 15%, 50% and 86.7% at 9, 12 and 15 months of age. A comparison was made between the infants born in the first half of the study period and those in the second half. Infants from the first group (1999–2002) appeared to serorevert earlier than the second group (2003–June 2006). At 9 months of age, 28.6% infants in the first group and only 7.7% in the second group had seroreverted. At 12 months of age, the seroreversion rates were 60% and 44.4% respectively in the first and second groups.

**Conclusion:** The time for seroreversion for HIV-exposed Malaysian infants in this study was longer than the usual time cited by most guidelines. These findings could have implications on the timing of serologic testing to diagnose HIV infection in young children in Malaysia and warrant larger prospective studies.

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### Classification Criteria for AIDS and Its Epidemiological Effects on Patient Profile in Epidemiology Study

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**Background:** AIDS can be classified by clinical presentations and/or by a low CD4 count. Discrepancy may arise when different classification schema is applied.

**Method:** A registry of HIV positive patients was established from data contributed by two major HIV clinics in Hong Kong. Male patients registered between 1984 to 2005 were categorised into 3 groups according to their status on presentation: [group 1] clinical AIDS (modified CDC 1993 criteria adopted in Hong Kong, inclusive of pulmonary TB for  $CD4 < 200/\mu L$ ); [group 2]  $CD4 < 200/\mu L$  without clinical AIDS; and [group 3]  $CD4 \geq 200/\mu L$  without clinical AIDS.

**Results:** Of the 1560 HIV positive men in the registry, 524 (33.6%) presented with clinical AIDS. A majority of these patients had sexually acquired infection - 124 (23.7%) men having sex with men (MSM) and 345 (65.8%) heterosexual men. Injection drug users (IDU) accounted for only a minority of ( $n = 15$ , 2.9%). A total of 168 patients were in group 2. There were proportionately less heterosexual and more MSM than expected ( $\chi^2 = 71$ ,  $p < 0.01$ ) in group 3. The proportion of group 2 patients increased from 2.9% in early 90's to 14.5% in the early 2000's.

**Conclusion:** The number and profile of AIDS patients vary with surveillance classification criteria. In Hong Kong, over 10% more AIDS would be reported if  $CD4 < 200/\mu L$  alone is added as a criterion. This proportion has increased steadily over the years. While MSM tended to present earlier, their proportion compared to heterosexual men was similar in those with low CD4 but without clinical AIDS.

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### Factors Associated with HIV Infection in TB Patients: Voluntary Counseling and Testing Approach

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**Background:** Voluntary counseling and testing (VCT) is an excellent tool of HIV testing. Process of VCT can have a preventive or reduce personal risk of transmission, and the infected person can provide a bridge to health-care or other services. This operational study aims to demonstrate a proportion of TB patients who accepted HIV testing after passed VCT; prevalence of HIV infection, and to identify factors associated with HIV infection.

**Methods:** The counseling records of all TB patients who attended TB clinic during September 2006 to October 2007