nature of the symptoms, CART was discontinued; which led to improvement of the symptoms. Reintroducing CART after 8 weeks resulted in recurrence of the same symptoms, at which point prednisone was added to the ongoing MAC and CART treatment. After 4 weeks CD4 is 107, VL 957, and patient has tolerated CART with no complications and Prednisone is being tapered.

Discussion: Currently there are no accepted criteria for diagnosis of IRIS. The need to stop CART in cases of severe IRIS is controversial. In some cases like ours, where temporary discontinuation of CART may not be effective or appropriate, adding corticosteroids to the regimen can help control the exaggerated inflammatory response.

**PP-149** Patient centered peer based program to improve adherence to HIV therapy. The HATS-PC initiative

Adetunji Adejumo, Cynthia Lee*, Wafaa El-Sadr, Sharon Mannheimer. Div. of Infectious Disease, Dept. of Medicine, Harlem Hosp Ctr., Columbia University, New York, USA

**Background:** The success of HIV treatment depends on high adherence rate (>95%) to antiretroviral therapy (ART). With over one-third of patients reporting active substance use, we estimated that over half may be non-adherent or at risk of non-adherence.

**Methods:** HATS-PC program is a patient-centered, multidisciplinary adherence support team that includes peer worker, case worker, HIV primary care providers and a program coordinator/health educator. Peer workers are HIV-infected individuals from the same community, adherent to ART, with good communication skills and commitment to helping others. Program peer workers received a 6-week training focused on HIV/ART, and counseling techniques. Adherence is measured by a 7-day self-report assessment, evaluation of laboratory data at baseline, then quarterly and stage of behavioral change.

**Results:** 21 HIV-infected patients were enrolled in 2008, assigned to 2 peer workers, 66% (n = 14) female and 33% (n = 7) male, mean age 43.2y (range 28-59). At program entry, majority 81% (n = 17) had HIV RNA between 480 copies/ml and >100,000 copies/ml (71% women, mean age 37, mean CD4 258 cells/ul). The main reason for non-adherence was substance use (43%). Other reasons were depression (23%), communication barrier (14%) and medication side effect (9%). 62% (n = 13) graduated from the program having achieved a target of >95% adherence for 6 months.

**Lessons Learned:** Peer based adherence support can improve adherence to treatment. Additionally, there is need for specific interventions to address substance use in this population.

**PP-150** To investigate the change of peripheral dendritic cell (DC) subsets in individuals infected with HIV who were treated with Ailing granule, a traditional Chinese drug

Jianan Wei*, 1 Jing Liu 1, Fusheng Wang 2, Chunxin Song 1, Zheng Zhang 2, Yan Jin 1, Liuhua Xue 1, Wei Zhou 1, Xuan Xu 1, Xiazhen Huang 1. 1Guang’an Men Hospital Affiliated to China Academy of Chinese Medical Sciences; 2302 Military Hospital of China

**Objective:** To investigate the change of peripheral dendritic cell (DC) subsets in individuals infected with HIV who were treated with Ailing granule, a traditional Chinese drug.

**Method:** 17 cases who had not taken anti-viral medicines were treated with Ailing granule for 9 months. 11 cases were set as normal control. The percentages of PDC and MDC were determined by flow cytometry. At the same time, the ability of PDC to produce IFN-α was also determined.

**Results:** The percentage of MDC in individuals treated with Ailing granule for 3 or 9 months was significantly higher than that before the treatment, and returned to a normal level. The percentage of PDC in individuals treated for 9 months was significantly higher than that before treatment and also returned to a normal level. The ability of IFN-α in individuals treated for 9 months was elevated and had statistically significant difference as compared with that before treatment.

**Conclusion:** Ailing granule could increase to a certain extent the percentage of MDC and PDC and elevate the ability of PDC to produce IFN-α, thus raising immunity of the infected individuals.

**PP-151** New treatment of cutaneous herpes zoster and control of neuralgia by plumeria alba extract

James Muthotho*. Health Promotion - King Baudouin Foundation, Kenya

**Introduction:** The herpes zoster infection is on the increase. The antiviral drugs and analgesics infection are very expensive, secondary bacteria infection is a problem, herpes acute pain and post-herpetic neuralgia are a major cause of HIV/AIDS patient morbidity. Health workers in Kenya have come with an ointment made from plumeria alba plant, Chlorhexidine gluconate and cetrimide for treating herpes zoster. This to eliminate acute neuralgia, post herpetic neuralgia, kill the virus, prevent secondary bacterial infection and control itching. To reduce these problems herb ointments were tested for their efficacy.

**Method:** Phytochemistry was done & HEP2 cells was used to grow virus. Extract was made in fine powder form, diluted in petroleum jelly 6mg plumeria alba extract in 100 g, chlorhexidine gluconate 0.001125 mg and cetrimide 0.01125 mg is added to prevent secondary bacteria infection. Nontoxic extracts were applied on herpes blisters. Neutralization of pain and inhibition of viruses were monitored.

**Results:** Extract has polyphenolic compounds, and non-toxic cardiac glycosides. This extract inhibits the growth of viruses when is diluted up to 1:32. When it was applied on the patient’s blisters 3 times daily, the culture from vesical fluid were negative within 3 days. The neuropgia pain was eliminated within 10 minutes. While those who were treated with antiviral drugs continued to have post herpetic neuralgia. This ointment preparation, plumeria alba has polyphenolics which kills the viruses and also eliminates neuralgia during active infection and post herpetic neuralgia and bacteria infection.

**Observation:** The patients treated with this drug d’nt get recurrent Herpes and post herpatic neuralgia

**PP-152** Prevalence of hepatitis B, hepatitis C and human immunodeficiency virus among young blood donors in Tripura, India

Deepak Singh Bais*, 1 Paramita Das 2, Pankaj Deo 1. 1Huazhong University of Science and Technology, Tongji Hospital, Department of Clinical Medicine, Wuhan, China; 2Tripura University, Agartala Government Medical College, Blood Bank Department, G.B. Pant Hospital, Tripura, India

**Objective:** Hepatitis C virus (HCV), hepatitis B virus (HBV) and human immunodeficiency virus (HIV) are three most important viral agents, responsible for transfusion transmitted infections (TTIs). Study aim was to estimate the prevalence of HBV, HCV and HIV among young blood donors in south Asian country, India.

**Methods:** Seroprevalence of HBsAg, anti-HCV and anti-HIV1/2 was studied among 13,671 young blood donors (mean age 18±9 yrs) from February 2007 to August 2008 at Blood Bank Department, G.B. Pant Hospital, Tripura, India. Samples were screened by using third generation ELISA Among total, 17.2% (n=2351) were volunteers and rest were replacement donors. Standardized questionnaire was designed to access social and clinical risk factors, informed consent was taken from each participant.

**Results:** Among 13671, total seropositive rate was 2.71% (n=370),