Conclusion: Conclusively, ligand-mediated bio-disposition and cellular interaction of MSLNs, especially at the target sites, would be a focal paradigm for upcoming research in the field of anti-HIV drug delivery. MSLNs have paved the way for the bio-stable, site-specific and ligand-mediated delivery systems with desired therapeutics.

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Prevalence and risk factors associated with immunological non-response in HIV-1 infected patients treated with NNRTI based first line drugs in South India


1 Y.R. Gaintonde Centre for AIDS research and Education, Chennai, Tamilnadu, India
2 YRG CARE, chennai, Tamil Nadu, India
3 YRG CARE, Chennai, India
4 YRG CARE infectious Diseases Laboratory, chennai, Tamil Nadu, India
5 Y.R.Gaintonde Centre for AIDS Research and Education, Chennai, India

Background: The absence of a recovery in the CD4+ T cell count during long-term, virologically suppressive HAART is an unquestionable source of anxiety to HIV-infected patients and their treating clinicians, given the long-term risks of disease progression and death, underscoring the need for means of identifying early predictive factors and treatment options.

Methods & Materials: To study the prevalence, risk factors associated to immunological non-responders (INR), and T-cell recovery pattern, we cross-sectionally analyzed 522 HIV patients on NNRTI based first line HAART at 6th month and 12th month during therapy.

Results: Among 522 HIV patients, we found 56 (10.72%) each failed to achieve at least 50 cells after 6 months and 100 cells after 12 months of HAART. Lower baseline viral load (median 4.4 log 10 copies, IQR 3.80 – 4.88,p <0.0001), higher baseline CD4 count (median 309.5cells/µL, IQR 229.2 – 386.7, p <0.05), high nadir CD4 count (median 260cells/µL, IQR 219.5 – 319.5, p <0.05) was found to be the independent risk factor. Patient initiating ART when CD4 count was >350 CD4 T-cell count (n=130) comprised more INR, followed by CD4 count of 200 – 350 cells, then <200 cells (p value <0.05).

Conclusion: Despite the suppressed viral load, significant proportion of patients found to have low CD4 recovery and associated with high baseline and nadir CD4 count and lower baseline viral load. Understanding the pathophysiological mechanisms responsible for this immune disconnect could be explored in clinical practice for the most effective management of discordant patients to improve the clinical outcome.

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Prevalence of genital herpes in HIV positive patients attending STI clinic at a tertiary care hospital and its correlation with CD4 counts

L. Buddamakuntala1,∗, P. Moodambail2

1 Bangalore Medical College & Research Institute, BANGLORE, Karnataka, India
2 Bangalore Medical College, Bangalore, India

Background: HIV infection is emerging as one of the major health problems faced by the clinicians across the world, more so because of co-existence of many sexually transmitted infections (STIs) among HIV infected patients. The presence of untreated STIs (both ulcerative and non-ulcerative) increases the risk of both acquisition and transmission of HIV by a factor of upto 10 times. Recurrent and persistent ulcerative HSV2 lesions are among the common infections in HIV patients. Prevalence of genital herpes has increased markedly between the 1970’s and 1990’s. Hence it is important to promptly diagnose and treat genital herpes which thus concurrently reduces the transmission of HIV

Methods & Materials: A detailed history of 200 retropositive patients with regard to age, name, sex, nature and duration of illness was noted. Photographs of the lesions were taken for documentation. Diagnosis of herpes genitalis was done mainly on clinical and laboratory basis. Diagnosis of herpes genitalis was done mainly on clinical and laboratory basis. Diagnosis of herpes genitalis was done mainly on clinical and laboratory basis. Diagnosis of herpes genitalis was done mainly on clinical and laboratory basis. Diagnosis of herpes genitalis was done mainly on clinical and laboratory basis. Diagnosis of herpes genitalis was done mainly on clinical and laboratory basis. Diagnosis of herpes genitalis was done mainly on clinical Tzanck smear and HSV2 IgM antibody titers were done. To rule out other causes of genital ulceration, samples were sent for appropriate microbiological investigations. CD4 T cell counts were done

The results were tabulated and appropriate statistical tests were done

Results: Out of 200 retropositive patients 52 (25.5%) presented with STIs among which 30 had genital herpes (15%). It was more commonly seen in the age group of 30-40 years, married couples and patients having multiple partners. Tzanck smear and IgM anti HSV2 positivity was seen in 43% and 48% of patients respectively. Average CD4 count of 297cell/cu.mm was seen.

Conclusion: Trend of STI’s has gradually changed over the years, with decline in incidence of bacterial STI’s & increase in the prevalence of viral STI’s most commonly genital herpes. HIV and herpes genitalis coinfection increases the transmission of each other.

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