We report here the epidemiological, clinical, virological and immunological characteristics of a cohort of patients with PHI.

Methods: Prospective observational study of patients with PHI at the Emilio Ribas Institute of Infectious Diseases, a tertiary hospital in Sao Paulo, Brazil. Inclusion criteria included negative or undetermined HIV-1 serology associated with viral detection, or clinical and serological evidence of seroconversion during the last 6 months. Epidemiological history, clinical data, HIV-1 plasma viral load, CD4 cell count, genotypic resistance testing, serology for hepatitis B, C, A, toxoplasmosis, cytomegalovirus, herpes and syphilis were recorded as well as the use of highly active antiretroviral treatment (HAART).

Results: Between 2007 and 2009, 10 patients met the inclusion criteria (8 males and 2 females, median age was 34). Two patients were asymptomatic and eight were symptomatic. The main symptoms were fever (80%), myalgia (60%), rash (30%), hepatitis (20%) aseptic meningitis (20%) and renal failure (10%). Only 4 patients had a mononucleosis-like illness. Homosexual transmission route was more frequent (60%). Five patients had plasma viral load above the upper limit of detection and the median CD4 cell count was 395cel/mm+ (range: 47—835cel/mm+). Five patients received HAART and among 5 patients who did not receive HAART, 2 patients had clinical and immunological criteria for initiating HAART after 12 months of follow-up. Genotypic resistance testing was available for 4 patients. Overall patients had triple class susceptible HIV-1 sub-type B strain. One patient had primary resistance to non-nucleoside reverse transcriptase inhibitors and several protease inhibitors mutations and this finding was correlated with clinical severity.

Conclusion: Clinical, virological and immunological parameters in PHI may be heterogenous, atypical clinical presentation is frequent. Determinating resistance profile is useful for early therapeutic intervention, which is associated with better outcome.

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27.022

Prevalence of metabolic syndrome and estimated Framingham risk score among Brazilian HIV-infected patients

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Background: Recent studies suggest that HIV infection itself or combination ART (cART) were both associated with increased risk for cardiovascular disease (CVD). The 10-year Framingham risk score (FRS) is used to predict cardiovascular events in the non-HIV-infected patients, and its application in the HIV-infected subjects is under discussion. We evaluated the traditional CVD risk factors and metabolic

Methods: This was a cross-sectional study of HIV-infected subjects ART-treated (n = 29), HIVinfected patients ART-naive (n = 28) and controls without previous CVD events (n = 32). Subjects were selected for common age range (20 to 69 years) from the Instituto de Infectologia Emilio Ribas, São Paulo. We assessed cardiovascular risk factors, HIV viral load, nadir CD4 count, high-sensivity C-reactive protein (hs-CRP) and plasma lipid concentrations. MS components included low LDL cholesterol, high triglycerides, high BMI, hypertension and diabetes. The statistical analysis were done using a SPSS 16.0.

Results: Groups were matched for age (mean 43.6 years for ART-treated vs 42.0 years for ART-naïve vs 42.8 for controls); 31%, 35.7% o and 46.8% are women, respectively. The mean duration of HIV infection was 10 years for ART-treated and 6 years for ART-naïve subjects. The mean nadir CD4 count (cells/μL) was 208 for ART-treated and 449 for ARTnaïve subjects ($p < 0.0001$); current HIV-RNA levels were undetectable on ART-treated and 13.683 copies/ml on ART-naïve subjects ($p = 0.005$). There were no significant differences between the groups in levels of hs-CRP, HDL and LDL-cholesterol. Total cholesterol was higher in ART-treated than in ART-naïve (mean 209 vs 182 mg/dl, respectively; $p = 0.02$); triglycerides was higher in ART-treated than in ART-naïve subjects (mean 234 vs 137 mg/dl, respectively; $p = 0.02$). Hypertension was more frequent in ART-treated compared to the others groups ($p = 0.01$). 41.4% of ART-treated patients had MS, compared to 25% of ARTnaïve and 28.1% of controls ($p = 0.0001$); 27.6% of ART-treated had a high (> 20%) 10-year FRS compared to 0% in the others groups ($p < 0.0001$).

Conclusion: Our results shows a high prevalence of MS and high FRS in HIV-patients under treatment, which can be used to predict cardiovascular risk stratification in this population.

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27.023

Factors affecting acceptance of HIV testing among antenatal care attendees in Ethiopia: With emphasis on role of male partners

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Background: Counselling and testing is an entry point for PMTCT of HIV infection. To increase uptake of PMTCT interventions and to benefit more generally from HIV testing, the greater involvement of men is important. This study was designed to assess factors affecting acceptance of HIV testing among antenatal care (ANC) attendees with emphasis on role of male partners, in Wolaita zone, southern Ethiopia.

Methods: Cross-sectional study was conducted on 412 pregnant women using structured questionnaire from March to April 2008 in three public health centers of Wolaita zone, southern Ethiopia. The study was complimented and triangulated by focus group discussions (FGDs). In the absence of similar study, the sample size was determined based on the assumption that 50% of women would make joint (with their

partner) decisions about HCT. The margin of error was set at 5% and degree of confidence 95%.

Results: Acceptance of HIV testing among the interviewed pregnant women was 74.5%. Stigma and discrimination by the community, husband reaction and fear of positive test result were reasons that impede higher acceptance of HIV testing. Acceptance of HIV testing was significantly associated with pregnant women who had attended formal education, reside in urban area, living with their partners and those mentioned ART as PMTCT. Only 27% of pregnant women could decide independently on accepting HIV testing. Male partners, who came to health centers along with their partners for ANC and HIV testing, were only 5.1%. Two third of the study participants (65.5%) have no habit of open discussion on HIV/STI with their male partners. Most women with positive test result do not disclose their test result to their partners. Pregnant women who could get partner support with positive test result were more likely to accept HIV testing than their counterparts.

Conclusion: HIV testing acceptance is encouraging but men's involvement was found to be low and they appear to be the secrete ingredient of PMTCT intervention. Generally, pregnant women need their male partners' positive attitude and support to accept HIV testing. Hence PMTCT programs should give emphasis on involvement of male partners.

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27.024

Attitudes towards neonatal male circumcision among Hispanic men and women in Miami, Florida

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Background: Hispanics in the U.S. with the lowest rates of circumcision (MC) and relatively higher rates of heterosexual HIV transmission may benefit with higher rates of MC. Before interventions to promote MC can be introduced in the Hispanic community, additional information is necessary to determine the factors that are related to its acceptability in this population.

Methods: We conducted a qualitative study to assess the attitudes towards neonatal MC in Hispanic pregnant females and males and intensive interviews with 12 providers of the Hispanic community. Gender concordant focus groups were held to address the relative acceptability of MC. Each focus group (2 male, 4 female) was lead by 2 trained facilitators (medical, psychosocial). Key informants of the Hispanic community had an individualized indepth structured interviews.

Results: Qualitative data was analyzed for dominant themes and collapsed into overarching themes. Thirteen themes emerged, including acceptability, appearance, circumcision and children, circumcision and HIV, cost, cultural differences, health benefits, knowledge and personal experiences, pain and injury to the penis, perceived HIV risk, religion, sexual performance and sexual pleasure. Men associated acceptability with the attitudes of health care professionals, knowledge about the procedure and hygiene. Women focused on cost, cultural differences, circumcised family members and decision making for circumcising children. Attitudes regarding MC differed between national/cultural group and gender; excepting the Mohel, Hispanic male providers related MC acceptability to American Pediatric Association guidelines, personal circumcision status and were skeptical regarding its health benefits for STD/HIV risk reduction. Female providers focused on the financial burden to parents in its provision to neonates, lack of information and the need to increase acceptability among Hispanic men.

Conclusion: Both women and men appeared accepting of neonatal circumcision, and the women were assertive regarding their role as decision makers regarding the procedure.

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27.025

Patients with newly-diagnosed HIV in 2004 versus 2008: No apparent difference in progression

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Background: Trends have recently been observed suggesting more rapid progression in newly-diagnosed HIV-positive patients. This data is limited by an inability to specifically identify the time of infection. Our HIV-positive cohort displays heterogenous acquisition risk and significant immigration from countries of high prevalence, and is ideal to study changing epidemiology.

Methods: A retrospective cohort study was undertaken comparing newly diagnosed HIV patients attending in the first half of 2004 with those in 2008. Baseline demographics and virological parameters were gathered. Progression was followed for the first year after diagnosis. Patients with known seroconversion were of particular interest — including those certain of time of infection, who recalled significant seroconversion illness and/or a negative test within the preceding 6 months. Others with previous negative tests outside this window were not designated as known seroconverters. Rapid progressors (RPs) were defined as those with documented seroconversion window < 2 years prior to presentation, who progressed to CD4 $\leq$350 cells/mm3 within first year of follow-up. Results were analysed using GraphPadInStat.

Results: Of the 200 charts reviewed, 96 met inclusion criteria. Baseline characteristics are summarized in Table 1. CD4 $\leq$350 cellls/mm3 at first presentation in 2004 and 2008 respectively was seen in 20(48%) and 31(57%) $p = 0.42$. CD4 count $\leq$350 by end of year 1 was 25(60%) vs 35(65%) $p = 0.67$. Mean change in CD4% from diagnosis to end of year 1 or pre-ART was -2.9%(SD5.1) vs +7.2%(SD 11.0) $p < 0.0001$ (95%CI, -13.7718 to -6.4882). AIDS-defining illness in first year was seen in 6(14%) vs 7(13%) $p = 1.0$. Of those with CD4 $\geq$350 cells/mm3 at first presentation, 18 (82%) vs 18 (78%) maintained CD4 $\geq$350 at end of year 1 untreated. Of those with