

**OL-040 Clinical and biological status of young adults infected with HIV through mother-to-child transmission (MTCT) or during infancy**

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**Background:** Subjects infected with HIV through MTCT or during infancy, and now reaching adulthood, form an emerging, little described population characterized by young age but long exposure to HIV and antiretroviral therapy (ART).

**Methods:** Single-center review of patients transferred from pediatrics to the adults department for HIV infection, last visit and analysis at February 2008.

**Results:** 14/50 patients had experienced AIDS-defining events before transfer, with a mean CD4 nadir at  $7.4 \pm 7.0\%$  and a plasma HIV RNA zenith at 4.9lg copies/ml. At the time of transfer, 49/50 patients were on ART, 40% of them had a viral load  $< 1.6\text{lg}$ , and mean CD4 was  $423 \pm 291$  (21.2%). Since transfer, 2 patients died, 10 AIDS-defining events occurred in 5 patients, and 8 were lost to follow-up. All events occurred in the 14 patients whose adherence to ART was chronically poor. After a median follow-up of 5 years in the adults department, among the 40 patients regularly attending visits, 90% had a Karnofsky index at 100% and 82.5% were either employed or students; 72.5% had a viral load  $< 1.6\text{lg}$ , and the mean CD4 count was  $559 \pm 350$ . Tolerance to ART was generally good, but 4 patients had clinical lipodystrophy, 4 had hyper-triglyceridemia and 7 had hypo-HDL cholesterolemia.

**Conclusion:** In this large cohort of young adults infected through MTCT or during infancy, we found a good virological response with undetectable viral load in 72.5% and high CD4 counts in half of the patients. The issue of adherence is crucial in this population.

**OL-041 Non-cirrhotic portal hypertension (NCPHT) in 15 patients with HIV: characteristics, outcome and prognosis**

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**Background:** Course, outcome and prognosis of non cirrhotic portal hypertension (NCPHT) in patients with HIV infection need to be clarified.

**Methods:** Retrospective analyses of 15 patients with HIV and NCPHT seen in 2003-2008 in a hepatology unit.

**Results:** 15 patients, aged 32-75 years (median 51 years), followed-up 3-69 months (median 12 months) after diagnosis of NCPHT. All had HIV associated obstructive portopathy on liver biopsy. NCPHT was diagnosed 4-19 years (median 13 years) after HIV infection, mean CD 4:  $217 \pm 90$ , undetectable viral load. Protein S deficiency was found in 7 patients, antiphospholipid syndrome in 1. Median platelets were  $132 \times 10^9/\text{l}$  (71-226), ASAT

55 UI (32-125), and Child-Pugh score 6 (5-9). Twelve patients had oesophageal varices, 8 variceal bleeding, 2 rebleeding despite beta blockers. Eight patients thrombosed the portal vein, and 1 the mesenteric vein, were treated with anticoagulation. One year transplant-free and overall survival rates were 75% and 81%, respectively. Patients with an unfavourable outcome (transplantation or death) had more frequently ascites (3/3 vs. 2/12;  $p=0.022$ ), Child-Pugh score B or C. (3 of 3, vs. 0 of 12;  $p=0.002$ ) and lower body mass index ( $13 \pm 0$  vs.  $20.8 \pm 2.5$ ;  $p=0.033$ ).

**Conclusion:** NCPHT is a potentially fatal disease occurring late in the course of HIV infection. Liver transplantation should rapidly be considered in patients with ascites, Child Pugh score B or C, or undernutrition. Close surveillance is necessary for early detection of portal vein thrombosis.

**OL-042 Asymptomatic bacterial STD screening: experience from an inner city HIV clinic**

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**Background:** Sexually transmitted diseases (STDs) can serve as cofactors for HIV transmission. In this report we describe the incidence of bacterial STDs identified through a screening program conducted among HIV-infected individuals.

**Methods:** Screening was done for Neisseria gonorrhoea (GC), Chlamydia trachomatis (CT), and Treponema pallidum (syphilis). GC/CT screening was performed on urine by amplified DNA assay (BD ProbeTec<sup>™</sup>; Bacton, Sparks, MD). Syphilis testing was done by IgG antibody with reflex testing of positive specimens for rapid plasma reagin (RPR)/microhemagglutination assay treponema pallidum (MHATP).

**Results:** A total of 1248 specimens for bacterial STDs were collected from 793 adult HIV-infected patients ( $\geq 18$  yrs) between April 2007 and November 2008. Urine GC/CT testing was done on 217 (27.3%) patients. 5 (2.3% of 217 patients; 3 women, 2 men) were positive for GC/CT with 4 of 5 positive for GC and 2 of 5 positive for CT.

Syphilis testing was performed on 780 patients, of whom 26.4% (206/780) tested positive. Of the 206 with positive syphilis IgG serology, 168 patients (81.5%) had a reactive MHATP, 61 patients (29.6%) had a reactive RPR. The 61 patients with reactive RPR included 39 men (64%) and 22 women (36%); mean age was 44 y (range 19-77).

**Conclusions:** Two percent of HIV infected inner city population had GC/CT infection detected by urine testing. Eight percent had a reactive RPR for syphilis. Screening for bacterial STDs in this inner city HIV clinic identified asymptomatic STDs, supporting screening and treatment as one strategy for secondary HIV prevention.

**Free Paper Presentation 8 – Influenza**

**OL-043 Passive immunotherapy for influenza A H5N1 virus infection with equine hyperimmune globulin F(ab')<sub>2</sub> in mice**

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**Background:** Since 2003, there are total 38 human avian influenza cases in China, 25 of them dead. To control the H5N1, it is necessary to develop effective vaccine and drugs. To investigate the possible therapeutic effect of antibody against highly pathogenic H5N1 virus on a mammal host, we prepared specific equine anti-H5N1 IgGs from horses vaccinated with inactivated H5N1 virus, and then obtained the F(ab')<sub>2</sub> fragments by pepsin digestion of IgGs.

**Method:** The horses were vaccinated with inactivated H5N1 vac-