of multi-class primary resistance was 1.5% 2005—2006, and 2.6% 2007. K103N was detected as a minority viral quasispecies in 8/224 patients (3.6%), and M184V in 1/68 patients (1.5%). When these variants were considered, primary resistance rose to 16.9% (6.4%, NRTIs; 8.5%, NNRTIs).

**Conclusions:** primary resistance to antiretrovirals in the South East of Spain has been estimated in 11% through the years 2005—2007. K103N and M184V are present as minority variants in the newly diagnosed patients of our cohort. No significant changes in transmitted drug resistance during the study period have been detected.

doi:10.1016/j.ijid.2008.05.391

20.008 Perception of HIV/AIDS Patients Among Pre-Clinical Dental Students

H. Oboro*, C. Azodo*, M. Sede

*University of Benin Teaching Hospital, Benin, Nigeria*

**Aim:** The aim of this study is to determine the attitude, knowledge and the willingness of preclinical dental students to treat patients with Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome (HIV/AIDS) in the future.

**Method:** The participants were students of both genders drawn from the third and fourth year dental classes of the University of Benin Dental School, Nigeria. One hundred and fifty questionnaires were self-administered, with 92.6% retrieval. The parameters measured were knowledge and status of HIV/AIDS, immunization against hepatitis B, willingness to treat HIV/AIDS patients, Knowledge of post exposure prophylaxis (PEP) and the University of Benin Teaching hospital (UBTH) protocol for PEP.

**Results:** Data analysis showed that 71.9% of students rated their knowledge of HIV/AIDS as either high or very high. 45.3% thought HIV was a contagious disease while 33.1% felt it was more infectious than tuberculosis or any of the strains of hepatitis. Only 42.4% of the study population knew their HIV status. 91.4% felt professional oral health care will be beneficial to HIV/AIDS patients. A total of fifty-one students averred that they would not in the future administer care to HIV/AIDS patients. Only 28.8% had been immunized against Hepatitis B. About one in every two students studied had no knowledge of PEP while 87.8% did not know the protocol of PEP in UBTH.

**Conclusion:** Although a large number of these students claim to be knowledgeable about HIV/AIDS, it is obvious from this study, that they lack a true understanding of the condition. There is therefore an urgent need to properly inform and educate preclinical dental student about the disease condition, if we hope to totally eliminate the discrimination faced by patients in the hands of healthcare givers in the near future.

doi:10.1016/j.ijid.2008.05.392

20.009 Seroprevalence of HIV Among Antenatal Cases and Response to Nevirapine Therapy in Suburban Population

M. Khandait

Pad. Dr. D. Y. Patil Medical college, Pimpri, Pune, India

**Background & Objectives:** With 27 million pregnancies and with the current prevalence of HIV infection among pregnant women in India, an estimated 100,000 HIV infected women deliver every year. The number of HIV-positive women is increasing, and with it the number of babies with HIV infection. So this study was carried out to find out the prevalence of HIV in antenatal cases (ANC’s) attending PPTCT (Prevention of parent to child transmission) programme and response to nevirapine therapy in HIV seropositive patients at Pad. Dr. D. Y. Patil Medical College and Hospital, Pimpri, Pune.

**Material & Methods:** A total of 5775 serum samples were collected from ANC’s between August 2006 to August 2007 and screened for HIV-1 & HIV2. Samples were tested using Rapid test kits like Tri-dot, Immuno-comb and Retroscreen supplied by NACO. All the reactive sera were further tested and confirmed as per NACO guidelines. Nevirapine was given to HIV positive mothers and their babies as per NACO guidelines. Blood samples were screened for anti-HIV antibody from Nevirapine received babies after 18 months.

**Result:** The overall prevalence of HIV infection in ANC’s was found to be 0.81% (47/5775). Out of 47 cases 38 mothers and their babies were received Nevirapine. Seven babies were lost to follow up and 31 babies were HIV seronegative.

**Conclusion:** In order to reduce the incidence of antenatal cases and pediatric HIV infection there should be consistently available drug supplies and services for better and cost effective coverage. So developing and implementing a comprehensive PPTCT program in our country is the need of hour.

doi:10.1016/j.ijid.2008.05.393

20.010 How do AIDS-Defining Illnesses affect the Survival of AIDS Patients?

S.H. Tey*, L.W. Ang

Ministry of Health, Singapore

**Background:** This study examines the survival of AIDS patients based on their AIDS-defining illnesses, for the purpose of evaluating the use of AIDS-defining illness as a factor in the assessment, prognostication and management of AIDS patients.

**Methods:** The prognosis of AIDS patients is known to exhibit varied differences. To describe the survival pattern of patients with AIDS-defining illnesses, we ranked the median survival time of patients first diagnosed as AIDS by their AIDS-defining illnesses, and adjusted for potential confounders in the analyses.

Our retrospective study is based on 1077 patients whose first diagnosis was AIDS in Singapore from 1987 to 2006. We used Kaplan-Meier estimation of median survival to carry out the ranking of AIDS-defining illnesses. Cox proportional haz-
ards models were then used to determine the mortality risk of the AIDS-defining illnesses before and after adjustment for potential confounders. The relative hazards of death were then ranked to check for consistency of findings. The analysis was first carried out for all AIDS-defining illnesses, and repeated so as to compare the survival of initial AIDS-defining illness diagnosed at the time of AIDS diagnosis, and those diagnosed thereafter.

Results: The results showed poor median survival for patients with AIDS-defining illnesses of HIV encephalopathy, unspecified pneumonias, Lymphoma and Kaposi's Sarcoma. The hazard ratios in the multivariate models for each of these AIDS-defining illnesses were significantly higher than 2. The ranking of AIDS-defining illnesses in terms of survival pattern was noted to be generally consistent even after adjusting for prognostic factors such as age at diagnosis of AIDS and number of AIDS-defining illnesses.

Conclusion: We ranked AIDS-defining illnesses according to adjusted hazard ratios, which showed that clear ranking had been generally maintained. This study serves as an important reference in evaluating the use of AIDS-defining illness for assessment, prognostication and management of AIDS patients.

Conclusions: The HIV epidemic impacts selected populations in different nations in Southeast Asia. Significant gains in Thailand post-1998 are not shared throughout the region with rises in prevalence among drug using populations in Indonesia and Viet Nam. Decreases among CSW populations in Cambodia are not reflected among the trends seen in Cambodian STI clinics.

doi:10.1016/j.ijid.2008.05.395

20.012
The Changing Epidemiology Among Drug Users in Southeast Asia

W.X. Shandera

Baylor College of Medicine, Houston, TX, USA

Purpose: To provide an analysis of HIV cases among the drug using populations in the nations of Southeast Asia.

Methods: The US Census Bureau compiled databases (December 2006 version) for HIV among drug using populations were analyzed for the nations of Southeast Asia. Linear and quadratic models were formed and compared by risk factor status.

Findings: Significant data were available for 6 of the 11 nations of SE Asia (Brunei, Cambodia, East Timor, Laos and Singapore are not represented). The compiled studies included significant numbers from Thailand (1002), Viet Nam (308), Myanmar (140), Malaysia (65), the Philippines (52) and Indonesia (36). The overall prevalences for HIV in the drug-using populations were highest for Myanmar (54.3) and Thailand (32.5 before 1998, 35.2 1998 and later) and Indonesia (25.7) followed by Viet Nam (20.0) and Malaysia (12.1). The compiled rate was very low for the Philippines (0.07 with 1.6 the highest reported prevalence). The linear trends obtained as a measure on linear regression showed the highest values for Indonesia (3.9 where 21 of 36 studies are from Jakarta and all Jakarta studies are 1995 or later) followed by Viet Nam (2.44), Thailand before 1998 (1.72), and Malaysia (1.3) and Thailand 1998 and later (1.10). Decreasing values (showing falling prevalence among studies) were reported from Myanmar (with a high baseline) (−0.28) and the Philippines (−0.007). Quadratic best-fit curves for Malaysia and Indonesia are shown below.

Conclusions: Advances in HIV/AIDS control among drug using populations in Southeast Asia are not uniform. The nation most impacted is Myanmar and its high prevalences are associated with some modest decline in recent studies. The recent upsurge in Indonesia is primarily in Jakarta. Nations not reporting data require additional surveillance for the geographically about the above impacted nations.

doi:10.1016/j.ijid.2008.05.396