nature of the symptoms, CART was discontinued; which led to improvement of the symptoms. Reinstituting 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
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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
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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. 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 value 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
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Introduction: The herpes zoster infection is on the increase. The antiviral drugs and analgesics infection are very expensive, secondary bacteria infection is a problem. The 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 extracts 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 bacterial 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 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 neuralgia 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
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Objective: Hepatitis B virus (HCV), hepatitis B virus (HBV) and human immunodeficiency virus (HIV) are three most important viral agents, responsible for transmission 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),
in which HBsAg 1.81% (n=247) was predominated followed by anti-HCV 0.49% (n=67) and anti-HIV1/2 0.41% (n=56) respectively. The hepatitis C virus co-infection among HBV-infected donors was 1.73%. Male reactive cases were predominated with 71.7% (n=265). 57.9% (n=214) reactive cases have no knowledge about the route of transmission and clinical risk factors of the infections 10.3% (n=38) of reactive cases had previous history of blood donation.

Conclusion: In such horrible scenario of 10.3% (n=38) reactive cases having previous history of blood transfusion and 57.9% (n=214) reactive cases having no knowledge about the route of transmission and clinical risk factors of the infections, public awareness program is highly essential. In such endemicity of TTI's use of highly sensitive serological test method should be encouraged.

PP-153 Cerebral infarction among HIV infected population of West Bengal, India

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Background: HIV epidemic is unfolding in state of West Bengal. The present study attempted to look at prevalence of cerebral infarction among HIV infected adults and correlate same with CD4 count and opportunistic infections.

Methods: From April 2006 to March 2009, adults with diagnosed HIV infection were evaluated. Diagnosis of cerebral infarction was achieved by history, clinical findings and relevant investigations.

Results: 14 (11 male, 3 female) out of 2057 (0.68%) were noted to suffer from cerebral infarction. Two, five, four and four patients were aged 20-25, 26-30, 31-35 and 36-40 years, respectively. TB (57.14%) was commonest associated illnesses followed by cryptococcal meningitis (14.28%) and syphilis (7.14%). Out of 13, 8 had CD4 counts below 100 cells/mm3 while rest had above 200.

Conclusion: Cerebral infarction is not uncommon in young and middle aged persons with HIV infection. TB is commonest associated illness, CD4 count is commonly below 100.

PP-154 Knowledge, attitude, practice and health belief model (HBM) of midwives about HIV/AIDS-protection in care providing procedures

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Objectives: The study aimed to assess the midwives’ knowledge, attitude, practice and health belief model (HBM) about HIV transmission and HIV/AIDS-precaution methods.

Background: This was a cross-sectional study in 5 selected hospitals in Isfahan. All 58 midwifery personnel of maternity ward of the hospitals participated in the study. Tools for data collection were a checklist to assess midwives’ practice and a questionnaire contained questions to assess midwives’ knowledge, attitude, HBM and the barriers to practice of the safe behavior.

Result: Fifty eight midwifery personnel with average age of 35.36±7.84, average work experience years of 10.92±7.98, were assessed in this study. Their scores of knowledge, attitude, practice and HBM were: 85.4±9.4 percent (Mean±SD), 83.5±9.4 percent, 59.1±74 percent and 87.46±8.54 percent, respectively. There was a significant correlation between knowledge and attitude of the midwifery personnel but there were no any other significant correlation between knowledge, attitude, HBM and Practice of them. However, there was a significant negative correlation between the years of the working experience with the score of the practice as well as between the hours of working per month with the score of the practice.

Conclusion: Our results demonstrated that despite high knowledge and positive attitudes of midwives towards universal precautions to prevent spread of HIV/AIDS in the health care setting, the practice of these precautions is moderate, being practiced in only about 59 percent of the necessary situations. Emergency condition of the midwifery work and as well as non- or low-availability personal protection equipments (PPE) were stated as the barriers of the midwives’ practice. The results suggests that managers should to overcome these barriers and be more focused on educational interventions to improve the beliefs of midwives about susceptibility to HIV infection and the cost of barriers as well as their self efficacy in AIDS-prevention behavior.

PP-155 One case of AIDS complicated severe liver functional lesion

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Introduction: From HIV infection to AIDS liver functional lesion may occur at all stages, and even occur cirrhosis, liver failure. Because the pathogenesis of this disease is long and liver disease symptoms are not prominent, AIDS patients’ liver lesion are easily overlooked. This paper reports that one AIDS patient occurs the rapid emergence of severe liver functional and combined pleural effusion, ascites, hypoproteinemia, electrolyte disturbance and other complications. Those kinds reports are rare.

Case Description: The patient, male, 39 years old, is a clinical laboratories’ technologist. His admission is due to “abnormal liver function of unknown origin” in July 31, 2008. He described that he had diarrhea, jaundice, fever and dry cough in the last month. Physical examination shows he has a severe malnutrition, his skin and sclerae are jaundiced, his weight was lost about 15kg in last 3 months. Laboratory: A/G 19:28g/L, T/DBil 159±133.4 μ mol/L, AST 57U/L, ALT 493U/L, GGT 542U/L, CHE 1811U/L; SO, 85%. Auxiliary T-lymphocyte subsets: CD4 7%, CD8 67%, CD4/CD8 0.1, twice anti-HIV were positive, HIV-RNA 1.36x102 copies/ml. Abdominal CT: Hepatic parenchymal patchy shadow enhanced; Splenomegaly. Chest X-ray: lungs inflammation. Lung CT: double lung markings show fuzzy and ground-glass changes; lungs pendent grid texture changes; interstitial pneumonia. Diagnosed as: HIV infection (AIDS period) combined 1 pneumocystis carinii pneumonia, 2 ascites 3 pleural effusion 4 respiratory alkalosis 5 electrolyte imbalance (hypotremia, hypokalemia). We give the symptomatic and support treatment, compound sulfamethoxazole tablets and moxifloxacin hydrochloride were as anti-inflammatory treatment. This patient was automatically discharged in August 6, 2008.

PP-156 AIDS treatment on HAART in Tianjin

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Background: Although new case of HIV/AIDS are growing in Tianjin, the incidence of opportunity infections (OIs)/cancers and mortality of AIDS patients are decreased as HAART introduction.