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 programme is highly essential. In such endemicity of TTIs 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, three and four patients were aged 20-25, 26-30, 31-35 and 36-40 years, respectively. TB (57.14%) was commonest associated illness followed by CD4 count 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 scores 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 month. Laboratory: A/G 19/28g/L, T/D8 159.8/133.4 μmol/L, AST 57U/L, ALP 493U/L, GGT 542U/L, CHE 1811U/L; SO2 85%.Auxiliary T-lymphocyte subsets: CD4 7%, CD8 67%, CD4/CD8 0.1, twice anti-HIV were positive, HIV-RNA 1.36×10³ 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 percent grid texture changes; interstitial pneumonia. Diagnosed as: HIV infection (AIDS period) combined 1) pneumocystis carini pneumonia, 2) ascites 3) pleural effusion 4) respiratory alkalosis 5) electrolyte imbalance (hyponatremia, 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.
We aim at evaluating the efficacy of HAART and the prognosis of AIDS patients in Tianjin.

**Methods:** (1) 62 naive AIDS patients were enrolled and were randomly divided into HAART group (n=45) and contrast group (n=17). (2) AIDS patients in HAART group were initially treated on first-line antiretroviral (ARV) drugs, AZT/D4T+3TC+NVP/EFV. (3) Observing the two groups of patients on clinical manifestations, changes in immune function and prognosis.

**Results:** (1) The baseline CD4 cell counts had no significant difference between two groups of patients (P>0.05). In HAART group, the median of CD4 cell was 73/μl (n=45) before HAART was introduced. And after 3, 6, 12 month of HAART initiation, the median of CD4 cell was respectively 120/μl (n=39), 139.5/μl (n=30) and 200/μl (n=22), (2) The incidence of OIs/cancers and mortality of patients in HAART group was 40% and 4.4%, which were obviously lower than contrast group, 88.24% and 47.06% (P<0.01). (3) 95.55% (43/45) naive patients take effect on first-line HAART but 17.8% (8/45) patients adjust drug regime as side effect.

**Conclusions:** Tianjin AIDS patients show a good effect on first-line HAART. Along with the extension of HAART period, the immune function of patients was gradually restored and prognosis was significantly improved.

**PP-157 Risky sexual behaviors among young urban females in post-conflict Liberia**

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**Objectives.** Liberia, a country west of Sub-Saharan Africa, has not escaped the massive and terrible effect of this HIV/AIDS epidemic, especially among vulnerable populations like young urban females. Data regarding the HIV/AIDS risk behaviors of young urban Liberian females have been relatively unavailable. In the presentation, we characterized the HIV/AIDS risk behaviors of youth Liberian females and propose intervention strategies to mitigate the spread of the virus among this population.

**Method.** The study method is a community-based randomized controlled trial (RCT) in Monrovia, Liberia. Study participants were randomly assigned to either a behavioral-driven HIV/AIDS prevention program or a general health program, administer a 8-session program, and followed for up to 12 months to determine the efficacy of the HIV/AIDS program.

**Results.** Young urban Liberian females are at high risk for HIV/AIDS. For example, they are less likely to use condoms, more likely to have sexual partners, and less likely to be knowledgeable about HIV/STDs. Strikingly, gender inequalities and socio-economic disparities are major contributing factors.

**Conclusion.** We conclude that the findings from this study has the potential to contribute to the research and policy gaps associated with risky sexual behaviors among young urban females in post-conflict Liberia.

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**PP-159 Clinical study of children with cytomegalovirus hepatitis**

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**Objectives:** To summarize the clinical characteristics of cytomegalovirus hepatitis in infants and young children.

**Methods:** Clinical data of 15 children who suffered from cytomegalovirus hepatitis were retrospectively analyzed, and were compared with 30 adults with cytomegalovirus hepatitis.

**Results:** Among 15 children with a mean age of 27.5±24.6 months who were healthy before, 12 cases displayed acute hepatitis, 2 patients displayed severe hepatitis, and only one displayed chronic hepatitis. The most frequently associated symptoms were poor appetite (93.3%), vomiting (86.7%), jaundice (86.7%), fever (66.7%), splenomegaly (60.0%). 9 cases associated with myocardial damage and pneumonia. We detected cellular immune function of 11 children and found the CD4+ T lymphocyte count decreased in 8 cases. 28 cases in adults group displayed acute hepatitis, 2 patients displayed chronic hepatitis, and no one had severe hepatitis. 4 cases had underlying disease (diabetes, tuberculosis etc), 3 had taken corticoid for a long time, and the CD4+ T lymphocyte count decreased in 10 adults. The median of total bilirubin in children (165.5μmol/l) is much higher than that of adults (26.6μmol/l). All children were given ganciclovir and recovered, including 2 severe hepatitis cases.

**Conclusion:** Most of children with cytomegalovirus hepatitis have higher total bilirubin level than adults. A few children display hepatic failure or chronicity tendency.

**PP-160 The prevalence of plasmid-mediated quinolone resistance determinants among clinical isolates of ESBL or AmpC-producing Escherichia coli from Chinese pediatric patients**

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**Objective:** The aim of this study is to investigate the plasmid-mediated quinolone resistance (PMQR) determinants (qnr-like, aac(6’)-ib-cr, qepA genes) and the relationship between PMQR and ESBL or AmpC encoding genes in ESBL or AmpC-producing Escherichia coli from Chinese pediatric patients.