J Antivir Antiretrovir 2016, 8:2(Suppl)
http://dx.doi.org/10.4172/1948-5964.C1.028

Self-efficacy analysis among HIV positive patients in Jimma University specialized hospital

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Objective: To determine self-efficacy of HIV sero -status disclosure decisions and safer sex in HIV sero-positive persons in Jimma University Specialized Hospital, southwest Ethiopia.

Methods: A facility based cross sectional study design was conducted on 601 HIV positive person in Jimma University Specialized Hospital, ART clinic. Data were collected using standard pre-coded interviewer-administered questionnaire. The data were entered into SPSS version 16.0. Descriptive analysis was done to describe the characteristics of the study participants. Logistic regression was used to know the predictor of disclosure.

Results: Of the 591 study participants, 564 (95.4%) were disclosed their HIV status. Married HIV patients were 22.4 times more likely practice safe sex than single HIV patients [adjusted odds ratio (AOR), 95% CI: 22.4 (8.6, 58.6)]. HIV patients whose educational statuses were secondary school were 50% less likely to practice safe sex than HIV patients whose educational statuses were college/ university [AOR, 95% CI: 0.5 (0.2,0.9)]. HIV patients whose monthly income was in between 901-1300 ETH Birr was 80% less likely to practice safe sex than HIV patients whose monthly income was above 1300 ETH Birr [AOR, 95% CI: 0.2 (0.1, 0.7)]. A unit increase in the total score of self-efficacy on safe sex practice the odds of practicing safe sex was increased by 2.0 [AOR, 95% CI: 2.0 (1.1, 3.8)].

Conclusions: The HIV patients had high self-efficacy on disclosure, safe sex and treatment adherence. This good practice should be promoted and enhanced in different part of Ethiopia. The HIV patients had low awareness about their parents ' HIV status. Future effort should be made on an awareness level about their parents ' HIV status.

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Evaluation efficacy of dried blood spot filter paper for HIV-1 viral load and drug resistance genotyping testing

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Plasma samples were collected for HIV viral load and drug resistance testing. Cold chain for transportation of plasma samples is needed. For more convenient, Dried Blood Spot (DBS) is an alternative way to collect specimen because it is easy for transportation from rural area. However, the cost of this filter paper is still expensive. HIV-1 viral load and HIV-1 drug resistance testing were measured. Among these three filter papers, NM was not capable of absorbing blood samples while Whatman 903 and CFSP were quality acceptable. Then, both of these two filter papers were evaluated. The measurement of viral load testing on both filter papers was no significantly differences in all ranges of viral load level (P 0.05, R2 = 0.98). For drug resistance testing, all resistance mutations on NRTI, NNRTI and PI were detected when compared with gold standard method. DBS provided acceptable quantitative precision and accuracy data. For a novel membrane substrate card, CFSP, was compatible prototype DBS card employs a with Whatman 903 filter paper. The described CFSP works well for HIV viral load and drug resistance assay. Our novel DBS card approximately costs 0.1 US dollars compared to $3 for a commercially available used. In Thailand, the burden of cost for treating HIV-infections is high not only for the average citizen but the country's health care systems. Therefore, a low costing and yet effective DBS card for HIV-1 viral load and drug resistance is a practical and viable solution for resource-limited countries.

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