CORELATION OF SECONDARY INFECTION WITH PERIPHERAL LEVEL T LYMPHOCYTE WITH CD4 MARKER (CD4) COUNT IN HIV/AIDS PATIENTS

A

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In Partial Fulfillment of the Requirements for the Award of the Degree of Master of Science in Microbiology (Environment and Public Health)

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RECOMMENDATION

This is to certify that Mr. Shiva Ram Panth has completed this dissertation work entitled **CORELATION OF SECONDARY INFECTION WITH PERIPHERAL LEVEL T LYMPHOCYTE WITH CD4 MARKER** (**CD4**) **COUNT IN HIV/AIDS PATIENTS** as a partial fulfillment of M. Sc. degree in Microbiology under our supervision. To our knowledge this work has not been submitted for any other degree.

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ABSTRACT

This study was conducted in order to determine the local isolate infecting PLWHA with different level of peripheral T-cell with CD4 marker concentration and to correlate them. For this purpose, 21 individual participated from Maiti Nepal's clinic. Out of 126 samples from 5 different regions of 21 patients 71 were positive for different organisms including virus.

Total patients were classified into three categories according to their level of CD4 cell count expressed in cells per mm³. The first category which comprises those individual with CD4 cell count above 500 includes 33.33% of total population, followed by second category where CD4 cell count is between 500-200 includes 57.17% of total population, and the third category where CD4 cell count is below 200 comprises 9.53% of total population.

56.34% of total positive samples were from second category, 35.21% from first, and 8.45% from third. In third category, 66.67% of the group populations were positive for different organisms, 59.52% were positive from first category, and from second category only 56.34% were positive. Death of subjects occurs during the study periods which reduce the total population by 3.17%. Most of the infected individuals from all categories were suffering from multiple infections. From total positive samples, 84.51% were bacterial infection, 9.86% were infection due to protozoa, 4.23% were fungi infection, and 1.41% was viral infection.

Entamoeba histolytica, Candia albicans, Nocardia sps. and Hepatitis B virus were only isolated from the population of 1st category. *Campylobacter jejuni, Giardia lambia*, and *Salmonella paratyphi* occurred in second category only. None of the isolates were only present in third category. The most predominant isolates as a whole were *Staphylococcus aureus* 12.67% and *Streptococcus pneumoniae* 12.67% of the total organism isolated. *Salmonella paratyphi, Entamoeba histolytica, Nocardia* sps. and Hepatitis B virus were the least occurred organism comprising 1.40% each of the total population.

It was found that the secondary infection occurred during HIV infection was due to opportunistic organisms and most of the patients suffer during the time when their CD4 cell count drop down to below 500 cells per mm³. People who died due to HIV/AIDS found to be suffered from multiple infections.

LIST OF ABBREVIATIONS

| μl | - micro liter |
|-------|--|
| ARV | - AIDS Associated Retrovirus |
| AFB | - Acid Fast Bacilli |
| ARC | - AIDS Related Complex |
| ART | - Anti Retroviral Therapy |
| AZT | - Zidovudine |
| BA | -Blood agar |
| BHI | - Brain Heart Infusion |
| BMI | -Body Mass Index |
| CA | -Chocolate agar |
| CD | -Cluster of differentiation |
| CDC | - Centers for Disease Control and prevention |
| CMV | - Cytomegalovirus |
| CSW | - Commercial Sex Workers |
| CTLs | - Cytotoxic T Lymphocytes |
| ELISA | - Enzyme Linked Immunosorbent Assay |
| ESR | - Erythrocytes Sedimentation Rate |
| gp | - glycoprotein |
| HAART | - Highly Active Antiretroviral Therapy |
| Hb | - Haemoglobin |
| HBV | - Hepatitis B Virus |
| HIV | -Human immunodeficiency virus |
| HTLV | - Human T-Lymphocytes Virus |
| Ig | - Immunoglobulin |
| KS | - Kaposi's sarcoma |
| LAV | - Lymphadenopathy Associated Virus |

| LTRs | - Long Terminal Repeats |
|-------|---|
| MA | -Mac Conkey agar |
| MAC | - Mycobacterium avium Complex |
| MDR | - Multi-drugs Resistant |
| MMWR | - Morbidity and Mortality Weekly Report |
| MR VP | -Methyl Red Voges Proskauer |
| NA | -Nutrient agar |
| NCASC | -National center for AIDS and STD control |
| PCP | - Pneumonitis carinii Pneumonia |
| PCR | - Polymerase Chain Reaction |
| PGL | - Persistent Generalized Lymphadenopathy |
| PLWHA | -People living with HIV AIDS |
| RBC | - Red Blood Cell |
| RPR | - Rapid Plasma Regain |
| RTI | -Respiratory tract infection |
| STD | -Sexually Transmitted Disease |
| TCR | - T-cell Receptor |
| WBC | - White Blood Cell |
| WHO | - World Health Organization |

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