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CONTENTS

	Page No.
Guest Editorial	
The Need for Control of Viral Illnesses in India: A Call for Action <i>C Lahariya, UK Baveja</i>309
Review Article	
Immunobiology of Human Immunodeficiency Virus Infection <i>P Tripathi, S Agrawal</i>	.....311
Special Articles	
Serum Levels of Bcl-2 and Cellular Oxidative Stress in Patients with Viral Hepatitis <i>HG Osman, OM Gabr, S Lotfy, S Gabr</i>	.....323
Rapid Identification of Non-sporing Anaerobes using Nuclear Magnetic Resonance Spectroscopy and an Identification Strategy <i>S Menon, R Bharadwaj, AS Chowdhary, DV Kaundinya, DA Palande</i>	.....330
Original Articles	
Species Distribution and Physiological Characterization of <i>Acinetobacter</i> Genospecies from Healthy Human Skin of Tribal Population in India <i>SP Yavankar, KR Pardesi, BA Chopade</i>	.....336
Extended-spectrum Beta-lactamases in Ceftazidime-resistant <i>Escherichia coli</i> and <i>Klebsiella pneumoniae</i> Isolates in Turkish Hospitals <i>S Hoşoğlu, S Gündeş, F Kolaylı, A Karadenizli, K Demirdağ, M Günaydın, M Altındis, R Çaylan, H Ucmak</i>	.....346
Typhoid Myopathy or Typhoid Hepatitis: A Matter of Debate <i>M Mirsadraee, A Shirdel, F Roknee</i>	.....351
Correlation Between <i>in Vitro</i> Susceptibility and Treatment Outcome with Azithromycin in Gonorrhoea: A Prospective Study <i>P Khaki, P Bhalla, A Sharma, V Kumar</i>	.....354
Comparison of Radiorespirometric Buddemeyer Assay with ATP Assay and Mouse Foot Pad Test in Detecting Viable <i>Mycobacterium leprae</i> from Clinical Samples <i>VP Agrawal, VP Shetty</i>	.....358
Detection of <i>Mycoplasma</i> Species in Cell Culture by PCR And RFLP Based Method: Effect of BM-cyclin to Cure Infections <i>V Gopalkrishna, H Verma, NS Kumbhar, RS Tomar, PR Patil</i>	.....364

Virulence Factors and Drug Resistance in <i>Escherichia coli</i> Isolated from Extraintestinal Infections	369
<i>S Sharma, GK Bhat, S Shenoy</i>	
Antimicrobial Susceptibility Testing of <i>Helicobacter pylori</i> to Selected Agents by Agar Dilution Method in Shiraz-iran	374
<i>J Kohanteb, A Bazargani, M Saberi-Firoozi, A Mobasser</i>	
Outbreak of Acute Viral Hepatitis due to Hepatitis E virus in Hyderabad	378
<i>P Sarguna, A Rao, KN Sudha Ramana</i>	
A Comparative Study for the Detection of Mycobacteria by BACTEC MGIT 960, Lowenstein Jensen Media and Direct AFB Smear Examination	383
<i>S Rishi, P Sinha, B Malhotra, N Pal</i>	
Cytokine Levels in Patients with Brucellosis and their Relations with the Treatment	387
<i>H Akbulut, I Celik, A Akbulut</i>	
Brief Communications	
Rapid Detection of Non-enterobacteriaceae Directly from Positive Blood Culture using Fluorescent <i>In Situ</i> Hybridization	391
<i>EH Wong, G Subramaniam, P Navaratnam, SD Sekaran</i>	
Latex Particle Agglutination Test as an Adjunct to the Diagnosis of Bacterial Meningitis	395
<i>K Surinder, K Bineeta, M Megha</i>	
Helminthic Infestation in Children of Kupwara District: A Prospective Study	398
<i>SA Wani, F Ahmad, SA Zargar, BA Fomda, Z Ahmad, P Ahmad</i>	
Clinical and Mycological Profile of Cryptococcosis in a Tertiary Care Hospital	401
<i>MR Capoor, D Nair, M Deb, B Gupta, P Aggarwal</i>	
<i>Candida</i> spp. other than <i>Candida albicans</i>: A Major Cause of Fungaemia in a Tertiary Care Centre	405
<i>S Shivaprakasha, K Radhakrishnan, PMS Karim</i>	
Case Reports	
<i>Enterobacter sakazakii</i> in Infants: Novel Phenomenon in India	408
<i>P Ray, A Das, V Gautam, N Jain, A Narang, M Sharma</i>	
Ocular Toxocariasis in a Child: A Case Report from Kashmir, North India	411
<i>BA Fomda, Z Ahmad, NN Khan, S Tanveer, SA Wani</i>	
Cutaneous Actinomycosis: A Rare Case	413
<i>SC Metgud, H Sumati, P Sheetal</i>	
Fatal Haemophagocytic Syndrome and Hepatitis Associated with Visceral Leishmaniasis	416
<i>P Mathur, JC Samantaray, P Samanta</i>	
A Rare Case of Mucormycosis of Median Sternotomy Wound Caused by <i>Rhizopus arrhizus</i>	419
<i>R Chawla, S Sehgal, S Ravindra Kumar, B Mishra</i>	
<i>Mycobacterium fortuitum</i> Keratitis	422
<i>C Sanghvi</i>	
Correspondence	
Prevention of Parent-to-Child Transmission of HIV: An Experience in Rural Population	425
<i>N Nagdeo, VR Thombare</i>	

Combining Vital Staining with Fast Plaque: TB Assay	.....426
<i>D Rawat, MR Capoor, A Hasan, D Nair, M Deb, P Aggarwal</i>	
Disseminated Histoplasmosis	.....427
<i>PK Maiti, MS Mathews</i>	
Authors' Reply	.....428
<i>RS Bharadwaj</i>	
Microwave Disinfection of Gauze Contaminated with Bacteria and Fungi	.....428
<i>VH Cardoso, DL Gonçalves, E Angioletto, F Dal-Pizzol, EL Streck</i>	
Endoscope Reprocessing: Stand up and Take Notice!	.....429
<i>A Das, P Ray, M Sharma</i>	
Prevalence of <i>Toxoplasma gondii</i> Infection amongst Pregnant Women in Assam, India	.....431
<i>BJ Borkakoty, AK Borthakur, M Gohain</i>	
Evaluation of Glucose-Methylene-Blue-Mueller-Hinton Agar for E-Test Minimum Inhibitory Concentration Determination in <i>Candida</i> spp.	.....432
<i>MR Capoor, D Rawat, D Nair, M Deb, P Aggarwal</i>	
Resurgence of Diphtheria in the Vaccination Era	.....434
<i>N Khan, J Shastri, U Aigal, B Doctor</i>	
A Report of <i>Pseudomonas aeruginosa</i> Antibiotic Resistance from a Multicenter Study in Iran	.....435
<i>MA Boroumand, P Esfahanifard, S Saadat, M Sheihkvatan, S Hekmatyazdi, M Saremi, L Nazemi</i>	
Trends of Antibiotic Resistance in <i>Salmonella enterica</i> Serovar Typhi Isolated from Hospitalized Patients from 1997 to 2004 in Lagos, Nigeria	.....436
<i>KO Akinyemi, AO Coker</i>	
Book Review	
Hospital-Acquired Infections: Power Strategies for Clinical Practice	.....438
<i>Reba Kanungo</i>	
Title Index, 2007440
Author Index, 2007442
Scientific Reviewers, 2007446

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Prevention of Parent-to-Child Transmission of HIV: An Experience in Rural Population

Dear Editor,

To prevent the mother-to-child transmission of HIV, National AIDS Control Organization (NACO) has come forward with Prevention of Parent-to-Child Transmission of HIV (PPTCT) programme. In this programme, the women attending antenatal care programme are enrolled and HIV testing and reporting are done after proper pre-test and post-test counselling. Nevirapine therapy is administered to HIV positive women and their babies after delivery.¹ This programme to prevent mother-to-child transmission has already been extended to 225 antenatal clinics and is the largest national antenatal screening programme in the world.²

The data of PPTCT programme at NKPSIMS, Hingna, catering to rural population from February 2003 to June 2006 was analysed. Of the total 7897 antenatal care (ANC) patients, 7073 (89.56%) were enrolled for PPTCT and 51 (0.72%) of them were HIV positive. Out of these 51 HIV positive women, only 22 (43.13%) delivered in the hospital (Table). Of these 22 patients, 20 women and their babies received Nevirapine. Two women did not receive Nevirapine as they came in the last stage of labour. However, their babies received the therapy. None of the women reported for follow-up after delivery.

Studies have documented that HIV epidemic has reached the rural areas as well.³ The analysis of our data (Table) suggests that the majority of the pregnant women even from the rural areas are willing for HIV testing. The number attending ANC clinic, as well as the number coming for hospital deliveries is gradually increasing over the years. But the number is still very small and there is poor follow-up. There is need for efforts to induce faith, confidence and motivation among the women for the post-test counselling,

accepting the verdict and availing the facilities that are beneficial not only for them but also for their unborn babies.

As on this date, the number of 20 women and 22 babies who were the beneficiaries of PPTCT programme in this hospital prima facie appears to be tiny, but the programme must have saved at least 20 families from total destruction. However, it is heartening to see that the system is ready; the message is gradually reaching the people helping in primary prevention. Nevertheless, continuous education and sustained efforts to monitor, follow-up and encourage institutional deliveries in rural population are needed.

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*N Nagdeo, VR Thombare

Department of Microbiology, NKP, Salve Institute
of Medical Sciences, Hingna, Nagpur,
Maharashtra - 440 019, India

*Corresponding author (email: <nagdeo_ngp@rediffmail.com>)

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Table: Year-wise distribution of results of prevention of parent-to-child transmission programme

Year	No. of ANC	No. HIV tested (% out of No. of ANC)	No. positive (% out of No. HIV tested)	No. delivered in hospital (% out of No. HIV positive)
2003	1371	1132 (83.56)	9 (0.79)	1 (11.11)
2004	2421	2262 (93.43)	16 (0.70)	9 (56.25)
2005	2585	2392 (92.53)	18 (0.75)	11 (61.11)
2006*	1520	1287 (84.67)	8 (0.622)	1 (12.5)**
Total	7897	7073 (89.56)	51 (0.72)	22 (43.13)

*Six months data; **Patients not yet delivered, ANC - Antenatal care