Thus, consistent survival of *V. cholerae* was seen in normal saline with pH 8.

The suspensions in normal saline showed almost four log fall in 1 month of storage. However, subsequently there was no marked fall in the viability during an observation period of 12 months. Initial fall in viable count from $10^9$ to $10^5$ CFU/mL at the end of 1 month is possibly due to accumulation of lethal metabolites and/or depletion of nutrients.[4] However, the subsequent loss in viability in normal saline was minimal till 12 months. The survival of vibrios could be due to very low metabolic activity without autolysis in the suspending fluid. The storage in domestic refrigerator is practical for any average microbiological laboratory in the economically developing countries that do not have freezers or lyophilizing equipment for preservation and the simple method will prove valuable for preservation of *V. cholerae*.

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Experience with a Fourth Generation Human Immunodeficiency Virus Serological Assay at a Tertiary Care Centre in South India

Dear editor,

The human immunodeficiency virus (HIV) epidemic continues to be a burden globally especially in developing countries.\(^1\) Though there is dramatic progress in the diagnostic methodologies, the detection of antibodies continues to be the mainstay of diagnosis in most of these countries. The fourth generation HIV serological assays have been in place in developed countries for a few years. However, they have been introduced in the developing countries only recently. In this study, we have looked at the performance of a fourth generation HIV assay in real-time.

A total of 11,583 samples received for HIV screening during 2006 September through December were included in this study. The samples were received from patients who were seen in the out patient facility for any procedures/surgery, antenatal screening or with suspicion of HIV infection. The HIV testing was not anonymous or unlinked because counselling services were offered to those in need. In our hospital, a general consent is obtained for all investigations, including blood tests. The HIV antibody testing was done with the sole purpose of better management of HIV infected individuals; the required medical or surgical treatment was never withheld from any patient. The hospital policy is to refer HIV positive individuals to the infectious disease clinic, where counselling services are offered and further course of action determined. This has been the approach followed at our hospital in accordance with the revised guidelines for HIV counselling, testing and referral by CDC (Centre for Disease Control) as it recommends routine HIV testing of all clients from area where the prevalence is >1%.\(^2\)

All the samples were first screened by the Abbott AxSYM HIV Ag/Ab combo test (Abbot, Wiesbaden, Germany). All negative samples were declared negative. All the HIV reactive samples were tested by another fourth generation assay, Vironostika HIV Uni-Form II Ag/Ab (Biomeriux, Boxtel, Netherlands). If the results of the above two assays were concordant those samples were further tested by a second generation assay, HIV TRIDOT (J Mitra and Co. Pvt. Ltd, New Delhi, India). Samples reactive in all the three assays were reported as positive for HIV antibody. Samples which showed discrepant results in the first two assays were further tested in duplicate by Abbott AxSYM (Abbot, Wiesbaden, Germany) and subsequently by two more serological assays Genscreen HIV Ag/Ab, (BIORAD, Marnes LA Coquette, France), Retrocheck (Qualpro Diagnostics, Goa, India) or Genscreen HIV-1/2 (BIO