

Abstract

Whole blood was collected with EDTA anticoagulant tubes obtained from Ninety-one HIV-1 infected patients (82 patients had received 1.5 years of antiretroviral therapy regimens, and 9 patients have received no antiretroviral drug treatments as a negative control set.) at the Section of Infectious Diseases-Department of Medicine, Veterans General Hospital, Taipei. All patients tested positive twice for HIV-1 antibody by enzyme immunoassay (Wellcozyme HIV-1+2; Murex Corporation, Dartford, England) and confirmed by Western blot assay (New Lav-Blot II) for the detection of antibody to HIV-1 and/or HIV-2 (Sanofi-Diagnostics Pasteur S.A.) were used for study. Absolute CD4+ cell count determination were performed by flow cytometry (Becton-Dickinson, FACScan) using 100µg of blood from HIV-1 seropositive patients within 24 hours of blood collection. The plasma was usually separated by centrifugation at 1,000 x g for 10 minutes within 4 hr of collection. 500µg of fresh plasma was dispensed into the 1.5mL tube which was then capped with a high-speed centrifugation screw cap tube (AxyGen, Inc) and frozen at -70°C immediately for further RNA extraction.

Key Word : HIV/AIDS 、 HAART 、 Genotyping 、 Adherence