refill, and duration of ART amongst others as significant predictors of LTFU. Differentiated care is advocated to prevent LTFU and improve retention of people living with HIV on treatment while further research to unravel the gender and social dimensions of LTFU is encouraged.

**PO 8179**  
MEAN LEVELS OF ENDOPLASMIC RETICULUM STRESS CHAPERONE PROTEIN – BINDING IMMUNOGLOBULIN PROTEIN (BiP) DECREASES FOLLOWING SUCCESSFUL TB TREATMENT

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**Background**  
*Mycobacterium tuberculosis* (Mtb) infection is one of the leading causes of mortality worldwide. Even though treatment is readily available the emergence of drug resistance amongst Mtb strains highlights the need for new advances in the TB field such as host-directed therapies (HDT). Recent studies have highlighted the importance of BiP in cells, which can become a target in many diagnostic settings as it has been implicated in conditions including arthritis, cancer, bacterial infection and autoimmune diseases. In our studies, we are aiming to identify expression differences of BiP in different Mtb infection stages to help us understand the change of function in immune cells in relation to infection stress.

**Method**  
BiP secretion levels were assessed in plasma samples using ELISA technique. This included participants at TB diagnosis (TBDx), TB treatment group (Week 1, Month 2 and Month 6) and healthy (unexposed) participants. BiP concentration results were analysed using GraphPad Prism 7.

**Results**  
Secretion of BiP was comparable between newly diagnosed untreated TB cases and healthy unexposed controls, with levels obtained in healthy group (42.64 μg/ml) and in TBDx (40.88 μg/ml). Highest levels of plasma BiP during treated TB was observed by Week 1 (mean 68.57 μg/ml) and declined by Month 2 with 60.92 μg/ml and Month 6 with 51.40 μg/ml.

**Conclusion**  
Detection of BiP in plasma samples indicated metabolic change in immune cells due to stress posed onto cells by Mtb burden. This is due to the amount of protein product required by the immune system to mitigate the spread of the pathogen. Even though not significant, we observed a decrease in the mean levels of BiP over the course of TB treatment which correlates with a reduction in the accumulation of unfolded polypeptides in the endoplasmatic reticulum. This observation requires further testing in larger prospective studies.

**PO 8190**  
RISK FACTORS OF SEVERE HEPATOTOXICITY AMONG HIV-1 PATIENTS INITIATED ON HIGHLY ACTIVE ANTIRETROVIRAL THERAPY IN THE NORTHWEST REGION OF CAMEROON

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**Background**  
Hepatotoxicity due to highly active antiretroviral therapy (HAART) has gained prominent attention since it can be affected by many factors. The aim of this study was to determine the prevalence of hepatotoxicity and related risk factors of severe hepatotoxicity following HAART initiation.

**Methods**  
A total of 100 newly diagnosed HIV drug-naïve patients within the age range of 18–61 years were recruited and followed up for 24 weeks and were placed on either Tenofovir (TDF)+Lamivudine (3TC)+Efavirenz (EFV) or Zidovudine (AZT) +Lamivudine + Nevirapine (NVP) or Zidovudine +Lamivudine + Efavirenz regimen. Sociodemographic data was obtained using pretested questionnaires. Venous blood samples were collected to measure aspartate aminotransferase (AST), alanine aminotransferase (ALT), alkaline phosphatase (ALP), using colometric enzymatic reaction. Hepatotoxicity was classified based on age and sex. Data was analysed using SPSS.

**Results**  
The level of significance was set at 5%. A total of 37 (38%) and 49 (49%) patients presented with hepatotoxicity;