

Conclusion YMSM receiving care at the BCHD STD Clinics are likely to be aware and interested in PrEP but fewer than 10% may be taking PrEP. Given that STD Clinics serve primarily minority young males who are disproportionately affected by HIV, future work should seek to improve youth-friendly services at public health clinics and leverage awareness and interest in PrEP in order to improve uptake in this vulnerable population.

P5.30 ACCEPTABILITY OF PRE-EXPOSURE PROPHYLAXIS IN GAY MEN AND OTHER MSM IN GUATEMALA CITY

Ricardo Mendizabal-Burastero, Jose Manuel Aguilar. *Colectivo Amigos Contra El Sida, Guatemala*

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Introduction Pre-exposure prophylaxis (PrEP) is one the most promising HIV interventions, with more than 90% efficacy with consistent adherence. In Guatemala, after more than 10 years of highly financed interventions, MSM continues to be one of the most affected populations for HIV epidemic. Other interventions, mostly behavioural, haven't changed the course of the HIV epidemic in these population. Our objective was to determinate the acceptability of PrEP in gay men and other MSM in Guatemala city.

Methods Exploratory qualitative study was performed between October and December 2015. 15 MSM were interviewed. Semi-structured interview of 23 questions regarding: sociodemographic, risk scale, sexual practices and PrEP knowledge. Barriers and facilitators for PrEP were also asked. All participants signed an informed consent. Data analysis was performed on Atlas.Ti.

Results Median of age 32 years old, most of the participants reported higher education. Based on CDC guidelines for PrEP, 10 of the participants should be offered PrEP based on their current risks. Condom use was high, and for 3 participants that will be the preferred option always. 13 of them were likely to start PrEP if available, with fears about side effects and cost of the medications. Facilitators for PrEP consumption was low cost, accessibility of the delivery point, counselling and knowledge about PrEP. To improve adherence, participants recommended phone alarms, text messages, extra pills, flexible or accessible hours for the service.

Conclusion PrEP has a high acceptability among MSM population in Guatemala city. Facilitators and barriers mentions will help to design a successful demonstration project. Based on the reported risks and HIV prevalence in this population, PrEP is an effective needed intervention in these country that can help to change the course of the epidemic. Based on these results, we have started a small fee-based demonstration project since 2016.

P5.31 SAFETY AND ACCEPTABILITY OF CELLULOSE SULFATE AS A VAGINAL MICROBICIDE IN HIV-INFECTED WOMEN

Ronald Nyanzi Walakira. *Mulago-Mbarara Teaching Hospital, Uganda*

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Introduction Few studies of topical microbicides have assessed their safety in HIV-infected women. We conducted this study to evaluate the safety and acceptability of 6% cellulose sulfate

(CS) gel as a vaginal microbicide in sexually abstinent and active HIV-infected women.

Methods Fifty-nine HIV-infected women were enrolled in a randomised double-blind placebo-controlled study comparing 6% CS to placebo gel used for 14 days. Sexually abstinent women applied gel once or twice daily and sexually active women used gel once daily.

Results CS gel was safe with no reported severe or life-threatening adverse events (AE). Thirty-nine (66%) of the participants experienced urogenital AE judged as probably or possibly related to gel. The majority (51%) of these participants reported only mild events. Fewer women (62%) who used CS experienced urogenital AE than those assigned to placebo gel (70%) ($p=0.59$). Eleven (19%) women experienced intermenstrual bleeding judged to be probably or possibly related to gel use (four in the CS and seven in the placebo gel group). There was no increase in AE by frequency of gel use - sexual activity with the exception of abdominal/pelvic pain which was noted more frequently with twice daily use among sexually abstinent women. Women and men found the gel highly acceptable.

Conclusion This Phase I study demonstrated that CS vaginal gel was safe, well tolerated and acceptable by HIV-infected women and their male partners. Thus, further development of CS is warranted as a potential method to prevent HIV transmission and acquisition.

P5.32 BACTERIAL VAGINOSIS AS A RISK FACTOR FOR ACQUIRING SEXUALLY TRANSMITTED DISEASES

Ssemपाल Brian Adriane. *Centre For HIV, STD And Tb Prevention, Masaka, Uganda*

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Introduction Few studies have demonstrated that Bacterial vaginosis (BV) is associated with sexual behaviour risk factors similar to those for other sexually transmitted diseases. In the present study, the prevalence of these in a multivariate analysis of data from sexually active women infected with BV and either *Chlamydia trachomatis* (CT), *Treponema pallidum* (syphilis), *Neisseria gonorrhoeae* (NG) or HIV was observed; Non-BV infected women were used as control subjects.

Methods Data from 788 women screened in the SAVVY HIV gel phase III clinical trial in Accra (West Legon Study Site) from 2012 to 2015 were analysed. Participants were evaluated for the presence of BV, CT, *Treponema pallidum* (PT), NG, *Trichomonas vaginalis* (TV) and Human Immunodeficiency Virus (HIV), and interviewed in detail with respect to sexual behaviours after consent forms were signed.

Results This study has shown a high association between BV and HIV ($p<0.01$) with risk factor (0.4), which does not occur in the other sexually transmitted diseases like NG, syphilis and *Chlamydia* with insignificant association ($p<1$) and risk factors (0.6, 0.7, 0.9) respectively. HIV was found to be the most prevalent sexually transmitted disease with 11.2%, *Chlamydia* 9.2%, TV 2.3%, Syphilis 1.7% and NG the least with 1.5%.

Conclusion Bacteria associated with bacterial vaginosis increase female genital-tract infection of HIV but the mechanism by which this happens is not clear. Bacterial vaginosis is not a sexually transmitted disease but predisposes one to HIV infection. It is strongly suggested that all cases of BV both symptomatic and asymptomatic that are presented in the sexual-

health clinics should be treated to reduce the risk of PID, pre-term delivery, and/or HIV transmission.

P5.33 ABSTRACT WITHDRAWN

P5.34 HIGH PREVALENCE OF SEXUALLY TRANSMITTED INFECTIONS AMONG WOMEN SCREENED FOR CONTRACEPTIVE INTRAVAGINAL RING STUDY, KISUMU KENYA, 2014

VO Otieno, GO Otieno, EM Makanga, VO Akelo, BA Nyagol. *Kenya Medical Research Institute-Kisumu, Kenya*

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Introduction World Health Organisation global estimates for sexually transmitted infections (STI) stand at 448 million new cases per year with the greatest burden occurring in sub-Saharan Africa. We assessed prevalence and correlates of herpes simplex virus type 2 (HSV-2), bacterial vaginosis (BV), gonorrhoea, syphilis, chlamydia and HIV infection among Kenyan women 18–34 years of age screened for a contraceptive vaginal ring study

Methods Women provided socio-demographic, medical information, and underwent real-time rapid HIV testing, STI testing using vaginal swabs and pelvic examinations. Log-binomial regression model was used to compute adjusted prevalence ratios (PR).

Results Out of 463 women screened, 457 were included in the analysis. Median age was 25 IQR (21–28) and 67% had completed primary education. Overall, 71.3% tested positive for any STI, including HIV. Prevalence of HSV-2, BV, and HIV were 54.9%, 30.0% and 14.5% respectively; 18.1% were co-infected with all STIs. STI prevalence increased with age and peaked among those 30–34 years (PR=1.26; 95% CI, 1.06, 1.48). Early age at first sex (<14 years) was associated with a 27% increase in STI prevalence compared to those who initiated sexual activity at ages 17–19 (PR=1.27; 95% CI, 1.07, 1.51). History of transactional sex, and sexual intercourse in the last 7 days were associated with a prevalent STI (PR=2.05; 95% CI, 1.07, 3.92) and (PR=1.17; 95% CI, 1.01, 1.36), respectively. Women reporting one lifetime sexual partner were 30% less likely to test positive for any STI compared to women with 4 or more lifetime sexual partners (PR=0.70; 95% CI, 0.54, 0.92).

Conclusion Multiple prevention strategies, including dual protection from pregnancy and STIs, are needed in this setting.

P5.35 ACCEPTABILITY OF CARRAGUARD VAGINAL GEL USE AMONG UGANDAN COUPLES (VIRGINAL MICROBICIDE ACCEPTABILITY)

Yiga Godfrey Bukunya. *Joint Clinical Research Centre, Uganda*

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Introduction To evaluate the acceptability of candidate microbicide Carraguard among couples participating in a safety trial.

Methods A 6 month randomised, placebo - controlled trial was conducted in active, low-risk couples in Uganda. Couples who were monogamous, HIV uninfected, and not regular

condom users were enrolled. Acceptability data were collected through structured question at repeated intervals. At the closing study visit, participants were asked questions about hypothetical product characteristics and future use. Compliance with gel use was assessed by questionnaires, coital diaries, and tracking of used and unused applicators.

Results Among 55 enrolled couples, follow up and adherence with gel use were high and sustained, with 80% of women using gel in over 95% of vaginal sex acts. Because acceptability results from Carraguard and placebo arms were similar, they were combined for this analysis. Overall, 92% of women and 83% of men liked the gel somewhat or very much; 66% of women and 72% of men reported increased sexual pleasure with gel use; and 55% of women and 62% of men reported increased frequency of intercourse. Only 15% of women but 43% of men thought that gel could be used without the man knowing. Although men and women had similar views overall, concordance within couples was low, with no kappa coefficients above 0.31.

Conclusion Carraguard gel use was acceptable to low-risk couples in western Uganda. Reported associations between gel use and increased sexual pleasure and frequency suggest a potential to market microbicide products for both disease prevention and enhancement of pleasure.

LB5.36 PREVALENCE, INCIDENCE AND CORRELATES OF HSV-2 INFECTION IN AN HIV INCIDENCE ADOLESCENT AND ADULT COHORT STUDY IN WESTERN KENYA

OTIENO BRENDA AKINYI (KEMRI CGHR).

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Introduction Herpes Simplex Virus Type 2 (Hsv-2) Infections Are Associated With Increased Risk Of Hiv Transmission. We Determined Hsv-2 Prevalence, Incidence And Associated Risk Factors, Incidence Among Persons With Indeterminate. Results, And Prevalence Of Hsv-2/Hiv Co-Infection Among Persons Aged (18–34 Years) And (16–17 Years) Enrolled In An Hiv Incidence Cohort Study In Western Kenya.

Methods Participants (n=1106; 846 Adults) Were Screened And If Hiv-1 Negative, Enrolled And Followed-Up Quarterly For One Year. Hsv-2 Was Assessed Using The Kalon Enzyme Immunoassay. Hsv-2 Incidence Was Calculated Among Hsv-2 Seronegative Participants And Those Indeterminate At Baseline. Logistic Regression Was Used To Estimate The Odds Of Hsv-2 Infection and Poisson Regression Assessed Hsv-2 Incidence And Associated Factors.

Results Hsv-2 Prevalence Was 26.6% [95% Confidence Interval (Ci):23.9–29.4] And Higher In Adults (31.5% [95% Ci:28.3–34.9]) Than Adolescents (10.7% [95% Ci:7.1–15.3]). Factors Associated With Prevalent Hsv-2, Female Gender, Increasing Age, Hiv Infection, History Of Sexually Transmitted Infection, Low Education Level, Multiple Sexual Partners, And Being Married, Divorced, Separated Or Widowed. Overall Hsv-2 Incidence Was 4.0/100 Person-Years (/100py) 95% Ci:2.7–6.1 And Higher In Adults (4.5/100py) And Females (5.1/100py). In Multivariable Analysis Marital Status Was Associated With Hsv-2 Incidence. Of 45 Participants With Indeterminate Hsv-2 Results At Baseline, 22 seroconverted, Resulting In An Incidence Rate Of 53.2/100py [95% Ci:35.1–80.9]. Inclusion Of Indeterminate Results Almost Doubled The Overall Incidence Rate To 7.8/100py [95% Ci:5.9–10.5].