

Introduction Low HIV serostatus awareness and delayed treatment initiation among people living with HIV (PLHIV) contribute to HIV sexual transmission. An unacceptably low proportion of PLHIV are aware of their HIV status in Latin America. Improved understanding of sexual risk among PLHIV could help guide HIV prevention strategies.

Methods A cohort of 401 men who have sex with men (MSM) and transgender women at high risk were enrolled and assessed every three months for condomless sex and sexually transmitted infections (i.e. syphilis, HIV and anal chlamydia, and anal gonorrhoea). Among those who were positive at entry, we compared condomless sex and anal chlamydia/gonorrhoea according to prior knowledge of HIV serostatus; among those who seroconverted during follow-up, we compared condomless sex and anal chlamydia/gonorrhoea before vs. after HIV diagnosis, using McNemar's Chi-square test.

Results At baseline, 82 (20.5%) participants self-identified as HIV positive and an additional 42 (10.5%) were diagnosed with HIV. Among the 42 unknown HIV positives, 71% reported recent condomless receptive anal sex compared to 55% of known HIV positives (p -value = 0.078). No difference was observed in condomless insertive anal sex; 48% in each group. Among the 24 sero-converters during follow-up, 79% reported condomless receptive anal sex prior to their diagnosis and 32% after their diagnosis (59% decline, p -value = 0.001); 46% reported condomless insertive anal sex prior to their diagnosis and 14% after diagnosis (70% decline, p -value = 0.011). Anal gonorrhoea and/or chlamydia were diagnosed among 46% prior and 27% after diagnosis among the observed sero-converters (41% decline, p -value = 0.096).

Conclusions Risk behaviours and concurrent STIs diminish after a new diagnosis, following the patterns previously reported elsewhere. Current prevention efforts for PLHIV are insufficient and must take into account motivations for sexual risk taking, encourage people to reach viral suppression, and improve available prevention strategies to prevent onward transmission of HIV.

Disclosure of interest statement None.

P16.04 CLINICO-EPIDEMIOLOGICAL PROFILE OF ELDERLY HIV PATIENTS ATTENDING ANTI RETRO-VIRAL THERAPY (ART) CENTRE OF A TEACHING HOSPITAL IN SOUTH INDIA

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Introduction Human Immunodeficiency Virus (HIV) infection was previously thought as a disease of the young. Clinicians are now encountering increasing numbers of older HIV patients in routine practice. Management elderly HIV can be challenging as they may present with advanced disease and they may also have multiple co-morbidities. There is a dearth of research in this field from India. The aim of our study was to determine the clinico-epidemiological profile of elderly ART naïve HIV patients attending a tertiary care institution.

Methodology This cross-sectional study was done in the ART centre attached to a tertiary care hospital of Southern India. Data of 120 patients who were diagnosed to be HIV-positive at or after age of 50 years (elderly HIV) from 2009 to 2014 was analysed after approval from the ethics committee.

Sociodemographic and clinical characteristics were described using descriptive statistics.

Results Among 786 HIV patients detected from 2009 to 2014, 120 (15.27%) were elderly HIV. Majority of them 82 (68.33%) were males. The mean age of males and females was 56.12 ± 6.88 and 55.34 ± 4.23 years. Heterosexual mode was the commonest mode of acquiring HIV 74 (61.67%). Majority of them 77 (64.17%) were in WHO stage 1. Tuberculosis was seen in 32 (26.6%) The common co-morbidities seen were hypertension 93 (77.5%) and diabetes 8 (6.6%). The median CD4 count ($n = 112$) at presentation was 245 cells/mm³ (IQR 145–426.2). Late presenters (CD4 less than 200 cells/mm³) were 47 (41.96%).

Conclusion In our study 15% of patients attending ART centre were elderly. Majority of them had co morbidities. A significant proportion of them were late presenters. Physicians should have a high index of suspicion in diagnosing HIV in this age group as most of the symptoms of this disease may simulate the process of normal ageing. National programmes and policy makers must focus their attention on geriatric HIV.

P16.05 REGIONAL EPIDEMIOLOGICAL PATTERN OF AIDS-RELATED CANCERS IN CHILDREN

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Introduction Individuals living with human immunodeficiency virus (HIV)/acquired immunodeficiency syndrome (AIDS) are vulnerable to develop certain malignancies such as Non-Hodgkin lymphoma, Kaposi's sarcoma and cervical cancer. Cancers may not be very common among the paediatric age group, however it is of significant importance among HIV-infected children. This study evaluates incidence and mortality patterns of the three AIDS-related cancers in the six World Health Organization (WHO) regions.

Methods The study data was accessed from the International Agency for Cancer Research GLOBOCAN 2012 database. Incidence and mortality rates for children aged 0–14 years old using age-specific rates and numbers.

Results African region had the highest number of NHL and KS new cases [38% (6296/16509)] and KS [96% (2081/2162)] respectively while Western Pacific region had 41% (68/165). The regions recorded 18,836 new cases (NHL – 88%, KS -11% and cervical cancer – 0.9%) while the mortality cases followed almost the same pattern. The total number of new cases of NHL for female was 5885, 10624 for the male ($P = 0.1668$), and that of KS was 963 for female and 1199 for male ($P = 0.8757$). Africa recorded the highest incidence rates for NHL (1.3/100 000 for female and 2.1/100 000 for male). The region also recorded the highest mortality rates for NHL (0.7/100,000 for female) and 1.0/100,000 for male). The situation was the same with KS with the African region having the highest incidence and mortality rates for both gender.

Conclusions The distribution of Non-Hodgkin lymphoma, Kaposi's sarcoma and cervical cancer followed the pattern of HIV prevalence in the WHO regions. Africa being the most affected region recorded the highest incidence and mortality in children (both HIV-infected and non – infected). There is no doubt that KS is predominantly an African problem while cervical cancer is rare among children despite the HIV epidemic.