

Results CHD risks were estimated in 1920 (FRS 1998) and 2046 (FRS 2002) of HIV subjects while CVDs risk were evaluated in 1927 subjects. Median ages and percentage of male were 44 years and 81.4% (FRS 1998, 2002 and FRS 2008). Approximately 90% were receiving NNRTI+ NRTI and just 13% and 10% were taking tenofovir and a protease inhibitor. Beside 11% were smokers while 14% as diabetic. Dyslipidemia was seen at least in 45% of population. Equally 8% had CD4 count < 200 cells/mm³ and 9% hepatitis C. Importantly 10% and 4% had intermediate and high CHD risks (FRS 1998) and 6.6% and 3.3% with intermediate and high risks for CHD based on FRS (2002) intermediate and high risk of CVDs was prevalent in while 39% and 8% of HIV subjects. Among all studied variables, higher total cholesterol levels and older age were the strong risk predictors for CHD and CVDs ($p < 0.05$).

Conclusions We found a high prevalence of dyslipidemia while the CHD risks measured by the Framingham scales 1998 and 2002 were low. Notably CVDs risk was high thus further investigations as well preventive management should be prioritised in this population.

P16.29 PREVALENCE OF METABOLIC RISK FACTORS IN HIV-INFECTED POPULATION UNDER ANTIRETROVIRAL THERAPY IN NORTHERN MALAWI

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Introduction With increased availability of antiretroviral therapy (ART), the life expectancy of people with human immunodeficiency virus (HIV) infection is expected to improve substantially. On the other hand, life-long ART may be associated with increased obesity, diabetes, and hypertension. The situation of obesity, diabetes, and hypertension in HIV-infected population in Malawi is unclear.

Methods We conducted a cross-sectional study including adult HIV-infected patients under ART treatment in a teaching hospital from northern Malawi. Trained field workers performed anthropometric measurements, blood pressure exam, and finger prick test for blood glucose. We followed the WHO and International Diabetes Federation (IDF) criteria to define obesity, hypertension, and diabetes. We compared the prevalence of metabolic risk factors in our study population to that in the 2009 STEPS approach to Surveillance (STEPS) survey in Malawi.

Results The study included 410 participants (20.97% males). The prevalence of overweight ($25 \leq \text{BMI} < 30$) and obesity ($\text{BMI} \geq 30$) was 22.9% (95% CI: 18.9–26.9%) and 10.0% (95% CI: 7.1–12.9%), respectively. The prevalence was higher than that in the STEPS survey (21.9% for overweight and 4.6% for obesity). Notably the situation of overweight and obesity was much worse in females (26.8% and 12.3%) than in males (8.2% and 1.2%). Old age (OR: 1.064 per year, $p = 0.0016$) and alcohol drinking (OR: 7.309, $p = 0.0005$) were significant associated with obesity. The prevalence of diabetes or impaired fasting glucose (20.2%, 95% CI: 16.3–24.1%) was higher than that in STEPS survey (9.8%). The overall prevalence of hypertension was 18.1% (95% CI: 14.3–21.8%), lower than that in the STEPS survey (32.9%).

Conclusion Our study provides an initial assessment of the burden of metabolic risk factors among HIV-infected population under long-term ART treatment in Malawi. The high prevalence

of metabolic risk factors in this population is concerning. Long-term impact on the burden of noncommunicable diseases warrants further investigation.

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P16.30 EPIDEMIOLOGY OF ANAL INFECTION IN HIV INFECTED PATIENTS ATTENDING A SEXUALLY TRANSMITTED INFECTION CLINIC IN BRAZIL

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Introduction Anal squamous cell carcinoma is rare in the general population but certain populations, such as persons with HIV, are at increased risk. High-risk populations can be screened for anal cancer using strategies similar to those used for cervical cancer. The objective of this study was determining the prevalence, genotype distribution and risk factors associated with anal HPV infection among persons of both sexes with HIV attending a STI clinic in Espirito Santo, Brazil.

Methods Cross sectional study assessing HIV-infected persons. A comprehensive survey was administered that included a demographic and behavioural assessment. Anal specimens were collected for cytology and HPV screening using Polymerase Chain Reaction.

Results A total of 169 patients completed the study, 122 female and 47 male, mean age was 40.3 years, 81.4% lived in Vitoria, the average education was 8.6 years, 48.8% were married, 42.1% had between 5 and 20 sexual partners, 25.4% initiated sexual activity before age 15. 72% reported anal sexual activity, 58.3% had a history of STI, the most frequent being condyloma acuminata (25.4%) followed by syphilis (9%). 31.6% knew to be HIV positive for more than 10 years, 65.1% had an undetectable viral load, only 3.5% had CD4 below 200 cells and 82.9% were taking HAART. Anal cytology in both sexes had a 13.2% prevalence changes. The prevalence of HPV infection of any type was 71%, and high-risk HPV types were 52.4%. The HPV types most frequent high-risk types were: 16, 51 and 53. 37.3% had multiple HPV types.

Conclusions Anal HPV is common among HIV-infected persons attending this STI clinic, repeated annual cytology screening for HIV-infected, particularly for those with increased immunosuppression, anal HPV, history of the other STIs, or abnormal cervical cytology will increase the likelihood of detecting AIN 2–3.

Disclosure of interest statement There is no conflict of interest.

P16.31 IMPROVING TIMELY HIV RESULTS IN KEY POPULATIONS: RAPID TEST ANTIBODY EVALUATION FOR HIV DIAGNOSIS IN GUATEMALA, 2012–2013

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Introduction Guatemala has a concentrated HIV epidemic among key populations; in 2003, the first rapid test validation in Central America was performed. A national HIV testing algorithm