

Introduction Cervical cancer is the commonest cancer among Zimbabwean women; HIV positive women are disproportionately affected. Access to cervical cancer screening (CCS) is sub-optimal. To improve access, PSI-Zimbabwe integrated CCS with HIV testing services from September 2013. We used serial qualitative interviews to explore evolution of client views on service integration and barriers and facilitators to CCS uptake.

Methods In-depth interviews were held with clients at four clinics providing integrated services in November/2013–March/2014 and November/2014–March/2015. Interviews were audio-recorded, transcribed, translated and analysed thematically.

Results 32 and 37 women accessing integrated services were interviewed in Phases 1&2 respectively. Participants (aged 18–52 years) included women who had declined CCS and women who had been screened. Demand increased and views on CCS became more positive over time. In both phases women were positive about services being integrated because it enabled i) access to services under one roof; ii) information to spread (many in Phase 1 had not known about CCS before visiting integrated services for other reasons). Other factors that facilitated CCS uptake were i) knowing someone who have suffered/died of cervical cancer, ii) peers iii) having suspicious symptoms iv) free services. Barriers were the same across phases; i) fear of cancer diagnosis which was greater among HIV positive women ii) concern that CCS is complex, women sometimes called it ‘an operation’ iii) belief that the cervix is very fragile and should not be tampered with, some feared that ‘tampering’ would cause cancer. Low risk perception was common with many believing that i) only old/HIV positive women are affected, ii) absence of signs/symptoms equates with low risk of disease.

Conclusion Integration has increased access to CCS while also facilitating spread of information on CCS, resulting in more positive views over time. Interventions that address myths/misconceptions are likely to improve uptake of CCS.

Disclosure of interest statement The study was funded by the Integrated Support Programme and no conflicts of interest are declared.

P17.16 PERSONAL DECISIONS AROUND ANTI-RETROVIRAL THERAPIES (ART): FINDINGS FROM THE LITERATURE AND FROM A QUALITATIVE LONGITUDINAL STUDY WITH PEOPLE LIVING WITH HIV (PLHIV) IN REGIONAL QUEENSLAND, AUSTRALIA

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10.1136/sextrans-2015-052270.594

Introduction Patient-centred care is cornerstone of effective management of complex illnesses, yet little is known about personal decision processes around ART, especially among PLHIV living in remote areas. This paper examines how PLHIV living in regional Queensland make treatment decisions, and compares it with findings from the literature.

Methods The narratives around ART were elicited as part of a three year qualitative longitudinal study with 69 PLHIV over 35 from regional Queensland, recruited by key HIV organisations. Thematic analysis will continue at each and across time points. A comprehensive literature review (2003–13) on factors impacting people’s decisions around ART in Australia, Canada and the UK is under review [AC-2015–03–0185].

Results Decisions around treatment depended upon a range of psychosocial and structural factors. Some PLHIV discontinued ART and engaged in ‘cleansing’ of the body using natural therapies. ART was also experienced symbolically, as a reminder of one’s HIV status, but also as a means to a full life. The active coping style and treatment adherence of the peer models were seen as expressions of not succumbing to fear and stigma. The constructive and destructive influences of significant others on one’s continuum of care were highlighted. Non-medical advice was often sought when the health system was felt lacking.

Conclusion PLHIV in regional Queensland engage in nuanced analysis of various costs and benefits of ART uptake, in which biomedical concerns play an important yet often minor role. These findings are congruent with the literature: people’s abilities and motivations around ART are influenced by a host of interconnected, broader social factors. Findings have implications for the management of HIV and other complex diseases in that patient-centred care needs to move beyond purely biomedical considerations. This presentation will outline psychosocial factors providers can focus on to effectively address patient’s underlying concerns and support their choices around treatment.

Disclosure of interest statement The Living Positive in Queensland Study is funded by the Australia Research Council as a Linkage Project Grant [LP110200318]. Queensland Positive People, Queensland AIDS Council, and Positive Directions - Anglicare (now closed) were the original partner organisations of the study.

P17.17 ANAL HUMAN PAPILLOMAVIRUS (HPV) INFECTION AND ANAL INTRAEPITHELIAL NEOPLASIA (AIN) AMONG MEN WHO HAVE SEX WITH MEN (MSM) IN KUALA LUMPUR, MALAYSIA

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10.1136/sextrans-2015-052270.595

Introduction MSM in particular HIV positive MSM have an increased risk of anal cancer. There is a paucity of data regarding anal HPV infection and high grade anal intraepithelial neoplasia (HGAIN) among MSM in Malaysia. The study is part of a larger regional collaboration with sites in Bangkok, Bali and Jakarta.

The aims of the study were to determine the prevalence, incidence and risk factors associated with high risk anal HPV infection and HGAIN among a cohort of MSM attending a screening site in Kuala Lumpur.

Methods 3 doctors received training in high resolution anoscopy (HRA). 52 MSM participants, 26 HIV positive and 26 HIV Negative, were enrolled into the study. Participants were screened at 3 time points – at baseline, 6 months and 12 months. Each participant completed a questionnaire on demographics, smoking and sexual history. Anal sample collection was then undertaken for liquid based anal cytology and anal HPV genotyping (Linear Array). This was followed by HRA and biopsy of abnormal areas. Patients with AIN 2 or 3 were offered treatment. Each participant was also screened for syphilis (RPR nad TPPA) at each visit.

Results The baseline results are presented. There were no anal cancers. The most common HPV genotype was HPV 16 in 17/52 (33%) participants. 39 (75%) had at least one high risk HPV infection. 26 (50%) had abnormal cytology. 9/52 (17%) had HGAIN (AIN 2 or 3). HGAIN correlated with high grade anal

cytology (ASC-H or HSIL) in 6/9 patients. There was 1 newly diagnosed HIV infection. There were 6 incident syphilis infections. Demographic and sexual behaviour data and correlates of HGAIN will be presented.

Conclusion High risk anal HPV infection and HGAIN was highly prevalent at baseline within this cohort of Asian MSM reinforcing the importance of screening within this population.

Disclosure of interest The study was funded by grant from TreatAsia.

P17.18 FACTORS PREDICTING THE OCCURRENCE OF TUBERCULOSIS FOLLOWING INITIATION OF HIGHLY ACTIVE ANTIRETROVIRAL THERAPY (HAART)

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10.1136/sextrans-2015-052270.596

Background HIV infection is the greatest risk factor for progression of latent Tuberculosis (TB) infection to active TB. Co-infection with these two pathogens is the greatest cause of death in HIV/AIDS patients. TB may develop or latent TB may become active following initiation of HAART. This study was done to evaluate risk factors contributing to development of active TB following initiation of HAART, to detect prevalence of latent TB in treatment naïve patients and to correlate latent TB at initiation of HAART to development of active TB during first year of treatment.

Methods This hospital based follow up study done over two years period (2013–14) included 48 treatment naïve patients initiated on HAART (2NRTI +1NNRTI). All subjects were screened at baseline for CD4 count, ESR, Quantiferon TB Gold test, BMI, past history of TB and followed up every three months for 1 year. Data collected was analysed using SPSS Version 11.5 statistical software.

Results 79% of patients were 31–50 years of age. 30 were males and 18 females.

20.83% patients developed TB within 1 year of initiation of HAART. 23(47.9%) had latent TB (positive Quantiferon TB Gold test). Of these, 8 (30%) patients eventually developed TB, whereas 2 (8%) of patients with negative Quantiferon TB Gold test developed TB which was statistically significant.

7(70%) patients who developed active TB at end of study had CD4 T-cell count of less than 200/ μ l. 13 out of 23 patients of latent TB and 6 out of 10 with active TB had BMI <18.5. 7 out of 18 latent TB patients who developed active TB had ESR above 40 mm/1stHr.

Conclusion Prevalence of latent TB is high in patients being initiated on HAART.

TB is more likely to develop in patients with lower BMI, higher ESR, lower CD4 count and Quantiferon TB Gold test positivity at baseline after initiation of HAART.

Disclosure of interest None.

P17.19 TIME TO LINKAGE, RETENTION AND ADHERENCE TO HIV CARE AMONG MARRIED COUPLES IN THE FISHING COMMUNITIES ON LAKE VICTORIA

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10.1136/sextrans-2015-052270.597

Background Prompt linkage to care, retention in care and adherence to medication are important in achieving the WHO's 90–90–90 treatment target. Achieving these targets is important for treatment and prevention of new infections. We sought to establish the time to linkage to care, retention in care and adherence to HIV medications in a cohort of people testing HIV positive in the fishing communities on Lake Victoria.

Methods We conducted a 2-year resurvey of 128 participants who had tested HIV positive in a previous study. These participants were asked to return to the study clinic to participate in a follow-up study. Returning participants were consented and invited for a face-to-face interview on enrolment into HIV care, time to enrolment, retention in care and adherence to HIV care instructions. We mainly used descriptive statistics to analyse the data.

Results Of 128 participants, 47.7% were female and half were aged 33.5 (IQR, 29–38.7) with a median monthly income of \$66 (IQR, 33–99). Eighty three percent had enrolled in HIV care within a median of 20 days (IQR, 7–60) after testing HIV positive. Women were more likely to enrol in care compared to men (91.8% vs 74.6%; $p = 0.011$) but no significant difference in time taken to enrol in care. Over 38% of the participants had ever missed their clinic appointments since they first enrolled into care with half having missed 2 appointments (IQR, 1–3.5) in the preceding 12 months. Similarly, 26% had ever missed taking medications as prescribed with half having missed twice (IQR, 1–8.5) in the preceding 12 months. The most common reason cited for both missing clinic appointments and taking medications prescribed was travelling away from home.

Conclusion The numbers enrolled into care falls below the expected 90% to achieve 90–90–90 treatment target by WHO. More innovative ways need to be developed to achieve these targets.

Disclosure of interest statement This research was supported by a grant from the Consortium for National Health Research. No pharmaceutical grants were received in the development of this study.

P17.20 PATIENT PERSPECTIVES ON THE HIV TREATMENT CASCADE IN THE UNITED KINGDOM

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10.1136/sextrans-2015-052270.598

Introduction Figures for the UK's HIV treatment cascade are among the best worldwide with over 95% retention once in care, however guidelines and service models are changing. We examine perspectives on each stage of the cascade among four generations of patients.

Methods In-depth interviews with 48 HIV-positive adults from two clinics. Participants were purposively selected from the four 'HIV generations', based on ART development – those diagnosed pre-1996, 1997–2005, 2006–2012, and since 2013. Framework was used to analyse the data.

Results *Diagnosis* - Participants from the pre-treatment era were diagnosed on the development of AIDS-defining symptoms, or following a partner's diagnosis. Late diagnoses more recently were because patients underestimated their own risk or failures of healthcare professionals to spot indicator conditions.

Linkage with care - Earlier generations sometimes disengaged with care for a period following diagnosis, dismayed by limited