P17.31 TIMED VAGINAL INSEMINATION AS A SAFER CONCEPTION METHOD FOR HIV-SERODISCORDANT COUPLES IN KISUMU, KENYA

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10.1136/sextrans-2015-052270.609

Background Female positive/male negative (♀+/♂-) HIV-serodiscordant couples desiring children have expressed an interest in safer conception interventions to reduce HIV transmission. Approximately 45% of HIV-infected women desire children and may choose to engage in condomless sex to achieve pregnancy. Without routinely available preconception counselling and safer conception reproductive services, ♀+/♂- HIV-serodiscordant couples who desire children represent a key population at risk of sexual HIV transmission.

Methods We conducted a prospective study of ♀+/♂- HIV-serodiscordant couples desiring children in Kenya to evaluate the feasibility and efficacy of timed vaginal insemination (TVI). Eligible couples included female partners age 18–34 years with regular menses and HIV disclosure to male partners. Prior to TVI, couples were tested and treated for STIs, advised on and monitored for consistent condom use (i.e. evaluation for the presence of prostate specific antigen) and regular menses, and educated on TVI. The intervention included sexual intercourse with a condom and semen collection with a syringe for TVI during the fertile window for up to six menstrual cycles. Time to pregnancy with TVI was assessed with a Kaplan-Meier analysis.

Results Forty ♀+/♂- HIV-serodiscordant couples were enrolled. Seventeen couples exited prior to TVI due to dissolution of the relationship (n = 4), voluntary cessation of study participation (n = 2), HIV seroconversion (n = 2), irregular menses (n = 2), or lost to follow-up (n = 7). Twenty-three couples (57.5%) were introduced to TVI. At baseline, 17 (73.9%) women reported ease with the TVI procedures. We observed eight pregnancies without HIV transmission, which resulted in six live births and two non-viable infants. Accounting for loss to follow-up, we estimate that 36% of women will become pregnant within 150 days of TVI initiation.

Conclusion Given the desire for children amongst HIV-affected couples, TVI may be acceptable and as effective in achieving pregnancy as natural conception while minimising the risk of HIV transmission.

Disclosure of interest statement This research was supported by a grant from the National Institutes of Health (NIH), University of California San Francisco-Gladstone Institute of Virology and Immunology Centre for AIDS Research (P30 AI027763). O. Mmeje was partly supported by NIH/T32–5T32AI065388–03.

P17.32 RISK FACTORS FOR NEVIRAPINE-ASSOCIATED RASH AND/OR HEPATOPATOTOXICITY AMONG HIV-INFECTED PATIENTS IN INDONESIA

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10.1136/sextrans-2015-052270.610

Introduction Nevirapine (NVP) is commonly used as a component of first-line antiretroviral therapy in Indonesia. We aimed to determine the risk factors for NVP-associated rash and/or heaptotoxicity among HIV-infected patients in Indonesia.

Methods A case-control study was conducted in HIV-infected patients who developed rash after taking NVP or increasing level of transaminase enzim (case) and those who did not have rash or increasing level of transaminase enzim (control).

Results A total of 149 patients with a mean (SD) age of 35.2 (10.2) years; 84 (56.4%) male, 56 (37.6%) female and 9 (6.0%) transgender were included in the study. Mean body weight (SD) was 56.7 (38.8) kg. Of all, 9 (6.0%) patients had a history of AIDS-defining illness and 12 (8.1%) patients had history of drug allergy. Mean CD4 cell counts at the time of NVP initiation was 147.3 (2–615) cells/mm3. There were 49 patients in case group and 100 patients in control group. In case group,18.4%, 73.9%, 18.4% and 18.4% of patients developed grade 1, 2, 3, and 4 of rash, 57.1%, 21.4%, 7.1% and 14.3% of patients developed grade 1, 2, 3, and 4 of hepatotoxicity, respectively. Mean time to develop rash was 19.4 (5–52) days. By logistic regression, history of drug allergy (OR, 4.20; 95% CI, 0.64–27.84) body weight (OR, 1.15; 95% CI, 0.72–1.82), CD4 cells counts (OR, 0.85; 95% CI, 0.54–1.35), and AIDS-defining illness (OR, 0.99; 95% CI, 0.38–2.56) were not significantly associated with nevirapine-associated rash and/or hepatotoxicity among HIV-infected patients in Indonesia.

Conclusion In Indonesia settings where patients were initiated NVP, history of drug allergy, lower body weight, and higher CD4 cell count are not the risk factors for NVP-associated rash and/or hepatotoxicity.

Disclosure of interest statement Authors declare that there is no conflict of interest regarding the publication of the paper.

P17.33 EFAVIRENZ-ASSOCIATED SERIOUS ADVERSE REACTIONS: AN ANALYSIS OF THE THAI ADVERSE EVENTS REPORTING SYSTEM

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10.1136/sextrans-2015-052270.611

Introduction Voluntary spontaneous reporting system has been used as a major method to report ADRs in Thailand. Efavirenz is in the NNRTI class, combined use with other antiretroviral (ARV) to treat the infection. Efavirenz is metabolised by liver and various adverse drug reactions (ADRs) can be found when used it for long term or with other drugs. Explore the distribution and determinant of ADR associated with ARV in Thai population is not well established but crucial for improve patient care and generate risk minimization in both population and individual level.

Objective The Thai adverse event reports from 2010 to 2014 were reviewed to assess serious adverse events induced by efavirenz.

Methods Thai adverse event reports data were assessed by elimination of duplicated records as well as adjustments to standardise drug names, reports involving efavirenz were analysed. Exposure variables are efavirenz used. Outcome variables are serious ADRs which happened within the study period. Other important variable such as sex, co morbidity, multiple drugs used are evaluated. Hepatitis, exfoliative dermatitis, and Stevens Johnson syndrome were focused on as serious adverse events. Signals

in the data were detected by quantitative data mining algorithms, the reporting odds ratio.
Results A total of 1,763 reports related to efavirenz were analysed. The average age were 46.42 years. Two cases were fatal outcome. Significant signals of the adverse events were detected with hepatitis, exfoliative dermatitis and Stevens Johnson syndrome. Drug eruption was also detected.
Conclusions Serious reactions from efavirenz were hepatitis, exfoliative dermatitis and Stevens Johnson syndrome. They made fatal and life threatening outcome. The recommendation is further specific monitoring to reduce serious risk in efavirenz use.
Disclosure of interest statement Serious reactions from efavirenz were hepatitis, exfoliative dermatitis and Stevens Johnson syndrome. They made fatal and life threatening outcome. The recommendation is further specific monitoring to reduce serious risk in efavirenz use.

P17.34 SURVIVAL TREND AND IMPACT OF ADVERSE DRUG REACTIONS DURING HAART ON SURVIVAL FUNCTION IN HIV/AIDS PATIENTS

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10.1136/sextrans-2015-052270.612

Aims and objective Current study is aimed to observe survival trend in HIV/AIDS patients and to explore the impact of ADRs experienced during HAART on survival trends of the patients.
Method An observational retrospective study of all patients diagnosed of HIV infection and on HAART therapy from Jan 2007 to Dec 2012 was conducted at infectious disease department of Hospital Pulau Pinang, Malaysia. Patient socio-demographic details along with clinical features were recorded. The survival function was observed on Kaplan-Meir survival analysis and Cox-regression for survival function. Data was descriptively analysed by using statistical package for social sciences (SPSS 20).
Results Out of 792 patients that underwent HAART therapy, 607 (76.6%) were male and 185 (23.3%) were female patients. The probability of 6 years survival was compared where the overall median follow up time of all patients was 36 months or 3 years (inter-quartile range 33.5–38.4). On Kaplan-Meir survival function analysis, the survival probability among female patients (52%) was higher than males (48%) until 48 months after which the male patients showed better survival (p 0.194). Better survival probability were observed among non-smokers (p 0.194), non-alcoholics (p 0.002), and non-drug abusers ($p < 0.001$). Overall 338 (42.6%) patients had experienced adverse drug reactions where a total number of 449 (56.7%) adverse drug reactions were reported among which 329 (73.2%) occurred in males and 120 (26.8%) in female patients. The survival probability with significant association ($p < 0.001$) among patients with absence of ADR were reported higher on Kaplan-Meir survival. On Cox-regression survival analysis, Alcoholic patients (HR 1.14, p 0.02), drug abusers (HR 1.38, p 0.01) and patients with ADRs (HR 0.65, $p < 0.001$) shows a higher risk for death with higher Hazard ratio.
Conclusion The study indicates that a patient's life-style and occurrence of ADRs has a direct impact on survival probability in HIV/AIDS patients which shows a greater risk to death and poor survival. However, a multicenter study with a large sample size may provide us with better understanding of this relationship.
Disclosure of interest All authors are aware that current abstract is submitted to World STI and HIV 2015 Congress. The abstract has not been submitted elsewhere. The authors have no conflict of interest.

P17.35 COST-EFFECTIVENESS ANALYSIS OF ABACAVIR-BASED AND TENOFOVIR-BASED REGIMENS IN SINGAPORE

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10.1136/sextrans-2015-052270.613

Introduction Human immunodeficiency virus (HIV) infection has evolved into a chronic disease with the use of highly active antiretroviral therapy (HAART). As survival rates improve and the duration of treatment increases, cost of treatment will be a major factor affecting the choice of HAART.
Objective To assess the cost-effectiveness of abacavir-based and tenofovir-based regimens in Singapore.
Methods This was a single-centre, retrospective study. Data was obtained from online medical records and hardcopy case files. HIV-positive patients on each regimen were matched according to age group, gender, race, body mass index and HAART. An incremental cost-effectiveness ratio (ICER) analysis was performed to evaluate the cost-effectiveness between abacavir (ABC)-based and tenofovir (TDF)-based regimens between the evaluation period of week 12 to 36 and week 37 to week 60. Costs were reported in Singapore dollars (S$).
Results Two hundred and thirty patients were analysed (82.2% Chinese, 91.3% male, age: 46.0 ± 13.0 years old), 115 patients in each group. The most common used combinations were ABC, lamivudine (3TC) and efavirenz (EFV) (76.5%), and TDF, 3TC and EFV (78.2%); followed by ABC, 3TC, boosted atazanavir (ATV/r) (13.0%), and TDF, 3TC and ATV/r (11.3%). Majority of the patients in each arm were at least 95% adherent to their medication regimens (93.0% and 91.3% for ABC and TDF group respectively). For both evaluation periods, more patients in ABC group obtained undetectable viral load (77.4% vs 59.1% and 81.7% vs 76.5%). The ICER value was –S$13348.72 for the period of week 12 to 36 and –S$19085.37 for the period of week 37 to week 60.
Conclusion ABC-based regimen was found to be more cost-effective than TDF-based regimen with similar virologic control rates in HIV patients in Singapore. This can translate to public healthcare cost savings in the near future.

P17.36 EFFECTIVENESS, SAFETY AND TOLAREBILITY PROFILE OF STRIBILD® (ELVITEGRAVIR/COBICISTAT/ EMITRICITABINE/TENOFOVIR DISOPROXIL FUMARATE) IN HIV-1-INFECTED PATIENTS IN THE CLINICAL SETTING

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10.1136/sextrans-2015-052270.614

Introduction The efficacy of Stribild®, an integrase strand transfer inhibitor (INSTI) -based STR, has been evaluated in randomised clinical trials. However, restricted selection criteria, monitoring frequency and selection bias hamper data extrapolation in routine practice. Here we analysed the virologic