

present. Educational programmes with specific interventions are recommended to increase KAPs and to prevent new HIV infections among this population

### P3.48 CHARACTERIZATION OF THE GESTATIONAL OUTCOME OF INFANTS BORN TO HIV POSITIVE MOTHERS IN ANTIRETROVIRAL TREATMENT DURING PREGNANCY

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**Introduction** Antiretroviral regimens used for the prevention of mother-to-child transmission of the human immunodeficiency virus (HIV) have shown benefits. However, combination antiretroviral therapy (ART) for the mother and infant have shown higher rates of adverse pregnancy outcomes. The objective of this research is to characterise the gestational outcome of infants born to HIV-positive mothers receiving highly active antiretroviral therapy (HAART) in a tertiary maternity unit through the evaluation of the clinical, anthropometric and epidemiological profile of the babies at birth.

**Methods** A cross-sectional study was carried out on HIV positive pregnant women at the Januário Cicco Maternity School (MEJC), whose childbirths occurred in the period from January 2010 to December 2014, being included 82 mothers and 84 babies. The research will continue in the year 2017.

**Results** The group of mothers selected had a mean age of 29.5 years and had their children with a mean gestational age of 36.7 weeks. Of these, 3.6% received a triple therapeutic regimen with combination of nucleoside reverse transcriptase inhibitor (NRTI) +2 protease inhibitors (PI), 4.9% received regimen with 2 NRTI +1 Non-nucleoside reverse transcriptase inhibitor and 91.5% received quadruple regimen with 2 NRTI +2 PI. According to the information collected in the present study, only 17.8% of the babies were born prematurely. As for anthropometry, 22.6% were born with low weight; 28.6% had cephalic perimeter and 15.5% length below the lower limits considered normal; and 98.8% of the babies reached.

**Conclusion** This type of characterisation is fundamental in a scenario where changes in the neonatal characteristics observed in the study generate a cost for maternal and child health, involving economics and management aimed at a specific follow-up of HIV positive mothers and their children exposed to the virus and to HAART during gestation. For this reason, it is necessary the specialised and multiprofessional clinical follow-up for the binomial in question.

### P3.49 CONTRIBUTION TO THE STUDY OF EPIDEMIOLOGICAL SURVEILLANCE OF CONGENITAL SYPHILIS IN A HOSPITAL OF THE PUBLIC HEALTH SYSTEM IN RJ, BRAZIL, JANUARY 2013 TO JANUARY 2017

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**Introduction** Syphilis consists of an STD (sexually transmitted disease) of bacterial aetiology, featuring a serious public health problem. The objective was to describe the prevalence of congenital syphilis in a hospital of the Public Health System – Rio de Janeiro, Brazil.

**Methods** Design. A descriptive and observational research of quantitative and retrospective nature. Data collection. We collected data from the medical records. Statistical analysis. The data were processed by simple frequency measures (absolute and relative).

**Results** We analysed 175 notified CS (congenital syphilis) cases in 6274 deliveries (prevalence of 2,7%). Some women at the time of delivery had their data collected, were affected by syphilis during pregnancy and prenatal care. About of 80.0% of women with syphilis performed prenatal care. There were carried out positive 276 tests (VDRL) in the Hospital Estadual da Mãe by the women in the study, 104 (59.42%) in prenatal care and 172 (98.28%) at time of delivery, when the test was repeated for all the participants. The distribution of the number of sexual partners of syphilitic pregnant women that made treatment during prenatal care of pregnant women was very impaired because of very high missing values.

**Conclusions** At the end of this study we found that even though the Ministry of Health has established a program together with the World Health Organisation, the goal of reducing the number of cases of congenital syphilis has not yet been reached. We have problems with the prenatal care, lack of effective screening program and monitoring of the pregnant woman. The findings of CS in the State Hospital of Mother separated for investigation were considered high in relation to the proposal drawn up by the Ministry of Health (1/1,000).

### P3.50 SPECTRUM OF MALIGNANCIES AMONG PEOPLE LIVING WITH HIV (PLHIV) IN SOUTHERN INDIA

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**Introduction** Non-Hodgkin's Lymphoma (NHL), Kaposi's sarcoma and invasive carcinoma of cervix are AIDS defining cancers (ADCs) seen in people living with HIV (PLHIV). After the introduction of combination antiretroviral therapy (cART) the spectrum of malignancies has changed and the incidence of Non AIDS defining Cancers (NADCs) are increasing as PLHIV live longer. This study describes the pattern of malignancies among PLHIV attending a tertiary care HIV facility.

**Methodology** This descriptive cross sectional study was carried out at Kasturba Medical College (KMC), Mangalore which is a 500 bedded tertiary care referral institution. The study was conducted among PLHIV diagnosed with malignancy between January 2005 and May 2016. Data of 33 PLHIV was collected by using a semi-structured proforma after obtaining permission from the institutional ethics committee. Data was analysed by using SPSS version 11.5 statistical software.

**Results** The mean age of our study group was 46.19±7.82 years. Majority of them 18 (54.5%) were males. In the current study 19 (57.6%) had Non AIDS defining cancers and 14 (42.4%) had AIDS defining cancers. Non-Hodgkin's lymphoma 9 (27.2%), carcinoma breast 5 (15.2%), invasive carcinoma of cervix 5 (15.2%) and carcinoma of head and neck 4