

(12.1%) were the major malignancies seen in our study. Carcinoma lung 3 (9.1%), Hodgkin's lymphoma 2 (6.1%), carcinoma anal canal 2 (6.1%) and 1 case each of Acute myeloid leukaemia, carcinoma colon and Ewing's sarcoma was seen in our study. The median CD₄ count at the diagnosis of malignancy was 214 IQR(159-436) cells/ μ l. In our study 24 (72.7%) patients were on cART at the time of diagnosis of the cancer.

Conclusion In our study the percentage of NADCs was more when compared to ADCs. Non- Hodgkin's lymphoma was the most common cancer seen in our study population. Kaposi sarcoma was not seen in our study population confirming the fact that it is a rare malignancy among PLHIV in our country. With longer survival of PLHIV in India due to potent cART malignancy will become an important issue for HIV physicians.

P3.51 ABSTRACT WITHDRAWN

P3.52 AWARENESS OF HIV/AIDS AMONG MALAYALI TRIBES, YELAGIRI HILLS

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Introduction Despite remarkable world-wide progress in the field of diagnostic, curative and preventive medicine, still there are large populations of people living in isolation in natural and unpolluted surroundings far away from civilisation, maintaining their traditional values, customs, beliefs and myths. They are commonly known as tribes and are considered to be the indigenous people of the land. This study aimed to assess HIV-related knowledge, attitudes and practices among Malayali tribes, Yelagiri Hills, Tamil Nadu, India.

Methods A cross-sectional study on Malayali tribes aged between 20 and 30 years old was undertaken to evaluate their KAPs. We selected 200 eligible samples through systematic random sampling from different villages of Yelagiri Hills.

Results The majority of the population was unaware of HIV (49%). Of the population who were aware 59% knew that it can be transmitted by sexual intercourse and 88% from mother to child. Misconceptions about transmission of HIV were observed among 39.3% to 44.3% of respondents. More 75% mentioned village health workers as major sources of information on HIV/AIDS.

Conclusions Despite adequate knowledge about HIV/AIDS, misconceptions about routes of transmission were found. Negative attitudes to HIV/AIDS and risky practices were also present. Educational programmes with specific interventions are recommended to increase KAPs and to prevent new HIV infections among this population. It was recommended to increase KAPs and to prevent new HIV infections among this population.

P3.53 LOST OPPORTUNITIES INVESTIGATION TO PREVENTION MOTHER-TO-CHILD TRANSMISSION HIV WITH LATE DIAGNOSIS

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In 2011, the city of São Paulo started investigations on lost opportunities for HIV mother-to-child transmission prevention on notified children born since 2000, infected by their mother's HIV. Main office team, responsible for STI/HIV epidemiological surveillance, controls the new mother-to-child HIV transmission notifications, sending each case to their home region. The local teams investigate the cases on diagnostic sites, following, notification and, if necessary, family or caregiver's interviews. Data collected on mothers and children are registered on a database, improved and analysed on Microsoft Excel. From 2011 to 2016, 188 children born between 2000 and 2015 which were infected by mother's HIV were investigated. From which, 44 mothers (23,4%) were diagnosed before pregnancy, 25 (13,3%) during pregnancy, 22 (11,7%) during labour, 68 (32,2%) after labour and 29 (15,4%) there was no information. Among the 188 investigated mothers, 117 (62,2%) attended to prenatal consults, 42 (22,4%) didn't and there was no information on the other 29 (15,4%). 13 (13,4%) of the 97 women diagnosed after labour or without information did not attend to prenatal consults, 4 (4,1%) did it late, 2 (2,1%) denied to do it, on 2 of them (2,1%) the exams were not prescribed and 21 (21,6%) of them had negative result on the exam. Among those 97 women, 52 (53,6%) attended to prenatal consults while 21 (21,6%) didn't, and the 24 remaining (24,8%) there's no data. From the 52 that attended to prenatal consults, but had after labour diagnostic or without this information, 46 (88,5%) breastfed their children and 15 (28,8%) didn't give their children the antiretroviral drugs properly. Whereas women may be infected at the end of pregnancy, making harder diagnostic or during breastfeeding, close follow-up of just delivered woman, with periodic HIV testing and the incentive to using condoms among breastfeeding and pregnant women is important. Moreover, women more vulnerable to HIV must be encouraged to do the tests, prenatal and postnatal.

P3.54 ABSTRACT WITHDRAWN

P3.55 PATTERN OF SYPHILIS AND HIV CO-INFECTIONS AMONG ART TREATMENT NAÏVE ADULTS IN A TERTIARY INSTITUTION IN IBADAN, NIGERIA

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Introduction Syphilis and Human immunodeficiency virus (HIV) infections have been found to be major public health problems in Sub-Saharan Africa. Clinical presentation of syphilis in patients infected with HIV has been described as atypical. This study was aimed to determining the seroprevalence and risk factors of syphilis among HIV infected patients in a tertiary hospital in Nigeria.

Methods It is a descriptive cross-sectional survey of 793 HIV-infected patients enrolled at the Anti-Retroviral Treatment (ART) clinic, University College Hospital, Ibadan, Nigeria between July and December 2010. Detailed medical history was obtained from the patients after informed consent. Screening for syphilis using qualitative rapid Plasma Reagin (RPR) was performed on each of the sera/plasma collected from them. Measurement of CD4 + T lymphocyte (CD4) count was carried out by flow cytometry and Roche Ampiclor RNA PCR assay was used for the measurement of plasma HIV RNA (viral load). Data analysis was performed using SPSS version 23.

Results A total of 793 participants, 557 females and 236 males were enrolled. The mean age of the patients was 36.99 ± 10.3 years. The overall prevalence of syphilis among this cohort of patients was 1.51% (1.4% in females and 1.7% in males). 30–39 years age groups were mostly affected with 50.0% of the cases of syphilis. The mean age, weight, CD4 count and log viral load for the syphilis co-infected HIV patients were 38.17 ± 8.22 years, 59.8 ± 10.5 Kg, 275.92 ± 282.1 cells/ mm^3 and 4.35 ± 1.37 copies/ml respectively compared to 36.97 ± 10.3 years, 56.7 ± 15.5 kg, 262.06 ± 256.5 cells/ mm^3 and 4.62 ± 1.2 copies/ml respectively in the population without syphilis co-infection. Syphilis co-infection occurs more among females (OR 1.1, 95% CI (0.75–1.58), and the married (OR 1.1, 95% CI (0.75–1.58) without significant association.

Conclusion Our study had revealed a low prevalence of syphilis in patients living with HIV/AIDS. Routine screening and counselling for syphilis should be considered for patients in AIDS care in Sub-Saharan Africa.

P3.56

RISK FACTORS ASSOCIATED WITH SEXUALLY TRANSMITTED INFECTIONS AMONG HIV-INFECTED PREGNANT WOMEN IN SOUTH AFRICA

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Introduction Sexually transmitted infections (STI) may increase the risk of perinatal HIV transmission; however, there is limited evidence on risk factors associated with STIs among HIV-infected pregnant women.

Methods We conducted a study of HIV-infected pregnant women (n=199) in antenatal care at 2 primary care facilities in South Africa to evaluate risk factors for STIs. Participants were interviewed and self-collected vulvovaginal swabs which were tested for *Chlamydia trachomatis* (CT), *Neisseria gonorrhoea* (NG) and *Trichomonas vaginalis* (TV), Xpert (Cepheid, Sunnyvale, USA). We report descriptive and multivariate logistic regression results of factors associated with any STI.

Results Median age was 29 years; median gestational age was 20 weeks. Prevalence of any STI was 51%. Of all women 90% reported having sex during pregnancy (of which 9% reported oral sex and 4% anal sex). Most (62%) had sex 7 days prior to study enrolment. Over 70% of women were not virally suppressed (>200 copies/mL) while 99% of women were on antiretroviral therapy. At last sex 75% reported condomless sex and 15% reported having >1 sex partner in the past 12 months. Of women 14% reported any alcohol use during pregnancy of whom 25% reported ≥ 5 drinks on a typical day. Twenty-two percent reported being in a serodiscordant relationship with father of the child; 27% seroconcordant relationship; 51% didn't know. Odds of having any STI decreased as age increased (OR/year=0.93; 95%CI=0.88–0.98). Odds increased with increased gestational age at time of testing (aOR=1.07;95%CI=1.02–1.12) and recent sex (past 30 days vs. longer) (aOR=1.42;95%CI=1.04–1.93). Trends toward increased odds of any STI included: >1 partner (aOR=2.36;95%CI=0.96–5.84;p=0.06) and ≥ 5 drinks daily (aOR=3.61;95%CI=0.77–35.7;p=0.09), adjusted for age.

Conclusion Nearly all HIV-infected pregnant women were sexually active during pregnancy with behaviours associated with increased risk for STIs: condomless sex, anal sex, alcohol use or multiple partners. Interventions to reduce STI risk during pregnancy are urgently needed.

P3.57

KNOWLEDGE AND ATTITUDE OF DENTAL STUDENTS TOWARDS THE DENTAL TREATMENT OF PATIENTS WITH HIV/AIDS IN MANGALORE CITY

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Introduction Oral health care of patients with human immunodeficiency virus (HIV)/acquired immune-deficiency syndrome (AIDS) is a growing area of concern. Information on HIV and AIDS related knowledge among dental students provides a crucial foundation for efforts aimed at developing an appropriate dental curriculum on HIV and AIDS. The purpose of this study was to assess the knowledge and attitude of Indian clinical dental students towards the treatment of patients with HIV/AIDS and perceived sources of information regarding HIV-related issues.

Methods Data were collected from clinical dental students (third year, fourth year and internship) from four dental colleges in Mangalore city. The questions assessed the knowledge and attitude towards treatment of patients with HIV and the perceived source of information related to HIV/AIDS.

Results The willingness to treat HIV-positive patients among dental students was 67.0%, and 74.20% were confident of treating a patient with HIV/AIDS. The potential problems in rendering treatment to these patients were effect on the attitude of other patients (49.90%) and staff fears (52.50%). The correct knowledge regarding the infection-control practice (barrier technique) was found among only 15.50% of respondents. The respondents had sufficient knowledge regarding the oral manifestations of HIV/AIDS.

Conclusions No correlation was found between the knowledge and attitude score, demonstrating a gap between knowledge and attitude among the dental students regarding treatment of HIV-infected patients. Appropriate information has to be delivered through the dental education curriculum, which can instil confidence in students about their ability to manage HIV-positive patients.