

P3.91 ANTIRETROVIRAL THERAPY DISCONTINUATION AMONG HIV INFECTED ADULTS IN ETHIOPIA IN 2003–2015: PREVALENCE, TREND AND RISK FACTORS

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Introduction Antiretroviral therapy (ART) discontinuation obscures achievements for the UNAIDS treatment targets 2 and 3. Nevertheless, the magnitude, trend and its risk factors are not explored contextually. We carried out historical data analysis to assess prevalence, trend and risk factors for ART discontinuation among adults in Southwest Ethiopia.

Methods 12 years retrospective cohort analysis was performed with 4900 HIV-infected adults between 21 June 2003 and 15 March 2015 registered at the ART clinic at Jimma University Teaching Hospital. ART Discontinuation could be lost to follow-up, defaulting and/or stopping medication while remaining in care. 10 years trends for ART discontinuation was described using a line graph. We used binary logistic regression to identify factors that were correlated with ART discontinuation. To handle missing data, we applied multiple imputations assuming missing at random pattern.

Results In total, 4900 adults enrolled on ART, of whom 1090 (22.4%) had discontinued, 954 (19.6%) had transferred out, 300 (6.2%) had died, and the remaining 2517 (51.8%) were alive and on ART between 2003 and 2015. The recent trend of ART discontinuation showed an upward direction reaching a peak in 2004 and 2005 with 10%. Being female (AOR=2.1, 95% CI: 1.7–2.8), having an immunological failure (AOR=2.3, 1.9–8.2), having tuberculosis/HIV co-infection (AOR=1.5, 1.1–2.1) and no previous history of HIV testing (AOR=1.8, 1.4–2.9) were the risk factors for ART discontinuation.

Conclusion One of five adults had discontinued from ART, and the trend of ART discontinuation increased recently. Discontinued adults were more likely to be females, tuberculosis/HIV co-infected, with immunological failure and no history of HIV testing. Therefore, it is vital to implement effective programs such as community ART distribution and linkage-case-management to enhance ART linkage and retention.

P3.92 THE CASE OF THE GONORRHOEA SECRET SHOPPER: A REVIEW OF ONLINE PRESCRIBING PRACTICES, ENGLAND, 2016

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Introduction The number of private online sexually transmitted infection testing and treatment providers in England is increasing. While over 90% of gonorrhoea cases seen at sentinel specialist sexual health clinics in England are prescribed the recommended dual therapy of ceftriaxone (intramuscular) and azithromycin (oral), the extent to which private online providers adhere to national treatment guidelines is unclear. We systematically reviewed online search results to assess the antibiotic courses prescribed for gonorrhoea treatment.

Methods A Google search for ‘gonorrhoea treatment online’ was performed using a private internet browsing session of Chrome in November 2016. The first 2 pages of search results were reviewed to assess whether they were links to

gonorrhoea treatment providers and, if so, which antibiotic course was available for purchase. A thematic analysis of the medical advice given online was also performed, and frequencies and proportions are reported.

Results There were 27 unique results on the first 2 pages of search results, 17 (63%) of which were to online providers. Among these, upon clicking a checkbox to indicate having been diagnosed with gonorrhoea, 71% (12/17) provided a course of antibiotics for treatment. However, only 1 of these required visiting a terrestrial pharmacy for the recommended dual therapy; the remainder (11/12) provided cefixime and azithromycin tablets for gonorrhoea treatment via next-day delivery. On their websites, online providers widely acknowledged that ‘an injection’ [of ceftriaxone] is more effective for gonorrhoea treatment, but suggested that it was ‘acceptable’ to prescribe azithromycin and cefixime.

Conclusion Non-recommended antibiotic courses for the treatment for gonorrhoea are easily accessible online. There is a need to raise awareness among online providers and the public of the recommended dual therapy for gonorrhoea. To prevent the further emergence of antibiotic resistance in *Neisseria gonorrhoeae*, adherence to the recommended dual therapy in all settings is essential.

P3.93 PREVALENCE OF BACTERIAL VAGINOSIS IN WOMEN PRESENTING RECURRENT VAGINAL DISCHARGE IN MOROCCO

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Introduction Bacterial vaginosis (BV) is the most common cause of vaginal discharge in women of reproductive age throughout the world. In Morocco, the women consulting for vaginal discharge are systematically treated by the syndromic approach. This study’s goal is to investigate this infection in Moroccan women presenting a recurrent discharge even after treatment.

Methods Retrospective study carried out by detailed analysis of case records in the STIs laboratory in the National Institute of Hygiene for a period of 4 years, between January 2010 and December 2015. 2402 female’s patients presenting a vaginal discharge were received in the laboratory for the vaginal fluid collections and analysis. Among these women, 305 were pregnant. Cultures were performed for fungal microorganisms. BV diagnosis was based on the presence of clue cells, pH >4.5, and absence of *Lactobacilli*. *Trichomonas vaginalis* (TV) identification was performed by culture and by the wet preparation microscopy.

Results All Women received are married and sexually active. The median of age was 34 years (18–50 years). Among the 2402 women registered, 17.7% had BV, 42% had Candida and 4.4% had TV infection. Among the 305 pregnant women, 6.5% had BV, 38.7% had Candida and 1% had TV infection. No infection with *Neisseria gonorrhoeae* was found in all the women received. In most of cases, strong vaginal discharges with a fishy smell were linked to BV.

Conclusion Our results revealed that the infection due to the candida is the most common cause of the vaginal discharge followed by BV and the TV in both pregnant and sexually active women. In Morocco, even if the BV is not the first