P3.112 USE OF SOCIAL APPS AMONG YOUNG MEN WHO HAVE SEX WITH MEN (YMSM) BETWEEN THE AGES 18 TO 24 AT THE WESTERN REGION OF PUERTO RICO: EVALUATION OF PROTECTIVE AND RISK FACTORS

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Introduction Increasing new cases of HIV among Men who have Sex with Men (MSM) has been observed in Puerto Rico (PR). According to the HIV Surveillance System, 23% of the HIV/AIDS cases are among MSM. Adoption and proliferation of digital platforms have become a new venue for MSM to meet new sexual partners. Researchers have studied these new venues without getting any consensus if the use of social apps are a protective or risk factor for HIV infection. This study aims to understand the use of social apps among young MSM (18–24 years), practices with those who they met online and perceived risk of infection.
Methods Data collected from the needs assessment of the Youth Prevention Program between March and September 2016, was used. A convenience sampling of 183 MSM were recruited in the Western region of PR. Descriptive analysis was used to portray selected characteristics and use of social apps.
Results More than half (80%) of the participants reported the use of any social apps for meeting sexual partners in their lifetime. Among those who use apps, 65% reported was for hook-up. The average number of lifetime sexual partners met by these apps were 5.7±4.7 partners. Inconsistent condom use was reported among 40%, which indicated have not used condom while having sex with partners they met online. The most common app used was Grindr (66%), followed by Facebook (55%). When asked their perceived risk of HIV, only 16% reported they considered to be at high risk of contracting with HIV when meet their sexual partners online. Of further note, 24% sent photos of their bare buttock, 31% of their penis and 48% display their chests.
Conclusion The study intends in the future to demonstrate if there is any association from using these social apps and HIV infection. This preliminary analysis showed that apps are becoming a frequent to meet sexual partners but they don't consider these apps as risk venues for contracting HIV. This study will help strengthen prevention programs and prevention initiatives for high risk populations in the island.

P3.113 HIV-1 DRUG RESISTANCE MUTATIONS IN INFECTED CHILDREN AND ADOLESCENTS FAILING THERAPY: IMPACT IN THE SUSCEPTIBILITY OF DRUGS USED IN SALVAGE THERAPIES

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Introduction Paediatric HIV-1 infection remains an important public health issue in resource-limited settings. In Brazil, the access to combined antiretroviral therapy (cART) and the HIV-1 genotyping test are available for all infected children and adolescents. However, mainly due to low patient adherence, multidrug-resistant (MDR) viruses have been increasing over the last years. This study estimate the resistance associated to the new generation protease inhibitors (PIs) and non-nucleoside reverse transcriptase inhibitors (NNRTIs) and the possible use in rescue strategies for children and adolescents failing cART.
Methods Between 2008 and 2014, blood samples from 246 HIV-1-infected children and adolescents failing different cART regimens, were collected in the Rio de Janeiro State, Brazil. The profiles of HIV-1 resistance mutations were evaluated in the Stanford website and subtype confirmed by phylogeny.
Results The majority of genotyped samples were classified as HIV-1 subtype B (75.6%), followed by subtype F1 (15.4%), BF recombinants (4.1%), subtype C (3.3%) and subtype A1, CRF_02AG and the recombinant A1B in one subject each. A total of 31.2% of patients showed resistance associated to first line therapy, 45.3% for the second line and 23.4% to third line. MDR mutations were detected in only 3% of the children. The prevalence of PI-associated mutations was low (3.6%), except for the M46I/L mutation (24.4%) associated to the majority of PIs. The resistance to PIs used in the rescue therapies, were 2.8% for the darunavir and 3.6% for the tipranavir. High prevalence of thimidine associated mutations (TAMs) and to lamivudine, were observed (>80%). But, mutations to the nucleotide reverse transcritptase inhibitor (NRTI) Tenofovir, showed low prevalence (5.3%). In addition, resistance mutations associated to the decrease of a virological response to etravirine were 5.4% and 3.8% to rilpivirine.
Conclusion Low prevalence of drug resistance mutations associated to the new generation of PIs and NNRTIs was observed in our genotyping database. The impact of resistance mutations under darunavir seems lower than for tipranavir in children failing other PI-based regimens. Although prior failure to other PIs or NNRTI might produce cross-resistance, the results show that all of these drugs used in the therapy rescue, could be effective and constitute a good option for children who failure other regimens.

P3.114 ANALYSIS OF NOTIFICATION`S CASES OF CONGENITAL SYPHILIS IN AN UNIVERSITY HOSPITAL FROM NITEROI, 2008–2015

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Introduction Congenital syphilis (CS) is a serious public health problem in Brazil, being the cause of fetal death and other perinatal complications, besides it is a good indicator of prenatal quality. The objective of this study is knowing the frequency of CS notification at Antonio Pedro University Hospital of Federal Fluminense University (HUAP), Niterói, Rio de Janeiro, and analyse several data from the compulsory notification sheets (CNS) of this disease.
Methods Retrospective temporal study about the frequency of CS's notification in HUAP (Epidemiological Surveillance Department) in the period from 2008–2015.
Results We found 56 CNS. We analysed data on diagnosis, treatment, signs and symptoms of CS, among others. We exclude four sheets (4/56/7.14%) because they do not contain minimum data for analysis. So, we worked with 52 CNS of