

Conclusions The data from this study recorded the prevalence of high-risk HPV genotypes. Sociodemographic characteristics related to sexual health were relevance significantly in women without cytological abnormalities. These results may be useful to future epidemiological surveillance reports and evaluation of new clinical and subclinical cases of cervical intraepithelial neoplasia and genital warts.

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LB3.247 FACTORS ASSOCIATED WITH THE ABANDONMENT OF THE ANTIRETROVIRAL TREATMENT AMONG PATIENTS WITH HIV/AIDS ACCOMPANIED THE CENTRE OF REFERENCE STD/AIDS OF CAMPINASSP, BRAZIL

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Introduction The objective of the study was to identify and analyse the sociodemographic, epidemiological, clinical and laboratory factors associated with treatment abandonment and follow-up among PLHA.

Methods This is a retrospective case control study of a sample of medical records of adult patients with HIV who use a referral centre for STD in municipality of Campinas-SP, Brazil. Cases were patients without antiretroviral withdrawal at the pharmacy for 365 days or more, obtained from the Logistic Control System of Medicines in July 2015, (n=50). For controls group, 100 adult patients adhering to ART were randomly selected for 365, and 58 meet the criteria, from March 2014 to March 2015. After the univariate analysis of the data, a multiple logistic regression model was adjusted considering cases, controls and covariates of interest.

Results The variables that favoured the abandonment of follow-up and treatment were: black/brown referred colour (OR=6.54, 95% CI: 1.48–28.88), being unemployed (OR=6.38, 95% CI: 1.61–25.35), being heterosexual (OR=6.94, 95% CI: 1.18–40.97) and being smoker (OR=10.39, 95% CI: 2.59–41.69). Higher education (OR=0.05, 95% CI: 0.00–0.46) and to be attended by multi professional team (OR=0.19, 95% CI: 0.04–0.96) appeared as protective factors of abandonment.

Conclusion The abandonment of follow-up and treatment among the patients from STD/HIV referred centre in Campinas were positively associated with socioeconomic precariousness. Access to the multiprofessional team was a protective factor to prevent abandonment of ART in the study population.

LB3.248 FACTORS ASSOCIATED WITH SURVIVAL OF PATIENTS COINFECTED WITH AIDS AND HCV

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Introduction The objective of this study was to analyse the survival of patients with coinfection AIDS/HCV according to sociodemographic, epidemiological, clinical, and the utilisation of health services in the South and Southeast of Brazil.

Methods This is a retrospective cohort study. The sample of medical records of individuals older than 13 years diagnosed with AIDS, reported in the SINAN in 1998 and 1999 with follow-up of 10 years.

Results Of the 2091 cases of AIDS in over 13 years studied, 307 (14,7%) were diagnosed with Hepatitis C and 223 (72,6%) were male. After analysis of the survival curves by KaplanMeier method a multiple regression model of Cox was adjusted. The variables positively associated with longer survival were: being female (HR=0.68 CI95%: 0.510.83), higher education (HR=0.51 CI95%: 0.35–0.76), CD4 diagnostic criteria (HR=0.57 CI95%: 0.46–0.72). Variables associated negatively with survival were: age ≥ 60 years (HR=2.47 CI95%: 1.38–4.26), irregular use of ARV (HR=8,71 CI95%: 6.72–11.27), not having consulted with other health professionals than physician and/or nurse (HR=1.25 CI95%: 1.031,53), coinfection AIDS-tuberculosis (HR 1.42 CI95%: 1.17–1.71) and one or more opportunistic infections (HR=1,37 95% CI: 1.21–1.55). Patients with AIDS/HCV coinfection had lower survival than those without coinfection. The cumulative survival in accordance with the KaplanMeier method was 82% in non coinfecting and 78% in coinfecting after 60 months of the diagnosis of AIDS. However coinfection AIDS/HCV didn't remain in the final model as a predictor of survival.

Conclusion Despite the progress in HIV treatment and control, some challenges remain, including overcoming inequalities, early diagnosis, and ensuring the availability and adherence to treatment with drug combination with lower toxicity and ease intake. AIDS and Hepatitis C are two chronic diseases can be analysed as markers of quality of care and AIDS in Brazil.

LB3.249 HIV/AIDS AND TUBERCULOSIS ON TRANSGESTITES AND TRANSGENDERS (MTFS) IN SÃO PAULO, BRAZIL

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Introduction To know the conditions of life and health, to identify differences between transvestites and MtFs, and to verify the proportion of cases of HIV-AIDS and tuberculosis in these subgroups.

Methods A cross-sectional study realised in São Paulo city, Brazil, in 2014, with the application of a KAP questionnaire (Knowledge, Attitudes and Practices) to a convenience sample of 124 individuals (58 transvestites and 66 MtFs) aged ≥ 18 years. Comparisons between the percent distributions of the groups were performed using the Pearson chi-square test or Fisher's exact test, considering a significance level of 5%.

Results The mean age of all respondents was 32.2 years (SD=9.9 years). Statistical differences were observed between groups regarding prostitution and passage through prisons