

SHC experiences. Men and women strongly indicated willingness to wait in clinic for results if they perceived themselves at risk for infection (self-assessed as sexual risk-taking and/or having symptoms). All patients were willing to wait for AMR results following a positive result. Patient suggestions for POCT pathway implementation included: targeting POCTs to those concerned they are infected and providing information on steps and time involved for new pathways.

Conclusion Patients' willingness to wait in clinic, explained as dependent on a self-assessed risk for infection, provides nuanced understanding of patients' priorities for care. Patient suggestions that specific, directed messaging from SHCs may allow acceptability of various changes related to POCT adoption gives guidance for implementation. We recommend further research when these tests are made available, to assess these theories in practice.

p4.119 HOW CAN WE IMPROVE PARTNER NOTIFICATION FOLLOWING HIV DIAGNOSIS? – A QUALITATIVE STUDY OF MEN WHO HAVE SEX WITH MEN IN MELBOURNE

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Introduction Improved partner notification (PN) following HIV diagnosis could help control HIV among men who have sex with men (MSM). However, there is little evidence exploring what this experience is like for Australian MSM and how achievable it is in the era of the internet and smartphones.

Methods MSM recently diagnosed with HIV were recruited from three health services in Melbourne for a semi-structured interview about PN experiences. Interviews were transcribed verbatim for thematic analysis using a combined deductive/inductive approach whereby themes were derived from both previous literature, the research questions and interview schedule and inductively from emergent and recurrent themes arising from the data.

Results Three main themes arose: the fear of PN and HIV disclosure; partners' unexpected reactions; and the need for more support for PN. MSM found partner notification difficult and uncomfortable and described fear about potential repercussions of PN. However, they felt it was the right thing to do and all partners should be notified where ever possible. Regular partners were more likely to be notified, and in person, due to the availability of contact information but more notably due to a sense of moral responsibility. Men commonly had few contact details for casual partners and preferred partner notification strategies that allowed them to remain anonymous, largely reflecting the reasons for and ways in which they met casual partners: online or through apps and predominantly for once-off, anonymous sex. Most described unexpected positive responses from partners who were contacted personally by the men.

Our study also showed that these participants required professional support to carry out PN, especially with casual partners, as well as support around understanding the implications of and treatments relating to being HIV positive.

Conclusion PN could be improved by offering more options that allow the index patient to remain anonymous, particularly when notifying casual partners.

p4.120 CARE-SEEKING BEHAVIOURS AMONG HIV-INFECTED ADULTS IN MOZAMBIQUE: BARRIERS AND FACILITATORS TO TIMELY ENROLLMENT IN HIV CARE AND TREATMENT

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Introduction The MoH of Mozambique pledged to eliminate vertical transmission, reduce sexual transmission by 50% and increase antiretroviral therapy coverage up to 80%. To achieve these goals, it is essential that PLHIV must access HIV care services in a timely manner. However, HIV-infected persons in Mozambique are continuously accessing care and treatment services at an advanced stage of the disease. The goal was to determine barriers and facilitators to timely enrollment in HIV care and treatment, regardless of the disease stage.

Methods In-depth interviews were conducted to 90 newly diagnosed HIV-positive patients in one health facility in Maputo City and two urban and rural health facilities in Zambézia province. Interviews were recorded, transcribed and translated prior to analysis.

Results Long distances to the health facility, long waiting time, lack of access to transport, lack of money, and side-effects were the most frequently barriers to timely enrollment in HIV care and treatment. One of the facilitators for the timely enrollment of patients in the care and treatment of HIV is related to the fact that enrollment's process in HIV care happens the next day after the test completion. Family support associated with the basic knowledge related to HIV was mentioned as one of the main factors that led to an early onset of ART therapy. While some patients reported that the sensation of feeling good while doing the medication is one of the factors that most also contributes to ART therapy adherence, others showed to feel motivated for the treatment due to the encouragement given by their social networking.

Conclusion Adherence to treatment is influenced by the desire of feeling healthy. Our results suggest that one of the major facilitators for a timely enrollment of patients in care services and treatment of HIV is the flexibility process of enrollment in HIV care at health facilities. Side-effects are the most frequently barriers to timely enrollment in HIV care and treatment. Health providers should explain the side effects and how to handle these.

p4.121 CARE-SEEKING BEHAVIOURS AMONG HIV-INFECTED ADULTS IN MOZAMBIQUE: HIV-RELATED KNOWLEDGE AND ADHERENCE TO TREATMENT

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Introduction The Ministry of Health of Mozambique pledged to eliminate vertical transmission, reduce sexual transmission by 50% and increase antiretroviral therapy coverage up to 80%. To achieve these goals, it is essential that HIV-infected persons must access HIV care services in a timely manner. The objective of this study was to explore reasons why patients with positive diagnosis do not adhere to services and care of HIV, regardless of the disease stage.

Methods Semi-structured qualitative interviews were conducted to 90 newly diagnosed HIV-positive patients in one health facility in Maputo City and two urban and rural health facilities in the province of Zambézia. Interviews were recorded, transcribed and translated prior to analysis.

Results According with patients, having knowledge about concepts of health, disease and HIV was seen both as a facilitator of ART therapy adherence by them, as it allows a better understanding of benefits of HIV treatment and consequences of non-compliance. Most of the interviewed showed basic knowledge about HIV (concept, ways of transmission, advantages and disadvantages of ART therapy). Patients who demonstrated basic knowledge about HIV underlined the importance of taking medication to stay healthy. Many of patients interviewed were not registered in HIV care program and were not enrolled into ART therapy 45 days after being diagnosed as HIV positive.

Conclusion HIV-related knowledge is a key facilitator that contributes strongly to access improvement. Our results show that both the knowledge on HIV concept, HIV status and the notions of "sick" or "healthy" are crucial for adherence to treatment.

Biomedical STI/HIV Prevention

P5.01 ANTIRETROVIRAL THERAPY DURING PREGNANCY AND MATERNAL AND NEONATAL SIDE EFFECTS IN AN HIV-INFECTED PREGNANT WOMEN COHORT ATTENDED AT OBSTETRICIAN SERVICE OF SCHOOL OF MEDICAL SCIENCES AT UNIVERSITY OF CAMPINAS (CAISM/UNICAMP), BRAZIL BETWEEN 2000 AND 2016

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Introduction Significant progress of ART in HIV infection has led to a remarkable decline in mother-to-child transmission (MTCT) of HIV. However, the use of complex regimens can cause side effects to women and exposed children. The objective of this study was to evaluate side effects in pregnant women and their neonates exposed to ART at an university hospital in Brazil between 2000 and 2016.

Methods Cohort study of 793 pregnant women and 787 newborns selected from clinical records and epidemiologic surveillance system. Analysis was performed through proportions and medians. The specific effect of different ART regimens was analysed through risk ratios (RR), chi-square test, Fisher's exact test, student t test, Mann-Whitney test, 95% confidence interval and level of significance of 0.05.

Results MTCT rate was 2.3%. Mean age was 28 years, more than 60% were White and diagnosed before pregnancy. HAART use: 17.4% with nevirapine (NVP), 16.9% with nelfinavir (NFV), 53.2% with lopinavir/ritonavir (LPV/R), 4.3% with other PI (26 with atazanavir/ritonavir). Only 1.9% women did not use ART by late diagnosis. There were: 56% cases of maternal anaemia, 14.1% of thrombocytopenia, 54.5% of hepatic abnormalities, 2.7% of allergic reactions, 82% of dyslipidemia, 6.2% of diabetes. NVP use was associated to hepatotoxicity, allergic reactions and anaemia. NFV was associated to hepatic impairment and allergic reaction, ATV/R use

was associated to bilirubin increase, and LPV/R to dyslipidemia. Prematurity rate was 21.7% and low birth weight rate 22.5%. In the newborns: 25.7% of anaemia, 3.6% of thrombocytopenia, 36% of hepatic impairment. Congenital anomalies were presented in 10%. NVP use associated to anaemia and hepatic impairment. NFV was associated to hepatic abnormalities. ATV/R was associated to thrombocytopenia.

Conclusion Although growing evidence indicates that antiretroviral treatment in pregnancy has overall a very favourable risk-benefit profile, it is important to maintain monitoring of the safety and efficacy of drug classes in order to optimise treatment recommendations.

P5.02 COMPARISON OF IMMUNE STATUS OF MOTHERS INFECTED WITH HUMAN IMMUNODEFICIENCY VIRUS ON BEFORE AND AFTER DELIVERY

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Introduction We assessed the immune status of mothers infected with human immunodeficiency virus (HIV) on before and after delivery in Ibadan, Nigeria. Seventy consented mothers attending the antenatal clinic were recruited and only thirty nine participated in the study. These women were followed-up until delivery and are on antiretroviral drugs.

Methods Immunologic outcomes were assessed before and after delivery using cytometry.

Results Before delivery, 20 (51%) of the women had CD4 cell count 3/cell while 19 (49%) had CD4 count cell >500 mm³/cell. At birth, 14 (36%) of the women had CD4 cell count 3/cell while 25 (64%) had CD4 cell count >500 mm³/cell. 8 (40%) of the women with CD4 cell count 3/cell before delivery still had low immune status at birth while 12 (60%) had improved in CD4 cell count; also, 6 (32%) who had CD4 cell count >500 mm³/cell before delivery had low CD4 cell count at birth, while 13 (68%) had CD4 cell count >500 mm³/cell before delivery maintained high immune status at birth. Test of discordancy of immunity before and after delivery showed that there is no significant difference between CD4 cell count before and CD4 cell count at birth.

Conclusion Assessment of the impact of immune status of mothers infected with HIV on birth outcomes is essential for tailoring public health measures to reduce mother-to-child transmission of HIV.

P5.03 DISCOVERY OF TRIAZOLE BASED INHIBITOR OF HIV AND HCV WITH FAVOURABLE METABOLIC PROFILE

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Introduction The HIV and HCV coinfection poses greatest threat to the clinical fraternity for its management because of similar mode of transmission. According to an estimate, nearly two million people infected with HIV are co-infected with hepatitis C virus (HCV) globally. The present study aimed at