

**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

Adriane Maira Delicio, Marina Polydoro, Fernanda Cavichioli, Isabeli Myioshi, Fabia Lopes, Giuliane Lajos, Eliana Amaral, Helaine Maria Besteti Pires Mayer Milanez. *School of Medical Sciences of University of Campinas Unicamp, Brazil*

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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

<sup>1</sup>Afolabi, <sup>1</sup>Abosede Yetunde, <sup>2</sup>Oladijo Elijah Kolawole, <sup>1</sup>Oloke Julius Kola, <sup>3</sup>O Adewumi Moses. <sup>1</sup>Department of Pure and Applied Biology, (Microbiology/Virology Unit), Ladoko Akintola University of Technology, Nigeria; <sup>2</sup>Department of Microbiology, Adeleke University, Nigeria; <sup>3</sup>Department of Virology, College of Medicine, University of Ibadan, Nigeria

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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 mm<sup>3</sup>/cell. At birth, 14 (36%) of the women had CD4 cell count 3/cell while 25 (64%) had CD4 cell count >500 mm<sup>3</sup>/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 mm<sup>3</sup>/cell before delivery had low CD4 cell count at birth, while 13 (68%) had CD4 cell count >500 mm<sup>3</sup>/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

Amita Verma, Udaya Pratap Singh. *Sam Higginbottom Institute of Agriculture Technology and Sciences, India*

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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