

P5.06

# HIV-POSITIVE MEN'S KNOWLEDGE AND ATTITUDES REGARDING HPV, HPV VACCINE, AND ANAL CANCER SCREENING

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**Introduction** High-risk oncogenic types of human papillomavirus (HPV) are the major cause of several cancers in men, notably anal cancer. HIV co-infection further elevates risk. We assessed knowledge of and attitudes regarding HPV, HPV vaccination, anal cancer, and anal cancer screening among HIV-positive men.

**Methods** Male participants of a multi-site cohort of persons in care at 9 specialty HIV clinics in Ontario, Canada, responded to questions about HPV knowledge and attitudes regarding perceived risk and willingness to receive HPV vaccine and anal cancer screening. We analysed data from interviews between 04/2016 and 08/2016.

**Results** 678 men were interviewed. Many had either not heard of HPV (20%) or had heard the term but did not know what it was (25%). Among men familiar with the term (n=398), only 51% knew that HPV can cause anal cancer and 56% knew that people with HIV are at higher risk for cancers caused by HPV. Many thought their chance of getting HPV was zero (19%) or low (36%). 63% had heard of the HPV vaccine and 44% knew that it was recommended for males, but only 13% reported that a health professional discussed the vaccine with them and 6% were vaccinated. Men said that they would be likely/very likely to get vaccinated if it were offered free of charge (81%), if they had to co-pay \$30/dose (59%), or pay full price (18%). The majority would be likely/very likely to get anal cancer screening via digital rectal exam (87%), Pap cytology (90%), or anoscopy (83%). Men were comfortable/very comfortable discussing anal health with their HIV doctor (87%) and family doctor (84%).

**Conclusion** Our findings suggest that there are many knowledge gaps to address regarding awareness of HPV and HPV-associated disease among HIV-positive men, but that men were comfortable discussing anal health with care providers. Men were generally willing to accept anal cancer screening and HPV vaccination, if offered at no/low cost. Future work will identify correlates of hesitancy to accept vaccination and screening, which can guide promotional messaging and interventions.

P5.07

# PRACTICABILITY EVALUATION IN FRENCH-SPEAKING SUB-SAHARAN AFRICA COUNTRIES OF FINGER-STICK WHOLE BLOOD HIV SELF-TEST

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**Introduction** Opportunities for HIV testing could be enhanced by offering HIV self-testing (HIVST) in populations that fear stigma and discrimination when accessing conventional HIV counselling and testing in health care facilities.

**Methods** The Exacto Test HIV (Biosynex, Strasbourg, France) fulfilled the following criteria I) Capillary blood-based test detecting early HIV infection; II) Sterile safety lancet; III)

Simplified blood sampling system; IV) Simplified buffer delivery system; V) Specimen presence control by blood deposit assessment and migration control band; vi) Results in 10 min; VII) Simplified and easy-to-read leaflet in French, Lingala, Swahili and Sango. The practicability of HIVST was assessed in 630 adults living in Kisangani and Bunia, Democratic Republic of Congo (n=330) and Bangui, Central African Republic (n=300), according to WHO recommendations.

**Results** Design. Exacto self-test showed 100.0% sensitivity and 99.5% specificity. **Practicability in lay users.** 97.4% correctly performed HIVST and claimed the test was easy or very easy to carry out; however, 26.5% asked for telephone or oral assistance, and difficulty obtaining sufficient quantity of blood was observed in 2.6%; 47% used the notice in French, 10% in Lingala, 23% in Swahili and 20% in Sango. Overall, the results were correctly interpreted in 90.2%, the reading/interpretation errors concerned the positive (6.5%), negative (11.2%) or invalid (16.0%) self-tests. The notice was correctly understood in 78.5%.

**Conclusion** Our field experience with Exacto self-test implemented for the first time in a French-speaking African country demonstrates very satisfactory success rate of performance and interpretation. However, the main obstacle for HIVST was clearly the educational level, associated with execution and interpretation difficulties in illiterates or very poorly educated people. Notice design with pictures and in vernacular languages is essential. Supervised use of HIVST should be essential in poorly-educated people.

P5.08

# KNOWLEDGE OF TRUVADA PRE EXPOSURE PROPHYLAXIS (PREP) AMONG MEN WHO HAVE SEX WITH MEN IN KISUMU COUNTY, KENYA

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**Introduction** Each country in the world has put in place strategies to prevent HIV/AIDS infections. In Kenya today, to control HIV/AIDS infection, there are various strategies that are in place: VCT, PMTCT, VMMC and Condom use. In that context however, research has shown that Truvada PrEP reduces the risk of HIV infection by more than 90% among gay and bisexual men when taken once-daily. The objective of this study is to investigate the knowledge of Pre Exposure Prophylaxis (PrEP) among MSM.

**Method** Ten community health workers were subjected to a three week intensive training programs to empower them with skills of carrying out interviews. Data was collected for a period of three months by use of Questionnaires and personal interviews. During the study, the enumerators used the following demographic data: Sex, Age, Education and how the partners perceive the use of Pre Exposure Prophylaxis

**Results** 80 MSM were enrolled in this survey with their ages ranging from 18–35 years all being Males who are HIV + and with basic High Education. Of 40% of the respondents, they have preferred to use condoms as a protective device and other Gels other than Truvada PrEP. 50% of the respondents were in agreement to use PrEP and they had some perceptions on the cost, availability, side effects in the event of stoppage while 10% of the respondents were not sure whether to use Truvada PrEP or not since they needed more

Education of Medical experts. However, the level of knowledge of Truvada PreP was proportional to their Education.

**Conclusion** The survey showed that more information on Truvada PreP usage should be disseminated since its usage still remains a myth to most Kenyans (there is still a strong believe that AIDS as no cure). Therefore, for a successful Truvada usage depends on Opinion leaders, health Professionals and researchers to correct the current misconceptions existing about Truvada PreP in their communities

**P5.09 AWARENESS OF HIV/AIDS AND STI'S AMONG VISUALLY IMPAIRED FEMALE SEX WORKERS (VIFSWs) IN ELDORET TOWNSHIP, KENYA**

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**Introduction** In the recent past, it has been a notion that VIFSWs have a greater risk of acquiring HIV due to their Physical challenge they face. However, according to a report from UNAIDS which says that women have a greater risk of becoming infected than men if they are unprotected. The aim of the study is to analyse the level of awareness about HIV/AIDS/STIs among VIFSWs from their Brothels in Eldoret Township, Kenya.

**Methods** A descriptive study was conducted where Qualitative methods were used. In depth Interviews was conducted on 60 VIFSWs and out of those 60, a strata of 6 was formed. The data was then put on codes and later interpreted.

**Results** According to the results, it was found out that 99% of the respondents in the study had knowledge on HIV/AIDS and STIs. However, the majority of the respondents faced ill treatment by their male clients due to their physical challenge they face. Also they faced stigma and discrimination from members of Public, on availability of user friendly health care services was also another challenge. They also lacked Testing and Counselling services from government Institutions.

**Conclusion** According to data obtained from the field, it suggests that the level of awareness of HIV/AIDS/STIs is high among the VIFSWs. However, there is an urgent need to conduct regular Counselling and Testing since they have less knowledge on importance of Counselling and Testing and early use of PeP in case of an exposure or early use of Anti Retroviral Therapy (ART).

**P5.10 INHIBITORY EFFECT OF CHLORHEXIDINE ANTISEPTIC MOUTHWASH AGAINST *NEISSERIA GONORRHOEA*? AN IN-VITRO STUDY**

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**Introduction** Studies have found that oral sex plays a major role in the transmission of *Neisseria gonorrhoeae* (NG) in men who have sex with men (MSM) populations. We aimed to establish *in vitro* the concentration and exposure time of Chlorhexidine mouthwash (Corsodyl®) that can inhibit the growth of NG to less than 102 Colony Forming Units (CFU) per ml.

**Method** Four NG strains isolated from pharyngeal specimens were selected for this exercise. Three were isolated from women, and all four were susceptible to ceftriaxone, cefixime, and spectinomycin, three were less susceptible (intermediate) to azithromycin and two were resistant to ciprofloxacin. None of the strains produced penicillinase. The antibiotic susceptibility was obtained using the agar dilution method and European Committee on Antimicrobial Susceptibility Testing breakpoints were used. Of each of the isolates a suspension of approximate 108 CFU/ml (0.5Mc Farland) was prepared in Phosphate-Buffered Saline (PBS) (positive control) and in serial dilutions of Chlorhexidine in PBS- 0.2%, 0.1% and 0.05%. Following 30 and 60 s of exposure at ambient temperature a volume of 10 µl of each of the suspensions was plated onto BBLTMColumbia blood agar (5% horse blood) and incubated for 48 hours (5%–7% CO<sub>2</sub>, 35±2°C). The colony growth was recorded and the number of CFU was counted, if appropriate. All experiments were conducted in triplicate.

**Results** Abundant growth was obtained with all PBS control suspensions. Zero CFU/ml were retrieved for all experiments using 0.2% chlorhexidine and 60 s of contact time. In only one of the 12 experiments using 0.2% chlorhexidine and 30 s of contact time a NG growth of 100 CFU/ml was obtained. Lower concentrations of chlorhexidine inhibited the growth of NG but to a lesser degree than 0.2%. The longer contact time inhibited the growth more frequently compared to the 30 s of contact time.

**Conclusion** The efficacy of the inexpensive and widely available 0.2% chlorhexidine mouthwash in preventing or treating pharyngeal NG merits consideration in clinical trials.

**P5.11 ASSOCIATION OF HUMAN MANNANOSE RECEPTOR (hMR) IN SEXUAL TRANSMISSION AND PATHOGENESIS HIV SUBTYPE C VIRUS IN SERODISCORDANT COUPLES**

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**Introduction** HIV binds specifically to human Mannose Receptor (hMR) on vaginal epithelial cells which are devoid of conventional CD4 receptor. HIV binding to hMR on vaginal epithelial cells induces the production of Matrix Metalloproteinase 9 (MMP9) leading to degradation of extracellular matrix which may increase the risk of sexual transmission of HIV.

**Methods** PCR amplification of DNA from PBMCs of the serodiscordant females for CCR5 gene flanking for CCR5-delta 32 region. Translated amino acid sequence of C2-V3 region of env gene of HIV PBMCs and sperm of the infected male partners of the Serodiscordant couples was determined. The localization of hMR on vaginal epithelial cells of the seronegative females from general population and seronegative females from Serodiscordant couples was studied using FITC labelled antibodies to hMR (FITC AbhMR).

**Results** Translated amino acid sequence of C2-V3 region of env gene of HIV1C in PBMCs (n=9) and sperm (n=5) of the male partners showed the presence of distinct variants and the variation in PBMCs and sperm of serodiscordant males was almost similar to that of infected males from concordant couples. The Presence of hMR on 0%–11% of the vaginal epithelial cells of seronegative females (n=39) from serodiscordant couples and 90%–95% that of control group of females.