

certification processes is a way to further encourage other municipalities to eliminate MTCT in their territory.

### P3.03 PREVALENCE OF HIV/SYPHILIS AND QUALITY OF ANTENATAL CARE FOR PREVENTION OF MOTHER-TO-CHILD TRANSMISSION (PMTCT) IN PARTURIENT AND PUERPERAL WOMEN IN PARAGUAY

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**Introduction** In recent years Syphilis has been a priority public health problem in Latin American and Caribbean countries (LAC), added to the problem of mother-to-child transmission (MTCT) of HIV. Our goal is to determine the prevalence of HIV/syphilis and measure the quality of antenatal care for prevention of MTCT in parturient and postpartum women attending public health facilities in Paraguay in 2013.

**Methods** Descriptive cross-sectional study using a standard survey and linked confidential serological tests. Data included public units at National level. A stratified two-stage cluster sampling was performed and data were expressed in measures of central tendency, dispersion and tables of proportions.

**Results** A total of 8,256 postpartum and parturient women were admitted to the study and 92.48% attending prenatal care. HIV prevalence in postpartum/parturient women was 0.50% (95% CI 0.36–0.69) and of Syphilis was 4.18% (CI 95% 3.75 to 4.65). In 65.93% of them, the first prenatal visit was performed before 20 weeks of gestation. 72.04% performed 4 or more prenatal visits and 58.03% of pregnant women presented both, prenatal visit before 20 weeks and  $\geq 4$  prenatal visits. In 85.59% and 83%, the tests for HIV and syphilis diagnosis were performed during pregnancy. The diagnostic tests for sexual partners were available in 12.50% and 24.40% for HIV and syphilis, respectively. The treatment of sexual partners of pregnant women with syphilis was 21.40%.

**Conclusion** HIV prevalence was low; however the prevalence of syphilis was high in postpartum and in parturient women in Paraguay. The percentage of prenatal care before 20 weeks of gestation was low and the percentages of performing the tests on the sexual partners and the treatment of syphilis were very low. Improving the access to and quality of antenatal care services and implement effective strategies for the notification and treatment of sexual partners in health services the timely implementation of 1st prenatal care and, in particular, to include strategies for testing sexual partners.

### P3.04 PREDICTORS OF MORTALITY IN CHILDREN UNDER 15 YEARS OLD WHO ACQUIRED HIV FROM MOTHER TO CHILD TRANSMISSION IN PARAGUAY

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**Introduction** Paraguay has made efforts to improve the response to HIV infection, and it is important to assess the impact of interventions in paediatrics. To estimate predictors of mortality in children who acquired HIV from mother to child transmission, between January 2000 and December 2014.

**Methods** A birth cohort study among persons living with HIV infection (PLWH), they were <15 years of age at enrollment. We abstracted data from clinic records, using a standardised form; obtained the data of death from clinic records and confirmations of deaths from deaths' certificates. We used survival analysis techniques to estimate the incidence of death.

**Results** A total of 302 subjects were included in the survey. 71.4% younger than six years of age, 51.0% female, 74.3% were from the metropolitan area. There were 52 deaths (17.2% of participants), resulting in an overall mortality rate of 1.86 deaths/100 person-years [95% confidence interval (CI) 1.39, 2.44]. The Children with baseline HIV viral load >1 00 000 copies/mL were four times more likely to die than children with baseline HIV viral load  $\leq 100.000$  (HR, 4.47; 95% CI: 1.79, 11.10). Regarding age-stratified staging of disease, those children with stage 3 were four times more likely to die compared with children on Stage (1 and 2) (HR: 4.19; 95% CI: 1.50, 11.70). Those children with haemoglobin level  $\leq 9$  g/dL at baseline have four time more chance to die compared with haemoglobin level  $\geq 9$  g/dL (HR: 3.90; 95% CI 1.61, 9.80).

**Conclusion** The mortality of children with HIV in Paraguay is low. High HIV viral load, late stage and moderate or severe anaemia at first diagnosis time are associated with mortality. Improving prenatal care and paediatric follow-up in an effort to diagnose vertically infected children as early as possible should be an integrated part of the healthcare provided to the child with AIDS, and it is very important an action that may increase survival in these children.

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### P3.05 CONTRIBUTION TO THE PARENTS' KNOWLEDGE OF ABOUT HERPES INFECTIONS IN CHILDREN

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**Introduction** The Herpes Simplex Virus (HSV) is an infection caused by two types of viruses. The type-1 (HSV-1), which is more common in the oralabial region and the type 2 (HSV-2) in the genital region. The estimate is that 60%–80% of adults in the world have the type 1 virus, and the type-2 prevalence is lower. 90% of individuals affected by the virus are asymptomatic.

**Methods** This is a sectional and quantitative study, where a public interview was used with those responsible for children, who were infected or not by herpes simplex. The total of 140 guardians were evaluated, being 121 women and 19 men, and through these data regarding their children was collected. The clinic scenario was women specialised care. The tests used in the statistics analysis were: chi-square and Fisher Exact test.