Results The guardians described that 13 of them were infected (11 women and two men). Among the total number of interviewees, only 7 individuals stated that the form of transmission would be through oral contact and/or sexual violence, and 47.14% of the total reported not knowing how the HSV is transmitted. Among the children, the guardians reported that 6 had at least one episode of infection.

Conclusion The research showed that, in general, there is a lack of knowledge about the herpes infection. It is also evident, that the lack of knowledge can contribute in to diagnosis delay, in the possibility of household's transmission and hindering the prevention of infectious complications.

P3.06 INITIAL EVALUATION OF VIRAL LOAD IN PEOPLE LIVING WITH HIV IN CAMAÇARI, ONE OF THE FOUR MOST POPULATED CITY IN BAHIA, BRAZIL

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Introduction: There are many different ways to control HIV epidemic today, instead of condom. In fact, because HIV treatment has demonstrated the most substantial effect on HIV incidence, it will be impossible to end the epidemic without bringing treatment to all patients living with the virus. Then, this study tries to analyse how the patients are well controlled in their HIV viral load in Camaçari, one of the most comercial and populated city in the state of Bahia, a northeast area in Brazil.

Methods Between November 2015 and November 2016, it was collected some data from about 236 of all 492 patients who have been cared to HIV at the only Centre of treatment in Camaçari, a service that has been assisted by a multidisciplinary team like Infectious Diseases assistance, Gynaecologist, Psychologist, Pharmaceutical, Nutritionist and Social Service.

Results 80,5%(190) of 236 patients had viral load in the blood less than 1000 copies/ml. These, 46,84%(89) were men, 53,16%(101) were women. The average age was 39 years old and medium age was 40. From the patients who were under control, 73,16%(139) were taking two nucleoside inhibitors plus one non nucleoside inhibitor and from all, 64,74%(123) were using Tenofovir, Lamivudine and Efavirenz as a single dosage per day, as Brazilian guideline recommended. 19,5% (46) had more than 1000 copies/ml. 58,7%(27) were men and 41,3%(19) were women. The average age was 40 years old and medium age was 37. Patients who weren't under viral load control were divided in three different groups: genotype needed (28,26%), problems with antirretroviral adherence (34,78%) and necessities to start medication quickly (36,96%). A multidisciplinary group was created to help patients in these conditions, especially for better adherence.

Conclusion It's really possible to get undetectable viral load in 90% from all patients by 2020, maybe even more in certain circumstances, based on Brazilian public health care system and defining strategies to change detectable in suppressed viral load, like getting a multidisciplinary team with health care providers.

P3.07 SEXUAL PROFILE AND PSYCHOSOCIAL ASPECTS OF A GROUP OF HIV INFECTED WOMEN IN RIO DE JANEIRO

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Introduction Women living with HIV have special features that arouse the interest of the scientific community, once they bring in themselves subjectivities that are beyond questions of clinical order. The objective of this study was to identify the patients' sexual and psychosocial profile of a public hospital in the state of Rio de Janeiro.

Methods A cross-sectional study and a semi structured interview with 70 HIV-infected women was carried out from April 2012 to March 2013. The patients were from an AIDS outpatient service of a hospital *in Nova* Iguaçu, in the State of Rio de Janeiro.

Results The average age of the participants was 34.9 years (SD $=\pm11.2$). More than half of women 55 (78.6%) acquired the infection through sexual intercourse. As for the marital status, 27 (38.6%) were single and 29 (41.4%) were married/ stable union. 68 (97.2%) reported heterosexual orientation and 42 (60%) reported having active sexual life. Half of these women had occupation/employment, and few had already left the job because of infection, they reported that companies they worked at had no knowledge about the disease. The most common reasons cited were prejudice and by considering a matter of personal agenda. As for the self-perception, 38 (54.3%) of the evaluated women showed no satisfaction with their bodies, and 21 (30%) experienced a possible reduction of libido after infection. The use of HAART occurred in 51 (72.9%) patients, and even those classified as their biggest challenges in achieving treatment: adherence and access to the hospital, both with its implications.

Conclusion Our findings demonstrate the need to develop further health strategies in order to contribute to the comprehensive care that is being provided to these women, regarding their social reinsertion (occupation/employment), education, risk behaviour and preventive practices, serodiscordant relationships, disclosure, satisfaction with body and also the adherence to the proposed treatment.

P3.08 STI PREVALENCE AND CORRELATES OF MORAL JUDGMENT AND BELIEF OF HIV TRANSMISSION THROUGH CASUAL CONTACT IN ADOLESCENTS ATTENDING PUBLIC HIGH SCHOOLS IN TWO DISTRICTS IN PANAMA

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Introduction Moral judgments (MJ) against people living with HIV (PLHIV), and belief of HIV transmission through casual contact (CC), lead in varying to degrees to social exclusion, discrimination, and violence. This study estimates the prevalence of HIV and other sexually transmitted infections (STI),

and describes manifestations and correlates of MJ and CC among participants.

Methods A cross sectional study using multistage cluster sampling was conducted among public high school students, aged 14–19 years, in two districts in Panama City from August-November 2015 and June-August 2016. Participants self-administered a questionnaire and gave biological samples. Those who acknowledged prior sexual activity (PSA) were tested for HIV and other STI (syphilis, chlamydia, gonorrhoea, trichomoniasis, *M. genitalium,* and hepatitis B surface antigen).

Results Of the 1228 male and female participants, 57.7% of males and 58.5% of females reported PSA; 23.1% of participants reporting PSA had ≥ 1 positive STI test. Positive STI tests or PSA were not correlated with MJ or CC. Manifestations of MJ were found in 19.6% of participants; correlates include low confidence in personal HIV knowledge (AOR=2.5, 95% CI: 1.3–5.0) and belief that HIV+ classmates should be excluded from school (CES) (AOR=2.7 95% CI: 1.6–4.6). Almost half (48.8%) of participants answered affirmatively to 2–9 scenarios of transmission by CC. High confidence in personal HIV knowledge was protective for belief of transmission through CC (AOR=0.6, 95% CI: 0.4–0.9); participants with belief in CES were more likely to believe in transmission by CC (AOR=2.0 95% CI: 1.3–3.2).

Conclusion This study found high STI prevalence in public school adolescents from two districts in Panama City. Poor confidence in personal HIV knowledge and exclusion through CES were correlated with MJ of PLHIV, and belief in HIV transmission through CC. This study identifies the need for effective educational interventions to increase HIV transmission knowledge and decrease negative attitudes towards PLHIV.

P3.09   LONGITUDINAL TRAJECTORIES OF SEXUAL RISK BEHAVIOUR IN MEN WHO HAVE SEX WITH MEN

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Introduction Sexual behaviour changes during a person's life course. Insights in sexual careers of men who have sex with men (MSM) may optimise timing of HIV prevention methods. Our objectives were to develop a behavioural risk score for HIV seroconversion and study trajectories of sexual behaviour over time.

Methods Longitudinal data from the Amsterdam Cohort Studies on HIV and AIDS (ACS) were used. We included HIV-negative MSM who visited the ACS at least once between May 2007 and April 2016 (n=820). MSM were bi-annually tested for HIV and completed a questionnaire about their sexual behaviour in the preceding six months. The following behavioural variables were selected a priori: number of casual partners with insertive or receptive anal intercourse (AI), condom use during AI, number of condomless AI partners with unknown or positive HIV status, and AI during group sex. Using Poisson regression, we calculated a risk score for HIV seroconversion. This score was used in growth mixture modelling to examine trajectories of sexual behaviour since first male sexual contact.

Results During follow-up 49 MSM seroconverted. Predictors of seroconversion in multivariable analyses were number of casual partners with receptive AI (log transformed IRR: 1.63, 95% CI: 1.20–2.22) and number of condomless insertive AI partners with unknown or positive HIV status (log transformed IRR: 1.73, 95% CI: 1.24–2.42). We identified 3 sexual risk behaviour trajectories: Decreasing high risk (7% of MSM) with high risk behaviour at start of sexual career and decreasing risk over time; Increasing high risk (3%) with low risk behaviour at start of sexual career and increasing risk over time; and Low risk (90%) with relatively low risk throughout the career. MSM in the decreasing high risk trajectory were younger at first sexual contact than MSM in the Low risk trajectory.

Conclusion We identified 3 distinct sexual career trajectories. Increasing risk behaviour during the life course was found in a small group of MSM. The trajectories of these men might provide clues for time-tailored interventions.

P3.10   HPV CLEARANCE IN A BRAZILIAN WOMEN LIVING WITH HIV COHORT

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Introduction Persistent infection with high-risk human papillomavirus (HR-HPV) is necessary for the development of precursor lesions and cervical cancer. HPV infection among women living with HIV/AIDS (WLHA) occurs more frequently, presents a higher parcel of persistent infections and an earlier progression to cancer. We aimed to evaluate the HR-HPV infection and clearance, and its association with HIV viral suppression, immunological response, and other risk factors among WLHA followed in a STD/HIV reference centre.

Methods This is a cohort study conducted at a reference centre for STD/AIDS in Northeastern Brazil from September 2013 to September 2015. Follow-up visits were conducted at 6 and 12 months from enrolment, where socio-epidemiological data was obtained through standardised form. Cervical samples were collected for conventional cytology and HPV DNA research (PCR COBAS Roche) in addition to blood samples for TCD4+ lymphocyte count and HIV viral load.

Results We prospectively evaluated 333 women. HR-HPV DNA prevalence was 39.6% during the follow-up. HPV-16 was present in 6.0%, HPV-18 in 5.4% and 37.8% WLHA had other HR-HPV (31,33,35,39,45,51,52,56,58,59,66 and 68).