Disclosure of interest statement No grants were received in the development of this study.

P16.06 KNOWLEDGE OF KAPOSI SARCOMA (KS) AMONG HIV + COMMERCIAL SEX WORKERS ON HIV THERAPY IN KISUMU TOWNSHIP, KENYA

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Introduction The most common type of KS in the United States is epidemic or AIDS-related KS. Kaposi Sarcoma is a type of malignancy which develops in people who are infected with HIV, the virus that causes AIDS. Studies have suggested that the prevalence rate of KS is low on HIV Positive Persons due to an excellent ART therapy and remains higher on HIV Negative Persons.
Methods We performed a retrospective analysis in all HIV infected patients having KS using Demographic and Clinical parameters. We used outpatient Clinic at Jaramogi Oginga Odinga Teaching and referral Hospital in Kisumu Township as our main hospital for this research between the years of 2009–2014 respectively.
Results Among 2280 patients,30 were diagnosed with KS in the period of 2009–2014. All Patients were commercial sex workers with a mean age of 35 (30–38). Kaposi Sarcoma was Diagnosed in different stages of HIV infection by using Cohorts.

Cohort 1: KS concomitant Diagnosis of HIV infection were 6 cases

Cohort II: Diagnosis of KS in cART naïve persons were 7 cases

Cohort III: Diagnosis of KS in Patients for the first 6 months of start of cART as IRIS were 4 cases
Conclusion All patients who were treated with 2NRTI+PI were permanently cured of KS. Also there was no KS cases observed on the stable and virological effective cART.

P16.07 PRIOR CONDYLOMA AND SYPHILIS DIAGNOSIS AMONG HIV-INFECTED PERSONS: A NATIONWIDE POPULATION-BASED STUDY IN TAIWAN, 2000–2010

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Introduction Previously acquired sexually transmitted infections (STIs) increase the risk of HIV infection, yet few studies have examined the time interval between prior condyloma/syphilis diagnosis and HIV infection. We aimed to examine numbers of condyloma/syphilis diagnosis, and HIV screening prior to HIV infection in relation to HIV risk among HIV-infected persons.
Methods This population-based study retrieved medical claims data from Taiwan National Health Insurance Research Database (NHIRD) from 2000 to 2010 and included 16119 HIV-infected persons more than 15 years of age. We included cases with prior condyloma/syphilis diagnosis before HIV infection and described the elapsed time between first condyloma/syphilis in the database and HIV infection. A subgroup analysis was conducted for those who have prior condyloma/syphilis diagnosis, using multivariable Cox proportional hazard regression to examine factors associated with HIV infection within 1 year.
Results One hundred and fifty-two HIV-infected persons received condyloma diagnosis prior to HIV infection with an average elapsed time of 644 days. Among them, 31% became HIV-infected within one year after first diagnosis of condyloma in the database. For syphilis, 833 persons received syphilis diagnosis and the average elapsed time was 1025 days. Among them, 24% became HIV-infected within one year. For those who have been diagnosed with condyloma, each increment of condyloma diagnosis before HIV infection was associated with an 2.8 times of risk for HIV infection within 1 year (95% confidence interval (CI) = 1.26–6.19). For those who were diagnosed with syphilis, numbers of condyloma and syphilis diagnosis and HIV screening were significantly associated with increased risk of HIV infection within 1 year, with adjusted hazard ratios (aHRs) of 3.97 (1.69–9.32), 1.95 (1.31–2.89), 1.72 (1.53–1.93), respectively.
Conclusion History of condyloma/syphilis before HIV infection was associated with risk of HIV infection among HIV-infected persons. More regular HIV screening among persons with STIs are warranted.
Disclosure of interest statement The authors declare that there are no conflicts of interest.

P16.08 PREVALENCE OF SEXUALLY TRANSMITTED INFECTIONS AMONG PREGNANT HIV-POSITIVE IN CENTRAL-WEST BRAZIL

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Introduction In Brazil, the feminization of Human Immunodeficiency Virus epidemic (HIV) is a reality. This situation illustrates the occurrence of a period in a woman's life, pregnancy. In the HIV-positive co-infections are frequent, given that the virus shares the same transmission routes with other pathogens. In pregnant women, this condition is extremely worrying to consider the possibility of vertical transmission of HIV and other Sexually Trasmitted Infections (STIs) during pregnancy, childbirth or breastfeeding.
Methods A cross-sectional study, retrospective. Data collection was obtained from medical records. We reported the prevalence of other STIs in pregnant women living with HIV, met in the reference maternity of State Goias, Brazil, from January 2007 to December 2013.
Results Were evaluated 323 pregnant HIV-positive. Most women (47,2%) were between 25 and 34 years of age, poorly educated (74.2%) and reported being a housewife (75,3%). 281 women (79,6%) reported inconsistent condom use.

The overall prevalence of STDs was 14.5% (95% CI 11.02 - 18.72). Syphilis was detected in 5.0% (95% CI 2.96–7.75); Condylomatosis in 3.71% (95% CI 2.13–6.38); *Trichomonas vaginalis* in 0.61% (95% CI: 0.17–2.23). Serological markers of hepatitis B virus infection was present in 1.24% (95% CI: 0.48–3.14). Vaginosis was also identified in 2.17% (95% CI: 2.17-4.40).
Conclusion The substancial prevalence of STIs including syphilis was found among pregnant women HIV-positive in the study.

These results show extreme vulnerability of HIV-positive women, which has increased the common obstetric risks of gestational process, the immune compromised. Policies directed to the health needs of HIV-positive women become crucial to prevent maternal-to-child transmission of HIV and other STIs.

Disclosure of interest statement The authors report no real or perceived vested interests that relate to this article that could be construed as a conflict of interest.

P16.09 COINFECTION WITH GONORRHOEA, SYPHILIS OR BOTH DOES NOT APPEAR TO AFFECT HIV TRANSMISSION TO THE SEXUAL CONTACTS OF HIV+ PATIENTS WITH UNDETECTABLE VIRAL LOADS

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Background Infection with gonorrhoea (GC) or syphilis is postulated to increase the transmission of HIV 2–5 times; however, studies were done before highly effective HIV therapy was available. In Philadelphia, partner services (PS) is performed, regardless of viral load (VL), for HIV+ patients who are newly diagnosed, STI coinfected, or who are reported as contacts to a patient with new STI or HIV. We hypothesised that STI coinfection would not affect HIV transmission among partners of patients with undetectable VL receiving PS.

Methods HIV+ Philadelphia residents receiving PS from January 2012–December 2014 with a VL within +/- 6 months of PS interview date, with or without STI within +/- 90 days of PS, were included. Partners not already known to be HIV+ who tested for HIV as part of PS were categorised into contacts of either 1) HIV+ patient, undetectable VL (<50 c/ml) or 2) HIV + patient, detectable/unknown VL.

Results PS encounters were initiated 2,463 times; 80.9% of encounters resulted in interview and 2,106 partners were elicited. Of the 1,211 locatable partners not known to be HIV+, 668 (55.1%) were tested after PS. New HIV was diagnosed more often among partners of patients with detectable/unknown VL (57/435, 13.1%) versus those with undetectable VL (17/233, 7.3%) (OR = 1.9, 95% CI 1.1–3.5). When patient VL was undetectable, there was little difference in HIV diagnoses among partners of patients with no STI (8/89, 9.0%), syphilis (7/90, 7.7%), GC (2/49, 4.1%), or syphilis/GC (0/5).

Conclusion Patients with undetectable VL who were coinfected with GC, syphilis or both did not transmit HIV to their named sexual contacts at a higher rate than those with HIV alone. Molecular sequencing data can add insight into actual transmission between partners. HIV/STI PS programs could consider deprioritizing the provision of PS to patients with undetectable VL regardless of STI coinfection.

Disclosure of interest None of the authors have any conflicts of interest to disclose.

P16.10 WORSEN EPIDEMIC OF EARLY HIV INFECTION AMONG MEN WHO HAVE SEX WITH MEN IN CHINA: IMPLICATION FOR REAL TIME ACTION

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Background Recent upsurge of new HIV infections among men who have sex with men (MSM) is a major concern in China. Paucity of national-level information regarding the burden and predictors of this progressive epidemic of new infections called for a multi-centric, timely and comprehensive investigation.

Methods Mixed methods were used to recruit MSM (MSM) from seven cities in China between 2012 and 2013. Early and established HIV infections were estimated by Western Blot and BED HIV-1 capture enzyme immunoassay. Syphilis and herpes simplex virus-2 (HSV-2) were also tested.

Results A total of 4496 eligible MSM were recruited. The majority was aged ≤35 years (77·5%), migrants (60·3%), never married (69·8%), and played receptive role in anal sex (70·5%). The HIV prevalence was 9·9%, and 41·9% were recently infected, with HIV incidence of 8·9/100 Person-Years (95% CI: 7·6–10·2). The prevalence of history HSV-2 and syphilis were 12·5% and 8·5%, respectively. Early HIV infection was associated with having multiple male partners (aOR = 1·4, 95% CI 1·1–1·9), recreational drug use (aOR = 2·2, 95% CI 1·6–3·0), anal bleeding (aOR = 2·1, 95% CI 1·4–3·0), circumcision experience (aOR = 2·0, 95% CI 1·3–3·1), syphilis infection (aOR = 2·8, 95% CI 1·9–4·3) and history HSV-2 infection (aOR = 2·3, 95% CI 1·5–3·3).

Conclusion High rate of early HIV infection is potentially resulting in progressive deterioration of the overall HIV epidemic among MSM in China. Targeted interventions to address high-risk MSM including those having multiple partners, history of recreational drug use and syphilis or HSV-2 infection seemed to be the need of the hour.

P16.11 ESTIMATING THE DISTRIBUTION OF NEW HIV INFECTIONS BY KEY DETERMINANTS IN GENERALISED EPIDEMICS OF SUB-SAHARAN AFRICA USING A VALIDATED MATHEMATICAL MODEL

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