and rendering them more susceptible to HIV. We determined the prevalence of and factors associated with tobacco use in an antiretroviral treated HIV infected congolese people.

Methods The study was a cross-sectional, conducted in Kinshasa, Democratic republic of Congo(DRC). We randomly selected patients and 9 support structures for PLHIV, from May 2015 to August 2015. Socio-demographic, tobacco and alcohol use data were collected using World Health Organisation stepwise approach to surveillance (STEPS) questionnaire. The Chi-square test was used to compare categorical variables between tobacco users and non tobacco users. The multiple logistic regression analysis was used to determine the predictors of tobacco use status.

Results On a global active file of 5724 PLHIV, 400 were included. Of 400 ARV treated HIV infected participants, 309 (77.3%) were females and 91 (22.7%) were males. The mean age of participants was 43 years. About 32 (8%) of participants were tobacco users. A higher proportion of females than males (59.4% versus 40.6%, p=0.521) used tobacco. Food insecurity (AHR: 3.349; 95% CI: 1.378–8.142; p=0.008) and alcohol consumption (AHR 3.826; 95% CI:1.583–9.249; p=0.003) were significant independent predictors of tobacco use.

Conclusion Tobacco use among ARV treated HIV infected people was common. Food insecurity and alcohol consumption were the risk factors for tobacco use. There is need to scale up the awareness on how tobacco use, apart from being a risk factor for cardiovascular diseases, interferes with viral suppression despite treatment with antiretroviral drugs.

P3.23 DETERMINANTS OF NON-ADHERENCE TO ANTIRETROVIRAL THERAPY IN ADULTS IN THE CITY OF KINSHASA


Introduction Adherence of 95% or more to antiretroviral therapy is generally considered necessary for optimal virologic suppression in patients living with HIV/AIDS (PLWHA). In the African context of access followed by low viral load, understanding the determinants of poor adherence is essential to improve compliance, optimise virologic suppression and reduce morbidity and mortality.

Method A transversal analytical study referred to was conducted on patients aged at least 18 years on antiretroviral treatment for at least three months. We randomly selected patients and 9 support structures for PLWHA from 63 following more than 100 patients in Kinshasa, from May 2015 to August 2015. The Case Adherence Index (subjective method) and renewal of order (method objective) were used as indicators of compliance. Khi-2 and Student tests were used for comparisons. The determinants of nonadherence were sought in multivariate logistic regression analysis.

Results On a global active file of 5724 patients, 400 were included. The median age was 43 years and the sex ratio in favour of the three women. The overall incidence of non compliance was 25%. The prevalence of non-objective compliance was higher than that of non-subjective compliance (29% vs 21%, p=0.01). In multivariate analysis, the payment of the consultation [adjusted OR 1.70 95% CI (1.020 to 2.813),
LYMPHOGRANULOMA VENEREUM PROCTITIS ARE STILL INCREASING IN FRANCE

P3.24

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Introduction Following the emergence of lymphogranuloma venereum (LGV) proctitis in the Netherlands in 2003, a voluntary surveillance system for LGV has been established in France. Based on the data of the National Reference Centre (NRC) for chlamydiae, Bordeaux, France, this study aimed to describe the epidemiology of LGV and non-LGV ano-rectal infection in France and to examine the characteristics of affected populations.

Methods The French surveillance network includes clinicians, biologists and NRC. Biologists sent rectal CT-positive samples to the NRC where the strains were typed by using two real-time PCR targeting pmp4H gene specific of L and L2b strains. Biologists and clinicians performed a document on patient’s clinical, biological and behavioural data. Clinical, biological and sexual risk behavioural variables were compared in men with LGV and with non-LGV cases according the HIV status using appropriate statistical tests over the period 2010–2015.

Results A total of 2627 LGV cases and 2633 non LGV cases were recorded from 2004 to 2015. In the period 2010 to 2015, there were 1747 LGV episodes in 1570 patients, most of whom were known to be HIV-positive (841/1105, 76.1%) and 2242 non LGV episodes in 2051 patients, most of whom were known to be HIV-negative (1186/1665, 71.2%). The number of LGV diagnoses was multiplied by 2.4 between 2012 and 2015 and the number of recurrence reached 10% in 2015. LGV continues to affect a core group: HIV-infected MSM who engage in high-risk sexual practices. They were older and more often infected with syphilis than men with non-LGV cases, were usually symptomatic and mainly lived in Paris. Those who acquired LGV reinfection had concurrent hepatitis C and syphilis more often than those with a single episode.

Conclusion A steady annual increase in the number of LGV cases and in the number of LGV recurrences was observed since 2012, demonstrating that the LGV epidemic is not under control and requires providing better information about the disease to affected patients and physicians of all specialties who take care them.