

population of LP-PWLH and compare the VS to the group who had earlier access (EA) to prenatal care.

**Methods** A retrospective cohort carried out at the major HIV reference centre in Bahia, Brazil. Medical records of PWLH attended at prenatal care were reviewed from January 2011 to December 2013. HIV VL and TCD4+ count data were obtained from the national database. Statistical analyses were performed with SPSS 20.0.

**Results** A total of 235 PWLH enrolled in the study, of which 29.4% were LP. Among the latter, the mean age was 28.3 ( $\pm 6.9$ ) years, similar to the EA group. Thirty four percent of the LP had <8 schooling years ( $p=0.16$ ), 40.7% were single ( $p=0.64$ ), 24.6% reported alcohol use ( $p=0.15$ ), 1.6% drug use ( $p=0.44$ ) and only 16.7% regular condom use ( $p=0.92$ ). The majority of LP (62.9%) had partners with unknown serological status, 25.7% had seroconcordant and 11.4% had serodiscordant partners ( $p<0.01$ ). LP predominantly had HIV diagnosis during pregnancy (60.9%;  $p<0.01$ ) and were ARV naïve (78.3%;  $p<0.01$ ), while only 14.5% were on ART at conception ( $p<0.01$ ). As for the initial ART regimen during pregnancy, 89.9% of LP were using a protease inhibitor based regimen and 11.6% had had regimen changes during pregnancy ( $p=0.36$ ). LP had a higher initial VL ( $\log_{10}$  3.4;  $p<0.01$ ) and those with recent diagnosis also had higher VL ( $\log_{10}$  3.8;  $p=0.02$ ). LP were more likely to not have a second VL during pregnancy or early peripartum (33.3%;  $p<0.01$ ). VS was less achieved (34.8% vs 71.8%;  $p<0.01$ ; OR 4.7, CI95% 2.36–9.66) by the LP group.

**Conclusion** LP showed an increased risk of MTCT, with recent HIV diagnosis, higher VL at prenatal onset and a lower rate of VS. Thus, the use of integrase inhibitors would be a better choice for this population, since it promotes a quickly decrease of VL.

P3.76

#### HTLV-1/2 SEROLOGY IN THE TESTS BATTERY FOR FOLLOWING UP PATIENTS WITH VIRAL HEPATITIS IN BRAZIL

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**Introduction** Brazil is endemic for HIV-1, HTLV-1 and HTLV-2, these retrovirus share routes of transmission with HCV and HBV, thus coinfections can occur. Several studies tried to evaluate the impact of human retroviruses on the course of HCV infection, and association of HTLV-1 with spontaneous clearance of HCV, mostly in HIV coinfecting patients, and less hepatic injury were detected. In contrast, an increase in HCV viral load in HIV and/or HTLV-2 coinfecting individuals was described. Concerning HBV infection, one study showed higher rate of HBV antigenemia in HIV/HTLV-1 coinfecting patients. Thus, searches for HTLV infections in HCV and HBV infected patients have prognostic value.

**Methods** Plasma samples from 1244 individuals sent to Instituto Adolfo Lutz for measuring HCV and HBV viral load: 622 HCV+ (G1=343 male, 279 female), and 622 HBV+ (G2=327 male, 295 female) were evaluated for HTLV-1/2 infection by enzyme immunoassay (EIA, HTLV-I/II, Gold ELISA, REM), and confirmed by line immunoassay (INNO-LIA HTLV-I/II, Fujirebio). HIV infection was detected by

immunochromatographic assay (Rapid Check HIV 1+2, UFES).

**Results** On screening test 44 plasma samples reacted, and HTLV-1 was confirmed in 25 samples [20(G1), 5(G2)]. HTLV-2 was detected in 16 samples [13(G1), 3(G2)]. Two samples were indeterminate, and one negative (G2). The overall prevalence of HTLV in HCV+ was 5.3% (3.2% HTLV-1% and 2.1% HTLV-2), and HBV +1.3% (0.8% HTLV-1% and 0.5% HTLV-2). No difference in the median age of patients was detected between HCV-infected and HCV/HTLV coinfecting (50.7 vs. 50.6 years), also in HBV and HTLV/HBV coinfecting (45.8 vs. 53.5 years). In HCV/HTLV coinfecting patients 30.3% were HIV+, while in HBV/HTLV coinfecting patients, all except one were HIV+.

**Conclusion** The results emphasise the need for searching HTLV infections mostly in patients with HCV. Thus, we suggest to include the serology for HTLV in the tests battery for following up the hepatitis virus infected patients in Brazil, regardless of your HIV status.

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P3.77

#### MOTHER-TO-CHILD TRANSMISSION OF HIV IN SOUTHERN SANTA CATARINA, BETWEEN 2005 AND 2015: ASSESSMENT OF SEROCONVERSION

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**Introduction** In Brazil, 92,210 HIV-infected pregnant women were notified from 2000 through June 2015, most of whom living in the Southeast (40.5%) and South (30.8%). Detection rates of pregnant women living with HIV in Brazil have increased in the last ten years. In 2005, rates of seropositivity for newborns were as high as 2.0 cases per 1000 live births, which increased to 2.6 in 2014, indicating a 30.0% rise. The aim of this study was to analyse the frequency of seroconversion among newborns to HIV-positive mothers living in southern Santa Catarina, Brazil, from 2005 through 2015.

**Methods** A cross-sectional study was conducted to collect secondary data. All the newborns that were exposed to HIV by vertical transmission, and attended the municipal healthcare centre between 2005–2015 participated in the study. The study included all infants between 0 and 18 months of age, exposed to HIV vertically, who attended the healthcare centre that serves 18 municipalities in southern Santa Catarina, Brazil, over the 2005–2015 period.

**Results** During the study period, there were 93 exposures to HIV, of which 3 (3.2%) seroconversions were confirmed and 2 (2.1%) died of AIDS during the follow-up period. Seroconversion was associated with breastfeeding (PR=29.3; 95% CI=9.6–89.2;  $p=0.002$ ) and the lack of antiretroviral therapy during pregnancy (PR=21.0; 95% CI=2.4–184.5;  $p=0.006$ ).

**Conclusion** The results from this study allowed us to conclude that seroconversion among newborns was 5.4%, resulting in a rate of 3.4 cases per 1000 live births, which was higher than the national average. Seroconversion was associated with

breastfeeding and the lack of antiretroviral therapy during pregnancy.

### P3.78 LIPODYSTROPHY PREVALENCE AMONG PEOPLE LIVING WITH HIV IN SOUTHERN OF BRAZIL

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**Introduction** HIV-associated lipodystrophy syndrome is a major adverse effect of highly active antiretroviral therapy (HAART), although it also occurs among people living with HIV who do not receive any pharmacological treatment. Lipodystrophy diminishes patients' quality of life and may hinder treatment compliance or lead to its abandonment.

**Methods** Cross-sectional study conducted from October 2015 to March 2016. A sample was recruited from individuals living with HIV who attended an outpatient clinic in Tubarão, state of Santa Catarina, Brazil. We collected information on demographics, lifestyle, HIV infection, and clinical aspects. Lipodystrophy was diagnosed through patient self-report associated with anthropometry.

**Results** We surveyed 405 patients (most were white men; mean age 43.7 years). The mean duration of HIV infection was 74.6 months, and 90.1% of the respondents were taking antiretroviral therapy. The prevalence of lipodystrophy was 34.2%, of whom 43% had lipoatrophy, 52% had lipohypertrophy, and 5% had a mixed form. There was a statistical association between the presence lipodystrophy and female gender [OR=1.77 (95% CI 1.35 to 2.32)] and the duration of HIV infection ([OR=1.00 (95% CI 1.00 to 1.04)].

**Conclusion** Lipodystrophy was prevalent in more than one-third of the surveyed subjects, which is a warning signal. Lipodystrophy affects quality of life and adherence to treatment, and may cause cardiovascular damage in this population.

### P3.79 BARRIERS FOR SYPHILIS SCREENING IN BOLIVIA

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**Introduction** Syphilis is a global problem, with an estimated incidence of 12 million people infected each year and is a public health problem in Bolivia. This can result in fetal death, perinatal death, or severe neonatal infections. However, simple and cost-effective options for screening and treatment during pregnancy can reduce these complications.

**Methods** For the present study, mixed methods (qualitative and quantitative) were used, however the quantitative results are presented in the summary. The data were collected through a review of the prenatal control clinical records, from which data such as syphilis test results, results records, and treatment in the perinatal history were extracted. The data extracted from the medical records of the 8 health centres of the Los Andes Network were input into an Excel database and analysis was performed using Epi Info 7.

**Results** Of 294 clinical records reviewed, we observed that on average, 55.4% of patients had syphilis results attached to

their clinical histories. The lowest percentage in any centre was 13.3% and the highest was 62.1%. The percentages for each centre were: Alto Lima III 61.7%, Alto Lima IV 45.8%, Ambulatory Reference Centre (ARC) 61.1%, German Busch 62.1%, Huayna Potosí 67.3%, Puerto Mejillones 40.0%, Santa Rosa de Lima 13.3% and Villa Ingenio 51.1%. Significant differences ( $p < 0.05$ ) were observed among the establishments of the first level of complexity without laboratory (46.8%, 95% CI: 37.9–55.3) and the second level centres with laboratory (63.5%, 95% CI 49.7–74.5). This suggests that the syphilis test is more likely to be performed in the second level than in the first level and that the results are recorded in the clinical records, mainly on the perinatal card.

**Conclusion** Failure to record results in the medical records could result in a pregnant woman being screened for syphilis without results and with the consequent risk that if she gives birth in a different health centre, she may not receive adequate treatment or necessary follow-up to the newborn. The sensitisation and monitoring to be implemented by the health personnel in each centre and a deeper discussion on the subject of syphilis can become catalysts for the health system. The sharing of the results of the study could allow the implementation of corrective measures to improve the monitoring of syphilis screening.

### P3.80 ANALYSIS OF THE CLINICAL PROFILE AND RESULTS OF TUBERCULOSIS CASES TREATMENT IN PEOPLE LIVING WITH HIV/AIDS

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**Introduction** Tuberculosis (TB) even though it is a viable cure is still recognised as a current and persistent public health problem aggravated by the rise in HIV/AIDS. The association between HIV infection and TB increases the probability of death of individuals and influences the control of both, challenging the practice of care and health policies.

**Methods** This was a descriptive, quantitative-type survey, aimed to analyse the clinical profile and results of TB treatment cases in people living with HIV/AIDS in Ribeirão Preto/Brazil in the years 2010 to 2014. Patients in the penitentiary system, under the age of 18 and who had changes in diagnosis or transfer were excluded. TB/WEB information system was used for data collection. Descriptive statistical techniques were used for data analysis.

**Results** There were 224 cases of TB/HIV of which 71% were men and 29% were women; 94.2% were diagnosed with AIDS and 5.8% were HIV-infected. The clinical form of pulmonary TB was prevalent (64.7%), followed by extrapulmonary (23.2%) and pulmonary + extrapulmonary (12.1%). Regarding the clinical profile of TB, 73.7% were new cases, 14.7% relapsed and 11.6% were re-treatment due to abandonment. Regarding the associated comorbidities, there were two cases with diabetes mellitus, 15.6% alcoholism, 15.6% drug addiction and 3.1% smoking. 74.6% of the cases had to be hospitalised at some point. Regarding the result, the cure rate was 57.2%, 16.5% of the abandonment and 26.3% of death. The clinical characteristics of the subjects follow the parameter of the general population (the highest prevalence among men,