

the eight-year period. Only 9 (9/52/17.37%) CNS were fully met. The numbers of childbirth/CS% in HUAP were: 2008 (389/8/2.05%); 2009 (373/6/1.60%); 2010 (442/4/0.90%); 2011 (508/0/0%); 2012 (521/1/0.19%); 2013 (640/9/1.40%); 2014 (522/14/2.68%); 2015 (422/10/2.37%). Maternal age: 6 pregnant women (11.5%) between 14 and 18 years, 25 (48.1%) between 19 and 25 years, 18 (34.6%) between 26 and 40 years and 3 (5.8%) Ignored. About prenatal care: 10 pregnant women (19.2%) performed in HUAP, 34 (65.4%) in basic health units in Niterói and other cities in the state, and 8 (15.4%) did not done. The diagnosis of maternal syphilis occurred during prenatal care in 37 (71%) cases, in childbirth in 12 (23%) and after childbirth in 3 (6%). Only 11 partners (21.1%) were treated. Forty-eight (92.3%) newborns were treated appropriately. Cases evolutions: 46 (88.5%) were still alive, 3 (5.8%) were stillborn, 2 (3.8%) evolved to postpartum death and 1 (1.9%) was an abortion.

Conclusion The notification and complete padding of the CS's CNS is of crucial importance for CS control with the pregnant women and prenatal evaluation. We found many flaws for a federal university service.

P3.115 PREVALENCE AND RISK FACTORS ASSOCIATED WITH BACTERIAL VAGINOSIS IN SOUTHERN MEXICO

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Introduction Bacterial vaginosis (BV) is the most common vaginal infection, characterised by a decrease in Lactobacilli and an increase in anaerobic bacteria mainly *Gardnerella vaginalis*, a variable Gram coccobacillus that is isolated in up to 98% of cases. The prevalence of this clinical entity is varied and the associated risk factors are: having multiple sexual partners, age, use of contraceptive methods, alcohol consumption, smoking habit, among others. The diagnosis of this clinical entity is important because of the multiple gynecologic complications associated with this clinical entity like abortion, infertility, ectopic pregnancies and the predisposition to acquire other sexually transmitted diseases such as herpes, HIV, HPV, and others.

Methods A total of 298 samples of vaginal swab from women between the ages of 16 to 65 years. The diagnosis of BV was performed using the Amsel and Nugent criteria, in which we evaluate the vaginal flow, pH, amine test, the presence of clue cells and the quantification of bacterial morphotypes. The culture of *Gardnerella vaginalis* was performed in Columbia medium enriched with 10% of human blood and a specific supplement for the growth of this bacteria, for its identification we use oxidase, catalase and hippurate hydrolysis. The women who agreed to participate in the study signed an informed consent and the clinical and personal information was obtained through a survey. The results were analysed in the stata V.11 program.

Results We report a prevalence of BV of 10.4% in the population of Chilpancingo Guerrero in Mexico. The risk factors associated with this clinical entity were aged between 32 to 41 years (OR: 4 95% CI=1.2–13.6 p=0.025), having 2 to 3 sexual partners (OR: 3.4 95% CI 1.3–8.9 P=0.012) and smoking habit (OR: 3.4 95% CI 1.1–10.6 p=0.039).

Conclusion The results obtained in this study provided information about the epidemiology of BV, which contributed to the effective detection and treatment of this clinical entity.

P3.116 IMPROVING ACCESS TO HIV DIAGNOSIS BY EXPANDING IMPLEMENTATION OF RAPID DIAGNOSTIC TESTS IN THE STATE OF SAO PAULO, BRAZIL (2006 TO 2016)

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Issue Sao Paulo has 43 million inhabitants, 645 cities, 251.133 reported AIDS cases. Despite the HIV low prevalence in our state (0.5%). The HIV rapid diagnostic testing method (RDT HIV) universal implementation is considered a very important strategy to increase access of vulnerable populations to HIV diagnosis together with other focused strategies. The goal was to implement the RDT HIV in at least one health public service in all 645 municipalities. In Brazil, we have the Health Unic System SUS as an universal public health system.

Description Between 2006–2016, around 500 trainers trained approximately 10.000 health professionals. From 2010 to 2016, the STD/AIDS Program Coordination trained 800 facilitators during the decentralisation process. In 2016 586 municipalities implemented RDT HIV besides conventional testing (91%); 60% in primary care units. As proxy of HIV performance, we focus HIV annual campaigns carried out in the state since 2008 considering the majority adherence of municipalities (91% in 2016) and health services. 7000 rapid diagnostic HIV tests in 2008; 18 000 in 2009; 35 000 in 2010; 40 000 in 2011; 40 000 in 2012; 1 56 000 in 2013; 2 47 000 in 2014; 2 51 000 in 2015.

Lessons learned: Training of professionals through the training of trainers has boosted the implementation of HIV RDT. Monitoring RDT HIV implementation through five macro-regional meetings was fundamental to find out and discuss local obstacles to offer access to HIV testing without having to schedule. Most vulnerable population for HIV continues to seek out ST/AIDS referral services for testing. Primary health care health workers have difficulty delivering positive HIV test results. Performing extra-mural actions is easier when the health unit has already implemented the test in its routine.

New steps Priorities for 2017: Continue the implementation process among all primary health care services. Expand and focus HIV testing In places of concentration and socialisation of more vulnerable groups such as gays and transvestites. Support outreach-testing activities by NGOs.

P3.117 HIV TESTING CAMPAIGNS: AN IMPORTANT STRATEGY FOR THE EXPANSION OF EARLY DIAGNOSIS IN THE STATE OF SAO PAULO, BRAZIL – SIX CAMPAIGNS – TWO MILLION TESTES PERFORMED FROM 2008 TO 2016

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Introduction Sao Paulo (SP) state has 43 million inhabitants, 645 cities, 251.133 reported AIDS cases and a 0.6% HIV prevalence. In SP 4 in 10 HIV diagnosed individuals' access care with delay.

Methods Conducting state testing campaigns annually is one of its main strategies to expand the offer of testing in the primary care health services especially in medium and small municipalities, besides the offer to pregnant women. The goal is to increasing the proportion of people tested once in life from 39.7% (2004) to 80% in 2017.

Results Approximately 3 million tests, including HIV and syphilis, were conducted in nine annual testing campaigns, of which 60% are HIV tests and 40% syphilis tests since 2014. An average of 130,000 HIV tests of the public health sector are billed in monthly. The number of municipalities involved rose from 376 (58%) to 576 (89%) between 2008/2016. Some results are very similar in all campaigns. The proportion of people tested for the first time revolves around 50%, being always highest among males. The proportion of HIV positive identified is also quite stable and is around 0.45%. By introducing rapid testing initially this strategy reached the level of 1.7% of HIV positive cases in 2010, gradually falling until 2016, reaching 0.4%. The campaigns implementation in all nine years included a preparatory phase pacts in areas of management meetings and incorporated strategies for distance education and subsequent on-line monitoring.

Conclusion The HTC have amplified the access to HIV tests due to the expansion of spontaneous demand for testing services in primary care, especially in medium and small towns. Besides, campaigns arrangements are improving greater integration of primary care and STD/AIDS health programs, contributing for reducing the stigma related to AIDS and HIV testing in the population. Other complementary HIV testing strategies focused on vulnerable populations, conducted by health professionals, are easier to implement when already implemented in services routines.

P3.118 PREVALENCE AND CORRELATES OF SEXUALLY TRANSMITTED INFECTION AMONG HOMELESS PERSONS IN CENTRAL BRAZIL

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Introduction Current trends in Sexually Transmitted Infection (STI) epidemics indicate a shift in their profiles, with accelerated growth in more vulnerable populations such as people living on the streets. The objective of this study was to estimate the prevalence of STIs and to evaluate the risk behaviours for these infections among homeless persons in Goiânia, Central Brazil.

Methods This cross-sectional study was conducted between August 2014 and June 2015. Eligible participants were homeless persons sheltered in public housing of Goiânia, in Central Brazil, aged 18 years or older. All were interviewed on demographics, history of street living, sexual behaviour, and substance use. Blood samples were submitted to rapid tests for HIV, syphilis, and hepatitis B, and a positive result on any one or more of these tests indicated presence of an STI. Univariate and multivariable Poisson regressions were done to

identify correlates of ISTs. This study was approved by the Research Ethics Committee of the Federal University of Goiás. **Results** Among 353 eligible homeless persons, the majority were male (81.3%), single (59.8%), with a mean age between 18 and 40 years old (63.5%), who declared themselves to be mixed race (60.9%) and had 9 years of education or fewer (78.5%). The prevalence of STI was 25.5% (90/353, 95% CI: 21.2%–30.3%), for HIV 4.0% (14/353), syphilis 22.1% (78/353) and hepatitis B 0.8% (3/353). It was verified that age (RP: 1.02, 95% CI: 1.00–1.03), female sex (RP: 1.72, 95% CI: 1.18–2.50), sex with members of the same sex (RP: 1.62, 95% CI: 1.11–2.37) and sex with drug users (RP: 1.81, 95% CI: 1.18–2.77) were statistically associated with STI positivity ($p \leq 0.01$).

Conclusion The results of this study show that life on the streets is a significant risk factor for exposure to STIs, and requires proactive health outreach. Street outreach offices are one effective public health strategy to access the homeless population and can act in the prevention and control of STIs.

P3.119 THE EFFECT OF HSV-2 INFECTION ON SUBSEQUENT HIV ACQUISITION: AN UPDATED SYSTEMATIC REVIEW AND META-ANALYSIS

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Introduction HIV and herpes simplex virus type 2 (HSV-2) infections cause a large burden of disease globally and are correlated epidemiologically through shared risk factors. There is also evidence for direct, biological interactions, with HSV-2 infection increasing HIV susceptibility (and vice versa). We update and expand on two previous systematic reviews of the association between HSV-2 infection and HIV acquisition published over a decade ago.

Methods We conducted a systematic review and random-effects meta-analysis of 56 longitudinal studies of the association between HSV-2 infection and HIV acquisition. We calculated pooled effect sizes using DerSimonian-Laird inverse-variance methods for the association between existing (prevalent) HSV-2 infection and HIV seroconversion and the first-ever pooled effect sizes for new (incident) HSV-2 infection on HIV. We extended previous evaluations through detailed meta-regression and sub-group analyses.

Results The risk of acquiring HIV infection was approximately doubled in the presence of prevalent HSV-2 infection, and higher among general populations (aRR=2.7; 95% CI 2.2–3.4, n=24) than higher-risk populations such as commercial sex workers and men who have sex with men (aRR=1.7; 95% CI 1.4–2.1, n=25). Incident HSV-2 infection was associated with the highest risk of acquiring HIV: up to aRR=4.7 (95%CI 2.2–10.1, n=6). Adjustment for confounders was often incomplete, but this did not meaningfully influence results in sub-group analysis. Substantial heterogeneity across study estimates was explained by risk group, timing of HSV-2 infection, and world region.

Conclusion There is good evidence for a direct effect of HSV-2 infection on HIV acquisition risk. This has important implications for managing individuals diagnosed with genital herpes,