

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,