

(AOR=1.6, $p<0.10$) were more likely to have HIV/HCV co-infection.

Conclusion The study concludes that HIV, HCV, and HIV/HCV co-infection were highly prevalent among IDUs because of their risky injecting behaviour. HIV prevention program should also focus on the prevention of coinfection with HIV/HCV.

P3.201 DISPARITIES IN *CHLAMYDIA TRACHOMATIS* SEROPREVALENCE ACROSS ETHNIC GROUPS IN AMSTERDAM: THE ROLE OF SEXUAL HEALTHCARE SEEKING BEHAVIOUR

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Introduction In the Netherlands, there are strong disparities in *Chlamydia trachomatis* (CT) prevalence among ethnic groups. The highest prevalence is found among individuals from Surinamese descent. Previous research suggested that socio-economic status (SES) may be important in explaining these differences. In ethnic groups with high CT prevalence, low SES might lead to infrequent sexual healthcare seeking behaviour. We investigated whether differences in sexual healthcare seeking behaviour could explain disparities in CT prevalence between ethnic groups in the Netherlands.

Methods We used the 2011–2014 baseline data of HELIUS, a population-based multi-ethnic cohort study in Amsterdam, the Netherlands. CT was diagnosed using a multiplex serology assay. A directed acyclic graph was created to depict the hypothesised causal links between ethnicity and CT infection. The associations between CT seropositivity and its determinants were assessed with logistic regression analyses.

Results The sample consisted of 1977 individuals, with a median age of 28 (IQR 24–31) of which 52.9% were female. CT seropositivity was highest among African-Surinamese (69.7%), followed by Ghanaian (67.9%), South-Asian Surinamese (39.8%), Dutch (36.4%), Moroccan (35.2%) and Turkish (30.5%) participants. Sexual healthcare seeking behaviour was highest among Afro-Surinamese and Ghanaian participants. After adjusting for sexual healthcare seeking behaviour, SES and sexual risk behaviour, being of African-Surinamese (adjusted Odds Ratio [aOR]: 3.97; 95% CI 2.41–6.55) or Ghanaian (aOR: 2.48; 95% CI 1.27–4.86) descent remained strongly associated with CT seropositivity when compared to Dutch participants.

Conclusion Disparities in CT (sero)prevalence across ethnic groups in Amsterdam were observed and in line with literature. Higher CT seroprevalence in African-Surinamese and Ghanaian participants could not be explained by differences in sexual healthcare seeking behaviour, or other potential mediators of the association (e.g. SES and sexual risk behaviour).

P3.202 PROFILE OF TRANVESTITES AND TRANSGENDER WOMEN: TUBERCULOSIS AND HIV/AIDS IN THE CITY OF SÃO PAULO

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Introduction In Brazil most transvestites and transgender women live unfavourable social conditions. Excluded from family and school, they find in prostitution the only form of survival.

There are few studies that distinguish epidemiological data between transvestites and transgender women, and those performed with other groups with the same social characteristics point to vulnerability to HIV/AIDS and co-infection tuberculosis. The absence of socio demographic and health data on this population makes it difficult to analyse in depth, compromising the control of health problems. This study characterised the profile of transvestites and transgender women participating in a survey regarding tuberculosis and HIV/AIDS in the city of São Paulo, Brasil

Methods This cross-sectional study employed the Knowledge, Attitudes and Practices (KAP) questionnaire adapted for data collection. Socio demographic aspects as well as aspects related to history of imprisonment, process of gender transition, use of condoms, previous treatment of sexually transmitted diseases and tuberculosis and knowledge regarding HIV/AIDS were addressed.

Results The study included 58 transvestites and 66 transgender women. There were differences between the two groups regarding shooting ($p=0.008$), prostitution ($p<0.001$), imprisonment ($p<0.001$), silicone injections ($p=0.005$), and hormone therapy without medical guidance ($p=0.004$). All trans women (100%) and 80% of transvestites mentioned treatment of syphilis; 25.9% of transvestites reported tuberculosis/HIV co-infection. The investigation regarding knowledge of HIV/AIDS revealed inconsistent use of condoms and mistaken beliefs related to modes of transmission.

Conclusion The present results show that transvestites and trans women were vulnerable to tuberculosis and HIV/AIDS. The differences observed between the two groups suggest the need for different approaches to transvestites and transgender women in future studies.

P3.203 EPIDEMIOLOGY OF HIV AMONG CRACK USERS IN GOIÁS, BRAZILIAN MIDWESTERN REGION

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Introduction Midwestern Brazil is a significant route and market for cocaine in South America. The consumption of illicit drugs has contributed to HIV dissemination worldwide. Despite this scenario there is little information on the epidemiology of HIV among crack cocaine users in this region. The aims of this study were to estimate the prevalence, risk