Methods Semi-structured qualitative interviews were conducted to 90 newly diagnosed HIV-positive patients in one health facility in Maputo City and two urban and rural health facilities in the province of Zambézia. Interviews were recorded, transcribed and translated prior to analysis.

Results According with patients, having knowledge about concepts of health, disease and HIV was seen both as a facilitator of ART therapy adherence by them, as it allows a better understanding of benefits of HIV treatment and consequences of non-compliance. Most of the interviewed showed basic knowledge about HIV (concept, ways of transmission, advantages and disadvantages of ART therapy). Patients who demonstrated basic knowledge about HIV underlined the importance of taking medication to stay healthy. Many of patients interviewed were not registered in HIV care program and were not enrolled into ART therapy 45 days after being diagnosed as HIV positive.

Conclusion HIV-related knowledge is a key facilitator that contributes strongly to access improvement. Our results show that both the knowledge on HIV concept, HIV status and the notions of "sick" or "healthy" are crucial for adherence to treatment.

Biomedical STI/HIV Prevention

P5.01 ANTIRETROVIRAL THERAPY DURING PREGNANCY AND MATERNAL AND NEONATAL SIDE EFFECTS IN AN HIV-INFECTED PREGNANT WOMEN COHORT ATTENDED AT OBSTETRICIAN SERVICE OF SCHOOL OF MEDICAL SCIENCES AT UNIVERSITY OF CAMPINAS (CAISM/UNICAMP), BRAZIL BETWEEN 2000 AND 2016

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Introduction Significant progress of ART in HIV infection has led to a remarkable decline in mother-to-child transmission (MTCT) of HIV. However, the use of complex regimens can cause side effects to women and exposed children. The objective of this study was to evaluate side effects in pregnant women and their neonates exposed to ART at an university hospital in Brazil between 2000 and 2016.

Methods Cohort study of 793 pregnant women and 787 newborns selected from clinical records and epidemiologic surveillance system. Analysis was performed through proportions and medians. The specific effect of different ART regimens was analysed through risk ratios (RR), chi-square test, Fisher's exact test, student t test, Mann-Whitney test, 95% confidence interval and level of significance of 0.05.

Results MTCT rate was 2.3%. Mean age was 28 years, more than 60% were White and diagnosed before pregnancy. HAART use: 17.4% with nevirapine (NVP), 16.9% with nelfinavir (NFV), 53.2% with lopinavir/ritonavir (LPV/R), 4.3% with other PI (26 with atazanavir/ritonavir). Only 1.9% women did not use ART by late diagnosis. There were: 56% cases of maternal anaemia, 14.1% of thrombocytopenia, 54.5% of hepatic abnormalities, 2.7% of allergic reactions, 82% of dyslipidemia, 6.2% of diabetes. NVP use was associated to hepatotoxicity, allergic reactions and anaemia. NFV was associated to hepatic impairment and allergic reaction, ATV/R use

was associated to bilirubin increase, and LPV/R to dyslipidemia. Prematurity rate was 21.7% and low birth weight rate 22.5%. In the newborns: 25.7% of anaemia, 3.6% of thrombocytopenia, 36% of hepatic impairment. Congenital anomalies were presented in 10%. NVP use associated to anaemia and hepatic impairment. NFV was associated to hepatic abnormalities. ATV/R was associated to thrombocytopenia.

Conclusion Although growing evidence indicates that antiretroviral treatment in pregnancy has overall a very favourable risk-benefit profile, it is important to maintain monitoring of the safety and efficacy of drug classes in order to optimise treatment recommendations.

P5.02 COMPARISON OF IMMUNE STATUS OF MOTHERS INFECTED WITH HUMAN IMMUNODEFICIENCY VIRUS ON BEFORE AND AFTER DELIVERY

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Introduction We assessed the immune status of mothers infected with human immunodeficiency virus (HIV) on before and after delivery in Ibadan, Nigeria. Seventy consented mothers attending the antenatal clinic were recruited and only thirty nine participated in the study. These women were followed-up until delivery and are on antiretroviral drugs.

Methods Immunologic outcomes were assessed before and after delivery using cytometry.

Results Before delivery, 20 (51%) of the women had CD4 cell count 3/cell while 19 (49%) had CD4 count cell >500 mm³/cell. At birth, 14 (36%) of the women had CD4 cell count 3/cell while 25 (64%) had CD4 cell count >500 mm³/cell. 8 (40%) of the women with CD4 cell count 3/cell before delivery still had low immune status at birth while 12 (60%) had improved in CD4 cell count; also, 6 (32%) who had CD4 cell count >500 mm³/cell before delivery had low CD4 cell count at birth, while 13 (68%) had CD4 cell count >500 mm³/cell before delivery maintained high immune status at birth. Test of discordancy of immunity before and after delivery showed that there is no significant difference between CD4 cell count before and CD4 cell count at birth.

Conclusion Assessment of the impact of immune status of mothers infected with HIV on birth outcomes is essential for tailoring public health measures to reduce mother-to-child transmission of HIV.

P5.03 DISCOVERY OF TRIAZOLE BASED INHIBITOR OF HIV AND HCV WITH FAVOURABLE METABOLIC PROFILE

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Introduction The HIV and HCV coinfection poses greatest threat to the clinical fraternity for its management because of similar mode of transmission. According to an estimate, nearly two million people infected with HIV are co-infected with hepatitis C virus (HCV) globally. The present study aimed at