health clinics should be treated to reduce the risk of PID, pre-term delivery, and/or HIV transmission.

P5.33 ABSTRACT WITHDRAWN

P5.34 HIGH PREVALENCE OF SEXUALLY TRANSMITTED INFECTIONS AMONG WOMEN SCREENED FOR CONTRACEPTIVE INTRAVAGINAL RING STUDY, KISUMU KENYA, 2014

VO Otieno, GD Otieno, EM Makanga, VO Akelo, BA Nyagol. Kenya Medical Research Institute-Kisumu, Kenya

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Introduction World Health Organisation global estimates for sexually transmitted infections (STI) stand at 448 million new cases per year with the greatest burden occurring in sub-Saharan Africa. We assessed prevalence and correlates of herpes simplex virus type 2 (HSV-2), bacterial vaginosis (BV), gonorrhoea, syphilis, chlamydia and HIV infection among Kenyan women 18–34 years of age screened for a contraceptive vaginal ring study

Methods Women provided socio-demographic, medical information, and underwent real-time rapid HIV testing, STI testing using vaginal swabs and pelvic examinations. Log-binomial regression model was used to compute adjusted prevalence ratios (PR).

Results Out of 463 women screened, 457 were included in the analysis. Median age was 25 IQR (21–28) and 67% had completed primary education. Overall, 71.3% tested positive for any STI, including HIV. Prevalence of HSV-2, BV, and HIV were 54.9%, 30.0% and 14.5% respectively; 18.1% were co-infected with all STIs. STI prevalence increased with age and peaked among those 30–34 years (PR=1.26; 95% CI, 1.06, 1.48). Early age at first sex (<14 years) was associated with a 27% increase in STI prevalence compared to those who initiated sexual activity at ages 17–19 (PR=1.27; 95% CI, 1.07, 1.51). History of transactional sex, and sexual intercourse in the last 7 days were associated with a prevalent STI (PR=2.05; 95% CI, 1.07, 3.92) and (PR=1.17; 95% CI, 1.01, 1.36), respectively. Women reporting one lifetime sexual partner were 30% less likely to test positive for any STI compared to women with 4 or more lifetime sexual partners (PR=0.70; 95% CI, 0.54, 0.92).

Conclusion Multiple prevention strategies, including dual protection from pregnancy and STIs, are needed in this setting.

P5.35 ACCEPTABILITY OF CARRAGUARD VAGINAL GEL USE AMONG UGANDAN COUPLES (VIRGINAL MICROBICIDE ACCEPTABILITY)

Yiga Godfrey Bkenya. Joint Clinical Research Centre, Uganda

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Introduction To evaluate the acceptability of candidate microbicide Carraguard among couples participating in a safety trial.

Methods A 6 month randomised, placebo - controlled trial was conducted in active, low-risk couples in Uganda. Couples who were monogamous, HIV uninfected, and not regular condom users were enrolled. Acceptability data were collected through structured question at repeated intervals. At the closing study visit, participants were asked questions about hypothetical product characteristics and future use. Compliance with gel use was assessed by questionnaires, coital diaries, and tracking of used and unused applicators.

Results Among 55 enrolled couples, follow up and adherence with gel use were high and sustained, with 80% of women using gel in over 95% of vaginal sex acts. Because acceptability results from Carraguard and placebo arms were similar, they were combined for this analysis. Overall, 92% of women and 83% of men liked the gel somewhat or very much; 66% of women and 72% of men reported increased sexual pleasure with gel use; and 55% of women and 62% of men reported increased frequency of intercourse. Only 15% of women but 43% of men thought that gel could be used without the man knowing. Although men and women had similar views overall, concordance within couples was low, with no kappa coefficients above 0.31.

Conclusion Carraguard gel use was acceptable to low-risk couples in western Uganda. Reported associations between gel use and increased sexual pleasure and frequency suggest a potential to market microbicide products for both disease prevention and enhancement of pleasure.

P5.36 PREVALENCE, INCIDENCE AND CORRELATES OF HSV-2 INFECTION IN AN HIV INCIDENCE ADOLESCENT AND ADULT COHORT STUDY IN WESTERN KENYA

OTIENO BRENDA AKINYI (KEMRI CGHR).

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Methods Participants(n=1106; 846 Adults) Were Screened And If Hiv-1 Negative, Enrolled And Followed-Up Quarterly For One Year. Hsv-2 Was Assessed Using The Kalon Enzyme Immunoassay.Hsv-2 Incidence Was Calculated Among Hsv-2 Seronegative Participants And Those Indeterminate. Results, Logistic Regression Was Used To Estimate The Odds Of Hsv-2 Infection And Poisson Regression Assessed Hsv-2 Incidence And Associated Factors.

Results Hsv-2 Prevalence Was 26.6% [95% Confidence Interval (Ci):23.9–29.4] And Higher In Adults (31.5% [95% Ci:28.3–34.9]) Than Adolescents (10.7% [95%Ci:7.1 13.5]). Factors Associated With Prevalent Hsv-2, Female Gender, Increasing Age, Hiv Infection, History Of Sexually Transmitted Infection, Low Education Level, Multiple Sexual Partners, And Being Married, Divorced, Separated Or Widowed. Overall Hsv-2 Incidence Was 4.0/100 Person-Years (/ 100py)95% Ci:2.7–6.1 And Higher In Adults (4.5/100py) And Females (5.1/100py).In Multivariavle Analysis Marital Status Was Associated With Hsv-2 Incidence. Of 45 Participants With Indeterminate Hsv-2 Results At Baseline, 22seroconverted, Resulting In An Incidence Rate Of 53.2/100py[95% Ci:35.1– 80.9]. Inclusion Of Indeterminate Results Almost Doubled The Overall Incidence Rate To 7.8/100py[95% Ci:5.9–10.5].
Prevalence Of Hiv/Hsv-2 Co-Infection Was Higher In Female Adults Than Female Adolescents (17.1 [95% CI:13.6–21.0] Versus 3.4 [95% CI:1.1–7.8]).

Conclusion High Incidence Rate Among Persons With Indeterminate Results Underscores The Public Health Concerns For Hsv-2 Spread And Underreporting Of The Hsv-2 Burden. Careful Consideration Is Needed When Interpreting Hsv-2 Serology Results In These Settings.

Introduction Opportunistic infections (OIs) are more frequent and severe because of immune-suppression in HIV-infected persons, and are the major clinical manifestation of HIV patients. Cancer is a significant cause of mortality and morbidity in people infected with HIV; in fact 30% to 40% will develop a malignancy during their lifetime. The objective of this study was to find out the prevalence of Opportunistic Infections (OI) and Cancer among the PLWA on ART in eastern Nepal.

Methods Descriptive cross-sectional research design was used to carry out the study. The PLWA receiving ART residing in eastern Nepal constitute the population of the study. Using convenient sampling technique 75 subjects were selected for study during the period of 15th June 2014 to 30th July 2014 of six weeks.

Results Majority of the PLWA (52.6%) were of age group of 35–45 years, Male (62.7%) and Hindu (81.3%). Among the PLWA about 13% were illiterate; 18.7% were farmer, 13.3% house wife, 10.7% were driver and 9.7% were labour. Most of the respondents (60%) were from Sunsari District and 61.3% belongs to rural areas. The common OIs found were Pulmonary Tuberculosis (53.3%), extra Pulmonary TB (14.7%), Oral Thrush (30.7%), fungal infection (22.7%), Herpes Zoster (14.7%) and Hepatitis-C (18.7%); whereas regarding Cancer it was found that 22.7% had Lymphangopathy, 18.7% had Skin Cancer and 2.7% had Kaposi-Sarcoma.

Conclusion It can conclude that the Opportunistic Infections among PLWA were Tuberculosis, Oral Thrush, Fungal infection, Hepatitis-C, and Herpes Zoster; whereas, cancer of Lymphnode, skin cancer and Kaposi-Sarcoma was found among the PLWA receiving ART in eastern Nepal.

Policy, Advocacy, and Community Engagement in STI/HIV Research

Knowledge and Attitude Towards HIV Vaccine Trial Concepts Among Youth of Mangalore City

Introduction AIDS vaccine is seen as the ultimate prevention tool that will complement the existing prevention strategies in place. Patients participate in HIV vaccine trials with hope that developing a safe and effective AIDS vaccine is possible. To begin to understand adolescent attitudes to these complex issues, and inform our future work with adolescents in HIV vaccine trials, we undertook a formative study examining attitudes towards such trials, potential motivating factors and hypothetical willingness to participate, among youth.

Methods A self-administered, facilitated questionnaire was administered to 277 students in pre university colleges, Mangalore, India from August 2012 to February 2013. The questionnaire explored general HIV knowledge, perception of adolescent risk, knowledge of vaccine concepts, willingness to participate in future vaccine trials, perceived personal and social harms and benefits associated with participation as well as barriers and facilitators to participating in future HIV vaccine trials.

Results 277 college-going youth provided consent to participate, and if under 18, we also obtained written consent from a parent. Of the 241 participants who responded to the question on HIV testing, 10% indicated that they have tested for HIV. Of the majority (57%) of participants believed that parents should give permission for their child’s HIV test while most of the participants (84%) believed that parents should know the HIV status of their child.

Conclusion The youth report high degrees of willingness to participate in HIV vaccine trials. This may be related to the high levels of adolescent HIV risk perception. The spectre of HIV infection looms regardless of age group, and adolescents are no exception. Indeed, public health practice would seem to say that effective vaccination of this subgroup above all would result in the greatest reduction in new infections.