immunocompromised and likely to present with co-morbidities like tuberculosis and have short-term mortality. Delay in diagnosis is significant to both disease prognosis at patient level as well as transmission at community level. An early diagnosis provides opportunities of reducing or halting further transmission. Present study was designed to determine proportion of late presenters and those with advanced HIV disease based on CD4 count and correlate same with socio-demographic characteristics of newly diagnosed HIV patients in Southern India.

**Methods** This observational study was done by extracting data from medical records of all HIV patients who attended ART centre of tertiary care hospital, using a pre tested data extraction sheet. Diagnosis of HIV infection with CD4 count.

**Results** 475 HIV patients with mean age of 40.9±10.8 years were studied. Median CD4 count at initial presentation was 265 cells/mL. Main mode of transmission was heterosexual. Commonest opportunistic infection was tuberculosis. Total of 312 patients (65.9%) were late presenters and 218 patients (45.9%) had advance HIV disease. Males, patients of higher age groups and unemployed patients tend to be late presenters. Majority of study population presented at stage I (66%). However, a significant number of patients present with stage IV disease (21.4%).

**Conclusion** Significant proportion of HIV patients were late presenters and had advanced disease at initial presentation. There was a significant association between gender, age group and occupation with late presentation as well as advanced disease. Health education and awareness generation about importance of early presentation is crucial to decrease mortality in HIV population.

**Abstracts**

**P2.07** ANAL HIGH-RISK HUMAN PAPILLOMAVIRUS INFECTIONS AMONG MEN WHO HAVE SEX WITH MEN LIVING IN THE CENTRAL AFRICAN REPUBLIC

1Belec Serge Police Camengo, 2Marcel Mbelo Simakelo, 3Ralph Sydney Moumou Bouassa. 1Paris V University, France; 2Hôpital de L’ Amitié, Central African Republic; 3Centre National des MST et de la thérapie antirétrovirale, Central African Republic; 4INSERM U970, France

**Introduction** High-risk Human Papillomavirus (HR-HPV) infection is the causal agent of anal cancer in men who have sex with men (MSM). Herein, the prevalence of HR-HPV was evaluated by molecular biology in MSM living in Bangui, the capital of the Central African Republic (CAR).

**Methods** Forty-two MSM attending the Centre National de Référence des Infections Sexuellement Transmissibles et de la Thérapie Antirétrovirale (CNRISTTAR) were prospectively evaluated by molecular biology in MSM living in Bangui, the capital of the Central African Republic (CAR).

**Results** Among the 42 anal specimens, 29 (69% [95% CI: 55.0%–83.0%]) were positive for HPV DNA. Multiple genotypes were frequent in 86.2% (25/29; 95% CI: 73.6%–98.7%) of positive anal samples and 88% of them were infected by an average of 2.5 HR-HPV (range, 1 to 8 genotypes per anal specimen). 13.8% of anal samples were infected with a single type of HPV and all of them were high-risk types. HPV 31 was found in 63% of single HPV infection. HR-HPV type 35 was the most prevalent genotype (27.5%), followed by HPV 42 and HPV 53 (24.1%), HPV 58 and 59 (20.7%) and HPV 31 and 61 (17.2%). Interestingly, HR-HPV type 16 and 18 were poorly represented in 13.8% (4/29) and 10.3% (3/29), respectively. Only one sample was simultaneously infected by HPV 16 and HPV 18. Low-risk (LR) HPV 6 and HPV 11 were observed in 2 and 3 anal samples, respectively.

**Discussion** HR-HPV 35, LR-HPV 42 and LR-HPV 53 were the most prevalent genotypes in anal samples. These findings suggest unusual and unique distribution of HPV genotypes in the MSM population of Bangui, and implies that the currently available 9-valent HPV vaccine would be poorly effective in this at-risk population.