a sustained low prevalence of TDR to the PIs, recent accumulation of resistance associated to the NRTIs and reduction to NNRTIs over the years. The time trend of TDR observed, seem to reflect changes in antiretroviral therapy in Brazil over time. HIV-1 subtype B was the most prevalent in the study, but the increasing prevalence of subtype C and the identification of others non-B and recombinants infections, suggest the recent introduction and spreading of these viruses, respectively south Brazil and African countries in Rio de Janeiro.

Support: Oswaldo Cruz Foundation-IOC/FIOCRUZ, Brazilian Ministry of Health (DDAHV-CQV/MS), Pan-American Health Organization-PAHO and World Health Organization-WHO

HEPATOTOXICITY AND ANAEMIA CO-MORBIDITY IN TREATED AIDS PATIENTS IN FUNDONG SUB DIVISION IN THE NORTHWEST REGION OF CAMEROON

Introduction Hepatotoxicity and anaemia are relevant adverse effects of ART and can cause interruption of therapy and death. However, there is dearth of information on hepatotoxicity and anaemia co-morbidity especially in rural areas. The aim of the study was to identify the prevalence of Hepatotoxicity and Anaemia co-morbidity among HIV treated patients.

Methods A total of 150 drug naïve patients visiting the day hospital in Fudong District Hospital were recruited into the study from January-March 2015 and follow up for 18 months. Baseline and 18 months levels of CD4 counts, alanine transaminase(ALT), and aspartate transaminase(AST) and Hae-moglobin concentration(Hb) were determined. HIV was diagnosed using Alere determine HIV rapid test kit and Bioline or Oral Quick test kit for the confirmatory test. CD4 counts were determined using the Alere Pima CD4 cartridge machine. Hb, ALT and AST counts were determined by colometric enzymatic reaction using the urit 3300 machine and classified based on age and sex.

Results The majority of patients were female 115 (76.7%) and belonged to the <30 years age range 48 (32%). The prevalence of anaemia decreased from 86 (57.3%) to 69 (45.6%) at the end of the study period. In all 46 (30.7%) patients had hepatotoxicity and anaemia co-morbidity which was higher in the age group <30 years 30 (41.7%) and in female 37 (32.2%). A total of 1 (0.7%) and 10 (6.7%) patients develop severe hepatotoxicity and anaemia co-morbidity which was higher in men who have sex with men (MSM) reported current PrEP use. White participants were more likely to be aware of PrEP than African Americans (OR=1.76, p=0.026), but there was no significant difference in interest between these groups (p=0.122). By univariate analysis men were more likely to be interested in PrEP as well as age, race, sex, and sexual preference. Univariate and multivariable logistic regression analysis examined predictors of awareness and interest. Data collection will continue in 2017 to determine if awareness and interest change over time.

Conclusion MSM receiving care at the Baltimore City STD Clinics are significantly more likely to be aware and interested in PrEP, but few are taking PrEP, highlighting a need to improve access and promote uptake in this high risk population.
EXOTIC MYCOBACTERIA IN A PAKAREN HIGH SATISFACTION WITH AND LOYALTY TO GETCHECKEDONLINE.COM AMONG FIRST-TIME USERS OF AN ONLINE STI TESTING SERVICE IN BRITISH COLUMBIA, CANADA

1Mark Gilbert, 1Kimberly Thomson, 1Travis Salway, 1Devon Haag, 1Troy Grennan, 2Chris Buchner, 2Mark Tyndall, 1Mel Kajdjan, 1Gina Ogilvie, 3Jean Shoveller. 1British Columbia Centre for Disease Control, Vancouver, Canada; 2Fraser Health Authority, Vancouver, Canada; 3University of British Columbia, Vancouver, Canada

Introduction Positive user experiences are key to trust and repeated use of online services (known as e-Loyalty). GetCheckedOnline (GCO) is an online testing service for HIV/STI where clients complete a risk assessment, print lab forms, submit specimens at a lab, and retrieve results online (if negative) or by phone. We surveyed GCO clients on their perceptions of using the service.

Methods We invited first-time GCO users (who consented to be contacted for research) to complete an anonymous online survey 2 weeks following reporting of test results. Survey questions were analysed descriptively and included demographics, reason for test, and how participants heard about GCO. Satisfaction, convenience, ease of use, and e-Loyalty (intention to use again, recommend to others) were measured using 5-point Likert scales and collapsed (low to neutral vs high responses).

Results Between July 2015-Sept 2016, 23% of 1099 first-time GCO users consented to be contacted for research and 136/208 (65%) of users contacted agreed to participate in the survey. Participants had a median age of 33 years, 80% were white, 67% male, 43% straight, and 43% men who have sex with men. The most common testing reasons were: routine test (64%), risk event/exposure (44%) and new relationship (22%). Participants heard about GCO from clinics/health providers (38%), campaigns (26%), social media (18%), and friends or partners (13%). Almost all participants were satisfied with GCO overall (93%) and with their experience of receiving results (96%), 92% agreed GCO was convenient, 87% found GCO easy to use, and 83% rated the experience of submitting specimens as good or excellent. E-Loyalty was also high: 97% intended to use GCO again and 96% would recommend GCO to others.

Abstracts

EXOTIC MYCOBACTERIA IN A PAKAREN MACHADO GOMESIEN WITH HIV IMMUNOSUPPRESSION

1Marcos Davi Gomes de Sousa, 1Karen Machado Gomes, 1Maria Cristina da Silva Lourenco, 1Cristiane Lamas. 1National Institute of Infectology Evandro Chagas, Rio de Janeiro – RJ, Brazil; 2Federal University of Rio De Janeiro, Rio de Janeiro – RJ, Brazil

10.1136/sextrans-2017-053264.202

Introduction: Mycobacterium colombiense, a slow-growing mycobacterium, belongs to the complex of Mycobacterium avium (MAC). It was isolated for the first time in Colombia, in 2006, in an HIV patient. To report the first case of a brazilian HIV/AIDS patient in whom M. colombiense was identified.

Methods: 51 year old male, heavy drinker and smoker, COPD, waste picker. HIV+, poorly adherent to ART, CD4 count of 14 and VL 3,960 in 2015. He was treated for M. kansasii infection from 2007 to 2009, when ART was also started. In 2015, he had several spota collected, and results were intermittently positive for AFB testing. GeneXpert was negative in all of samples. He had a positive culture for M. intracellulare in January; but sputum culture was positive for atypical mycobacteria in September and November. BAL in November had a positive culture for MAC, later identified as M. colombiense. The clinical specimen was treated by the NALC-NaOH method, and was seeded in LJ medium. Growth of smooth, creamy colonies with yellow pigment was observed after 30 days of incubation. Sequencing of the rpoB gene for identification showed similarity of 99% with the CIP 108962 strain M. colombiense. The gene sequence was analysed by BLAST V2.0. All blood cultures for fungus, mycobacteria and bacteria were negative in the same time.

Discussion and conclusion This patient with advanced AIDS, COPD and alcoholism had been treated years before for M. kansasii and for M. avium. Six years later, due to respiratory and consumptive syndrome, he was hospitalised for investigation and there was growth of M. colombiense in bronchoalveolar lavage - BAL. To our knowledge, this is the first isolate of this species in Brazil. In 2015, M. intracellulare and MAC were grown in sputum culture; these mycobacteria, being closely related, are very difficult to distinguish, with the possibility that M. colombiense was the etiological agent early on. Due to the unavailability of modern molecular tools to describe emerging MAC species, the true prevalence of M. colombiense in Brazil is probably underestimated.