each set of cutpoints. Measures of effect were weaker using the manufacturer's cutpoints compared to the modified cutpoints. Age was not significantly correlated with positive vs. negative serostatus using the manufacturer's cutpoint (relative risk ratio (RRR)=1.03, 95% CI: 0.97–1.09), but the association strengthened using the modified cutpoint (RRR=1.09, 95% CI: 1.01–1.17). Using the manufacturer's cutpoint, the RRR for BV was 1.73 (95% CI: 0.71–4.19) vs. RRR=2.70 (95% CI: 0.94–7.79) for the modified cutpoint. For partner concurrency, the RRR using the manufacturer's cutpoint was 1.47 (95% CI: 0.71–3.07), vs. RRR=3.45 (95% CI: 1.12–10.57) for the modified threshold.

Conclusion Changing the test cutpoints affected observed associations with previously-identified HSV-2 risk factors. HSV-2 prevention interventions informed by correlates of HSV-2 infection must be aware that different target populations may emerge depending on which cutpoints are adopted.

Disclosure No significant relationships.

P095 AGE DISPARITY AND SOCIODEMOGRAPHIC CORRELATES OF HERPES SIMPLEX VIRUS TYPE 2 (HSV-2) SEROPOSITIVITY IN SOUTH INDIA

¹Makella Coudray*, ²Abraham Degarege, ³Anisa Khan, ³Kavitha Ravi, ³Vijaya Srinivas, ⁴Jeffrey Klausner, ²Purnima Madhivanan, ⁵Caitlyn Placek. ¹Florida International University, Epidemiology, Miami, USA; ²Florida International University, Epidemiology, Miami, USA; ³Public Health Research Institute of India, Mysore, India; ⁴UCLA David Geffen School of Medicine and Fielding School of Public Health, Epidemiology, Los Angeles, USA; ⁵Ball State University, Epidemiology, Muncie, USA

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Background Age, gender, sexual history, marital status, education, socioeconomic status and geographic location are known risk factors of Herpes simplex virus type 2 (HSV-2) seroprevalence. There is a paucity of data on the potential association between increasing age difference between sex partners and HSV-2 infection. This study investigated the relationship between increasing age difference between sex partners and HSV-2 infection in Mysore, India, due to a lack of studies documenting this phenomenon in HSV-2 seropositive individuals in India.

Methods This study presents one section of a larger comparative study conducted between October 2016 and July 2017 in collaboration with the Public Health Research Institute of India, that assessed drug use and risky sexual behavior among adults in Mysore, India. Study personnel conducted structured interviews with men and women to assess demographic variables, reproductive health, risky sexual behavior and relationship history. ELISA testing (Focus Diagnostics HerpeSelect® 2 ELISA IgG, Focus Technologies, Cypress, CA) was used to determine the presence of HSV-2 antibodies.

Results There were 351 participants included in the study. The prevalence of HSV-2 in this sample was 9.4% (95%CI: 6.3%, 12.5%). HSV-2 infection was correlated with partner age difference and religio. The odds of HSV-2 infection significantly increased among the study participants with an increase in the age difference with their sex partner (OR: 1.22, 95% CI: 1.06, 1.40). The odds of HSV-2 infection was significantly lower among Hindus as compared to non-Hindus (OR: 0.19, 95% CI: 0.04, 0.84). There was no significant difference in

the prevalence of HSV-2 infection by sex, education, or occupation.

Conclusion HSV-2 seroprevalence was relatively low in this population compared to regional and global rates. HSV-2 seropositivity was associated with an increasing partner age difference. This highlights the need for further research in this area in different Indian settings to determine what the dynamics of this phenomenon.

Disclosure No significant relationships.

P096 VULVAR ZOSTER

¹Christine Remar Concepcion*, ²Maria Bandola. ¹University of the Philippines, Department of Obstetrics and Gynecology-Section of Infectious Diseases, Manila City, Philippines; ²University of the Philippines – Philippine General Hospital, Manila, Philippines

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Background Herpes Zoster infection is part of the two distinct syndromes of infections secondary to varicella-zoster. The other syndrome being the primary infection of varicella (chickenpox) which is a contagious but benign illness. Reactivation of this primary infection results to herpes zoster or shingles. Shingles is a uniquely localized disease with unilateral radicular pain and a vesicular rash limited to the area of the skin innervated by a single dorsal root or cranial sensory ganglion. Clinically significant pain usually accompanies the dermatomal rash of herpes zoster. This pain may persist for weeks, months, or even years after the herpes zoster rash has healed, a debilitating complication known as (PHN) postherpetic neuralgia. This condition disables individuals infected with shingles especially among the elderly. We are presented with a rare case of vulvar zoster in a 52 year old nulligravid. The case presented with pain, pruritus, rashes and eventually ulcers along the dermatomal line of the vulva. Clinical improvement was noted upon treatment with an anti-viral.

Disclosure No significant relationships.

P099 RISK OF ACQUIRING HIV INFECTION AMONG EXPOSED INFANTS IN SELECTED PRIMARY HEALTH CARE FACILITIES IN IBADAN OYO STATE NIGERIA

¹Aishat Usman*, ²Olubunmi Ayinde, ³Esther Asekun-Olarinmoye. ¹Texila American University, Public Health, Georgetown, Guyana; ²Oyo State Ministry of Health, STI and HIV, Ibadan, Nigeria; ³Osun State University, Community Medicine, Osogbo, Nigeria

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Background In 2016, Nigeria recorded 37,000 new HIV infections among children out of the total of 60,000 new infections in West and Central Africa, representing 62 per cent of the new infections. This study was conducted to determine the outcomes of HIV exposed infants and the risk of acquiring HIV infections at the final outcome of 18 months

Methods This is a retrospective cohort study of exposed infants between January 2015–December 2016. A proforma was used to abstract information from clinic records on socio-demographics characteristics, ARV prophylaxis, mode of delivery, birth weight, infant prophylaxis, Early infant diagnosis (EID), referral to ART. Cox proportion hazard regression model was

used to determine the risk of acquiring HIV infection at 18 months among the exposed infants.

Results A total of 170 exposed infant were recruited and more than two-third of the infants were males (74.1%) with median age was 4 ± 3 months. One hundred and fifty (88.2%) received infant prophylaxis and 116 (68.2%) had EID done at 6 weeks. Of the 170 exposed infants 19 (11.1%) were positive at 18 months final outcome of which 4 (21.1%) died. Time from being confirmed HIV positive to starting ART was 4.0 ± 2.1 months. COX regression showed that the risk of acquiring HIV infection in females (Adjusted HR = 0.56, 95% CI 0.37–0.87), babies who received infant prophylaxis (Adjusted HR = 0.5, 95% CI 0.1–0.9), infants whose maternal CD4 count < 500 (Adjusted HR = 1.1, 95% CI 0.4–2.6) and time of starting ART > 3 months (Adjusted HR = 3.5, 95% CI 1.8–11.5).

Conclusion The positivity rate among studied exposed infants was high. Continuous placement of HIV positive mothers and exposed infants on prophylaxis, timely initiation of ART will go a long way in reducing the burden of pediatric HIV.

Disclosure No significant relationships.

P100

BIDIRECTIONAL ASSOCIATION BETWEEN HUMAN IMMUNODEFICIENCY VIRUS AND PSORIASIS: SYSTEMATIC REVIEW OF COHORT STUDIES

¹Yi-Yu Chen*, ²Yu-Hsien Cheng, ³Tao-Hsin Tung. ¹Kaohsiung Medical University, New Taipei City, Xinzhuang District, Taiwan; ²Kaohsiung Medical University, Taipei City, Taiwan; ³Cheng Hsin General Hospital, Taipei, Taiwan

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Background Human immunodeficiency viral (HIV) induce production of autoantibodies could attack the person's immune system. Patients with HIV infection might present with more severe complications of psoriasis, a chronic autoimmune inflammatory skin disease. But there were insufficient evidences prove the risk between HIV and psoriasis.

Objectives Systematic review was performed to explore the association between HIV and psoriasis, to provide risk assessment and improve patient outcomes.

Methods We used the search strategy: '(psoriasis OR psoriatic arthritis) AND (AIDS OR HIV OR acquired immune deficiency syndrome OR human immunodeficiency virus OR CD4 OR CCR5-delta32)' in searching the Cochrane Library, PubMed and EMBASE electronic databases without language restrictions in May 2018.

Results Four cohort study (187954 participants) were included in this review. Studies report the results of the incidences of psoriasis with patients with HIV infection. While the total incidence on current data of psoriasis was 0.46%, HIV patients had higher risk than normal for developing newly diagnosed with psoriasis whether receiving substance treatment or not. However, psoriasis patients in general do not appear to have increased infection rates of HIV.

Conclusion The available evidence shows that HIV is a potential risk factor for psoriasis. The evidence at the present stage only supports the relationship between HIV infection and psoriasis, but more literature is needed to support such relevance.

Disclosure No significant relationships.

P103

OPTIMIZATION OF DATA AUDITS TO ACHIEVE EPIDEMIC CONTROL AND QUALITY OF CARE IN KAJIADO CENTRAL SUB-COUNTY

¹Robert Nyamweya, ²Precious Mbabazi*, ³Claire Barake, ³Fred Avoga, ²Edna Anab. ¹National AIDS and STI Control Programme, Strategic Information Unit, Kajiado, Kenya; ²National AIDS and STI Control Programme, Care and Treatment, Nairobi, Kenya; ³Kajiado County, Department of Health, Kajiado, Kenya

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Background Every Month, health care providers submit copies of the MOH 731 reports to the SubCounty Health records and information officers. The data is then uploaded into the DHIS and becomes available for consumption by all the relevant stakeholders. Without a regular onsite audit of the data before uploading it, several errors may occur ranging from data entry transcription errors, arithmetic errors to outright inconsistencies with the source documents. Such errors render it unusable and incorrect. In order to correct this, Kajiado Central SubCounty, adopted a timely onsite data review and audit to identify and address the gaps reflected.

Methods The SubCounty Health management team receives and reviews the monthly reports by the fifth of every month. Any gaps identified are either corrected instantly with the staff submitting the report or an on-site mentorship report is developed. Upon uploading, the DHIS reports are downloaded and cross-checked with the MoH 731 and the source documents for consistency.

Results After a year of instituting such reviews, the data consistency between DHIS, MOH 731 and registers improved from 45% to 90%. The linkage and transitioning to ART for newly identified increased from 44.4% to 90%. Additionally, Maternal and infant prophylaxis improved from 99% and 88% to 97% and 100% respectively for those on PMTCT/ART however due to over reporting on maternal prophylaxis after cleaning there was a decline from 99% to 97%. N/B There is a graph which i was unable to attach here which i communicated same to Yurim Park.

Conclusion Regular review of monthly reports at the collection point helps to quickly identify reporting gaps. Consequently, accurate gaps identification led to the correct remedial action on the technical areas and hence improvement on the indicators.

Disclosure No significant relationships.

P107

SOCIO-CULTURAL FACTORS INFLUENCING CONDOM USE INTENTIONS AMONG AFRICAN MIGRANT YOUTH IN SOUTH AFRICA

¹Raylene Rozita Titus, ²Johannes John-Langba*. ¹University of Cape Town, Social Development, Kuilsriver, South Africa; ²University of Kwazulu-Natal, Social Work, Durban, South Africa

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Background Although the condom use behaviours among youth in South Africa has been studied extensively, very little is known about the socio-cultural factors that influence intentions to use condoms during sexual intercourse among young people generally and African migrant youth in particular. This