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.
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.

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**P100** BIDIRECTIONAL ASSOCIATION BETWEEN HUMAN IMMUNODEFICIENCY VIRUS AND PSORIASIS: SYSTEMATIC REVIEW OF COHORT STUDIES

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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.

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**P103** OPTIMIZATION OF DATA AUDITS TO ACHIEVE EPIDEMIC CONTROL AND QUALITY OF CARE IN KAJIADO CENTRAL SUB-COUNTY

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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.

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**P107** SOCIO-CULTURAL FACTORS INFLUENCING CONDOM USE INTENTIONS AMONG AFRICAN MIGRANT YOUTH IN SOUTH AFRICA

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**Background** Although the condom use behaviours among youth in South Africa has been studied extensively, very little in 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