

P115 **SOCIO-DEMOGRAPHIC PROFILE OF HIV SEROPOSITIVITY IN A TERTIARY CARE NORTH INDIAN HOSPITAL: A TEN YEAR RETROSPECTIVE STUDY**

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Background All over the world, with 36.9 million people living with HIV/AIDS, the latter continues to be a major public health problem having tremendous social and economic impact. However, increasing global awareness and availability of effective treatment and prevention programmes, promise a hope of controlling the pandemic.

Methods Serum samples of 53,357 clients who attended ICTC, Sri Guru Ram Das University of Health Sciences (SGRDUHS), Amritsar, Punjab (India) from January 2007 to December 2017, were tested for HIV infection as per NACO guidelines using 3 kits with different antigen preparation/test principles viz. Comb AIDS RS, Meriscreen HIV -1-2 WB & Signal-HIV after a pre-test counseling & taking informed consent.

Results Of the total 53,357 clients tested for HIV infection, 630 (1.2%) were found to be HIV positive. Seropositivity was higher in males 387/630 (61.42%) compared to females 243/630 (38.57%) although females 29911/53357 (56.05%) outnumbered the males 23426/53357 (43.9%) in voluntary HIV testing. No transgender visited our ICTC during this period. Heterosexual route was the major route of transmission seen in 507/630 clients (80.47%). Main age group affected was 35–49 years 224/630 (35.55%), followed by 25–34 years 185/630 (29.36%), >50 years 107/630 (16.98%), 15–24 years 77/630 (12.22%) & <15 years only 37/630 (5.9%).

Conclusion Barring 2011, total number of clients tested each year has shown an ascending trend which can be attributed to increasing global awareness about the disease, decreasing associated stigma, expanded media coverage and the widespread availability of anti-retroviral therapy (ART). Although overall prevalence is low at 1.2%, IDU prevalence saw two peaks viz. 33.33% (4/12) in 2007 and 20% (14/70) in 2012 and currently 8.2% (4/49) in 2017 puts the spotlight on HIV burden in this risk group and suggests the need for the scaling up of focused preventive efforts in high-risk groups.

Disclosure No significant relationships.

P122 **TREATMENT OUTCOMES IN HIV CARE AMONG CHILDREN AND ADULT IN HIGH VOLUME ART SITES IN RIVERS STATE, NIGERIA**

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Background The HIV program involves sequential steps: HIV testing, diagnosis, linkage to care, retention and viral-suppression. Access to Antiretroviral-Therapy with appropriate regimen, continuity of care, technical competence of service providers on counselling and client focus are required to meet the bench mark for quality and standards of care. Most often

than not, retention in care of People Living with HIV is a public health issue. This study aims to review retention and variations in treatment outcomes among adult and children in high-volume ART sites in Rivers State Nigeria

Methods This is a retrospective cohort-study investigating one-year treatment outcomes of adults (15 years and above) and children (0–14 years) who started ART between January 2017–December 2017 across 6 high-volume ART sites in Rivers State Nigeria, supported by the USAID funded SIDHAS project and Global Fund. A treatment current of 1000 and above was the rationale for choosing the high-volume ART sites. The study involved secondary data collection, using the Retention-Audit-Determination-Tool (RADET).

Results A total of 3704 records of individuals who started antiretroviral therapy were reviewed, 4.7% (177) and 96.5% (3577) accounted for children and adult respectively. Treatment outcomes after one-year on treatment showed that 61.0% (108) of children were active, 2.8% (5) dead, 19.2% (34) transferred-out and 35.6% (63) lost-to-follow-up. Adults had 80.8% (2891) active outcome, 1.3% (48) dead, 2.7% (99) transferred-out, 12.2% (437) Lost-to-Follow-Up and 0.3% (12) stopped-treatment

Conclusion Positive treatment-outcome is important for viral-load suppression, reduced morbidity and mortality. Transferred-Out is considerably high among children and even more for Lost-to-Follow-Up outcome among children. We found variation in attrition between children and adults. Higher mortality rate was recorded among children as compared to adults. A well-planned children and adult counseling-methods, follow-up tracking, family-centered approach and client understanding of lifelong-ART are required in Patient Management, Monitoring to improve treatment-outcomes for PLHIV especially children on ART

Disclosure No significant relationships.

P123 **HIV SEROPOSITIVITY AND EARLY SYPHILIS STAGE PREDICTIVE OF OCULAR SYPHILIS DIAGNOSIS IN BRITISH COLUMBIA, CANADA: 2010–2018**

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Background The incidence of syphilis has been increasing worldwide in the last 20 years, and disproportionately affecting people living with HIV. Additionally, several jurisdictions have reported increasing incidence of ocular syphilis (OS). If untreated or treatment is delayed, OS can lead to permanent blindness. We assessed characteristics of OS cases in British Columbia (BC), and sought to identify risk factors that may be associated with OS diagnosis, including factors related to HIV co-infection (e.g. CD4 count, viral load).

Methods This case-control study matched OS cases to syphilis controls (1:4) diagnosed in BC between January 2010 – March 2018. Demographic and clinical data were extracted from the provincial sexually transmitted infection database and analyzed using the chi-squared test. A multivariate logistic model was developed to assess factors associated with OS.

Results Between 2010–2018, 5681 syphilis cases were diagnosed in BC, including 61 (1.1%) diagnosed with OS. The proportion of syphilis cases with OS increased from 0.48% in 2010 to 2.99% in 2018 ($P \leq 0.05$). Among OS cases, median age was 47 years, 88.5% were male and the most common ophthalmologic diagnosis was panuveitis (44.3%). At the time of syphilis diagnosis, 50.8% of OS cases were HIV-positive compared to 25.8% of controls ($P \leq 0.001$). Among individuals with HIV co-infection, OS cases had higher viral loads (42.9% vs 79.7% were suppressed; $P \leq 0.001$) and lower median CD4 counts (470 vs 615 cells/mm³; $P \leq 0.05$) than controls. Factors associated with OS were primary/secondary stage of syphilis (adjusted odds ratio [aOR] 4.06; 95% confidence interval [CI] 1.52–10.8), early latent stage of syphilis (aOR 3.71; 95%CI 1.39–9.95), and HIV-positive serostatus (aOR 2.49; 95%CI 1.27–4.88).

Conclusion OS incidence and proportion increased over the study period in BC. These findings highlight the importance of vigilance for OS, particularly those in the early stages of syphilis and those living with HIV, to avoid diagnostic and treatment delays.

Disclosure No significant relationships.

P124 ATTITUDES AND BELIEFS REGARDING HIV AND AIDS AMONG IMMIGRANTS IN MOPANI DISTRICT, SOUTH AFRICA

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Background Sub-Saharan Africa faces and is severely affected by many conflicts. Human Immunodeficiency Virus (HIV) and Acquired Immunodeficiency Syndrome (AIDS) threaten both the physical and financial well-being of individuals in struggling countries. Research indicates that negative attitude towards HIV/AIDS as well as persons infected with the virus persist despite the increased knowledge of prevention. This research aims to explore and describe the immigrants' attitudes and beliefs regarding HIV and AIDS in the Mopani district, Limpopo Province.

Methods A quantitative descriptive design was used. The target population was all immigrants at Mopani district in Limpopo province and the sample comprised of males and females. Data was collected using a questionnaire with closed and open-ended questions. Ethical standards were maintained.

Results The study revealed that many participants expressed discriminatory practice towards individuals infected by HIV and those with AIDS. Many viewed promiscuity and the disease called Makhume (meaning illness caused by the omission of purification rites following the death of a family member) as the cause for HIV and AIDS.

Conclusion The findings may hinder the achievement of healthy lives and promotion of well-being at all ages if not addressed appropriately. The collaboration of various departments (Health, Social development, Education, and etc.) in the Mopani district is required to change these negative attitudes and beliefs that influence immigrants' behaviour. In addition, the use of audio-visuals and peer teaching may help to change their attitudes since they have shown to be most successful in changing the attitudes.

Disclosure No significant relationships.

P125 LOW RATE OF HIV TESTING AMONG PRISONERS IN IRAN: FINDINGS FROM NATIONWIDE REPEATED BEHAVIORAL SURVEYS

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Background Prisoners are disproportionately at increased risk of HIV infection. Despite the importance of assessing HIV testing rates among key populations at risk of HIV, our understanding of HIV testing practices of Iranian prisoners is limited. This study utilizes data from two repeated behavioral survey studies to shed light on the prevalence and correlates of HIV testing among Iranian prisoners.

Methods Data were obtained from two consecutive surveys in 2009 (N = 5913) and 2013 (N = 5430) using a multistage random sampling approach including both large and small prison settings. Having a recent HIV test result was defined as having an HIV test result over the last 12 months. Biological and survey data were collected through dried blood spot testing and standardized risk assessment questionnaire, respectively. Descriptive statistics including frequencies, percentages, and 95% confidence intervals (CI) were reported. Bivariable and multivariable logistic regression models were built to compare the odds of having a recent HIV test result among different subgroups of prisoners.

Results Most participants had never tested for HIV (68.7% in 2009 and 62.2% in 2013). Only 9.9% (in 2009) and 11.6% (in 2013) of the participants had a recent HIV test result. Older age (AOR=1.50), lifetime history of drug use (AOR=1.87) and sexual intercourse (AOR=1.42), and self-perceived risk of HIV (AOR=0.74) were significantly associated with recent HIV testing in 2009. Female sex (AOR=4.03), multiple incarcerations (AOR=1.40), alcohol consumption (AOR=1.23), and STI (AOR=1.79) and HIV knowledge (AOR=1.62) were significant correlates in 2013.

Conclusion HIV testing is extremely low among prisoners in Iran. There is an urgent need to revisit current HIV testing policies across Iranian prisons and identify the barriers to HIV testing within the prison settings. Scaling up rapid tests as well as routine opt-out HIV testing services could help encourage prisoners to further use the available harm reduction facilities inside prisons.

Disclosure No significant relationships.

P127 DISPARITIES BETWEEN HIV TESTING LEVELS AND THE SELF-REPORTED HIV-NEGATIVE STATUS OF SEXUALLY ACTIVE COLLEGE STUDENTS

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Background Despite the availability of rapid point-of-care human immunodeficiency virus (HIV) testing, the use of a self-reported HIV status has its own value, especially in research studies. Sexually active people without prior HIV testing should report as 'HIV status unknown' or 'never tested' instead of 'HIV negative' when they answer the question item on HIV status. The study aimed to assess the