P138

HIGH STI PREVALENCE AMONG HIV-EXPOSED WOMEN PLANNING FOR PREGNANCY IN RURAL, SOUTHWESTERN UGANDA

¹Pooja Chitneni*, ²Mwebesa Bosco Bwana, ³Moran Owembabazi, ⁴Kasey O'Neil, ⁵Deogratious Tukwasibwe, ⁶Alice Najjuma, ⁷Cathy Kyampire, ⁸Sylvia Natukyinda, ⁹Adolf Byamukama, ¹⁰Yona Mbalibulha, ¹¹Paul Kato Kalyebara, ¹²Angela Kaida, ¹³Lynn Matthews. ¹Brigham and Women's Hospital and Massachusetts General Hospital, Infectious Diseases, Boston, USA; ²Mbarara University of Science and Technology, Department of Internal Medicine, Mbarara, Uganda; ³Mbarara University of Science and Technology, Mbarara, Uganda; ⁴Massachusetts General Hospital, Center for Global Health, Boston, USA; ⁵Simon Fraser University, Vancouver, Canada; ⁶University of Alabama at Birmingham, Division of Infectious Diseases, Birmingham, USA

10.1136/sextrans-2019-sti.306

Background Many HIV-affected couples desire children. STIs increase risks of infertility, poor maternal and infant outcomes, and HIV acquisition. We introduced STI testing in southwestern Uganda to characterize STI epidemiology among HIV-exposed women planning for pregnancy.

Methods The Healthy Families PrEP study is enrolling 150 HIV-uninfected women planning for pregnancy with a partner known or suspected to be living with HIV. At enrollment, women are offered comprehensive safer conception counseling, including TDF/FTC as PrEP. We integrated STI testing for *Chlamydia trachomatis* (CT), *Neisseria gonorrhea* (NG), *Trichomonas vaginalis* (TV) (via GeneXpert), and Syphilis (via immunochromatographic rapid testing confirmed by RPR). We calculated STI prevalence and compared differences among women with and without STI (Fisher's exact test).

Results Between June 2018 and January 2019, 63 women completed baseline STI testing. Median age was 28 (IQR 24–31) years. Seventeen participants (27%) had STIs, including CT-14%, NG-3%, TV-8%, Syphilis-6%, and 5% with two STIs. Women with STI were less likely to report prior pregnancy (13/17 (76%) vs. 45/46 (98%), $p=0.02$) and trended towards being more likely to report prior stillbirth (4/17 (24%) vs. 3/46 (7%), $p=0.08$). Women with STI were less likely to report having relationship power to negotiate condom use (7/17 (41%) vs. 27/46 (59%), $p=0.26$) and were younger (median age 26 vs. 29). PrEP uptake was high in both groups (16/17 (94%) vs. 42/46 (91%), $p=1$).

Conclusion We describe a 27% curable STI prevalence among HIV-exposed women planning for pregnancy. Women with STI were less likely to have had a prior pregnancy and trended towards prior stillbirth, possibly due to undiagnosed STI. In an HIV-endemic setting with social pressures to conceive children, infertility may contribute to increased HIV and STI exposures and prevalence. These data highlight the importance of integrating STI testing into HIV prevention programs to maximize the health of women, children, and families.

Disclosure No significant relationships.

P139

THE RACIAL IMPACT OF AIDS TRENDS AMONG WOMEN IN SAO PAULO, BRAZIL

Carmen Silvia Domingues*, Ângela Tayra, Marcia Polon, Mariza Tancredi. STI/AIDS Reference Center – Sao Paulo State Program of STI/AIDS, Sao Paulo Department of Health, Sao Paulo, Brazil

10.1136/sextrans-2019-sti.307

Background In the Sao Paulo State (SPS), the AIDS epidemic decreased among women, due to early diagnosis, antiretroviral

use and prevention. This study aimed to analyze the trends of women living with AIDS (WLWA) and the HIV infection in pregnant women (PW-HIV) in the Sao Paulo City (SPC) and SPS, according to race/skin-color, from 2007–2016.

Methods Trend study using polynomial regression models performed with reported cases of WLWA and PW-HIV compared to SPC and SPS according to race/skin-color and diagnosis period. The annual number of WLWA and PW-HIV in each of the categories studied was considered as the dependent variable (Y), and the independent variable (X) was the time, represented by the calendar years, referring to the study period. The goodness of fit via r^2 and $p<0.05$ were used to determine which models and data were most appropriate.

Results In the period from 2007–2016, 18,571 AIDS cases in the SPS and 7,078 in the SPC reported among women were analyzed. In the SPS, WLWA presented a decreasing linear trend with first order modeling, with a higher fall rate among white women [$Y=1,093-101X$; $r^2=0.97$; $p<0.001$] than in black [$Y=237-15X$; $r^2=0.88$; $p<0.001$], and mixed color/race [$Y=600-35X$; $r^2=0.89$; $p<0.001$]. In the SPC, the same trends were observed among white women [$Y=362-34X$; $r^2=0.97$; $p<0.001$], black [$Y=108-6X$; $r^2=0.81$; $p<0.001$], and mixed color/race [$Y=263-12X$; $r^2=0.86$; $p<0.001$]. For PW-HIV, 12,676 cases in the SPS and 4,160 in the SPC were analyzed. White PW-HIV showed a decreasing linear trend, being more expressive in the SPS [$Y=681-21X$; $r^2=0.89$; $p<0.001$] than in the SPC [$Y=191-5X$; $r^2=0.64$; $p=0.005$]. In the SPS and the SPC, among black and mixed color/race PW-HIV the trend presented stability.

Conclusion To reduce the social inequalities, the care network must discuss specific strategies to improve the access to health care services and antenatal care services for black and mixed color/race WLWA and PW-HIV, prevention measures, sexual and reproductive health care, including access to long-acting contraceptives.

Disclosure No significant relationships.

P140

THE RISING HIV EPIDEMIC AMONG KEY POPULATIONS: AN URGENT NEED FOR A FOCUSED TARGETED PREVENTION RESPONSE IN PAKISTAN

¹Faran Emmanuel, ²Baseer Achakzai, ³Tahira Reza. ¹University of Manitoba, Centre for Global Public Health, Department of Community Health Sciences, WINNIPEG, Canada; ²National AIDS Control Program, Islamabad, Pakistan; ³Centre for Global Public Health, Islamabad, Pakistan

10.1136/sextrans-2019-sti.308

Background HIV Surveillance data has been used extensively to guide HIV prevention program in Pakistan since 2004. The 5th round of surveillance was conducted in 23 cities to determine the progression of the HIV epidemic, profile risk behaviors and program coverage among key populations to inform HIV prevention programs in Pakistan

Methods A total number of 5,660 FSWs, 6,773 MSM, 5,191 Transgenders and 4,062 PWIDs participated in the study using diverse sampling techniques to draw representative samples. Behavioral data were collected using structured questionnaires while blood samples were tested using two rapid HIV tests following WHO protocol. Informed consent was obtained and all participants were linked with HIV programs. Moreover, all positive subjects were linked to HIV treatment care and support. International ethical guidelines were followed and ethical