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

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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 gonorrhoea (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 2 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 report having a prior pregnancy and trended towards 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.

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

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Background HIV Surveillance data has been extensively used 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.

Disclosure No significant relationships.
Factors Associated with HIV-related Stigma Among Individuals Accessing Antiretroviral Therapy in British Columbia, Canada

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Background: Despite public health messaging that antiretroviral therapy (ART) has improved health outcomes for people living with HIV (PLWH), many PLWH experience stigma. This study aimed to assess HIV-related stigma among PLWH in the modern HIV treatment era.

Methods: The STOP HIV/AIDS Program Evaluation (SHAPE) study is a longitudinal cohort of PLWH ≥19 years of age in British Columbia, Canada. The cross-sectional analysis uses SHAPE baseline survey data (collected January 2016-August 2018) and linked clinical registry data. The study examines factors associated with HIV-related stigma among individuals accessing ART. Stigma was self-reported using the ten-item Berger HIV stigma scale. Multivariable linear regression quantified the relationship between key explanatory variables and stigma.

Results: Among 627 participants, 136 (22%) identified as men who have sex with men, and 133 (21%) self-identified as Indigenous ethnicity. The median stigma score was 47.5 (Q1-Q3: 32.5-62.5; range: 0-100). In the multivariable model, reporting injection drug use (IDU) in the past year (β = 4.54, 95% CI: 0.23, 8.86); experiences of lifetime violence (β = 7.62, 95% CI: 3.67, 11.56); and having a mental health disorder diagnosis (β = 5.30, 95% CI: 1.88, 8.73) were associated with higher stigma scores. Higher stigma scores were also associated with being 40-49 years old (β = 6.21, 95% CI: 1.58, 10.85) compared to <40; age ≥50 had no significant association. Living in a city with a population ≥100,000 (β = 4.66, 95% CI: 8.53, 0.78) was associated with lower stigma scores.

Conclusion: Age, city size, IDU experience, violence, and mental illness were independently associated with HIV-related stigma. These findings provide support for an intersectional investigation into how these factors propagate stigma and how this experience impacts the health and wellbeing of PLWH in this setting.

Disclosure: No significant relationships.