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HIV ACQUISITION AND ANTIRETROVIRAL THERAPY INITIATION IN A YOUTH COHORT IN SOWETO AND DURBAN, SOUTH AFRICA

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Background South African young women and other key populations have amongst the highest HIV incidence globally, and antiretroviral treatment (ART) initiation remains challenging. We measured HIV incidence, ART initiation, adherence, status disclosure and related support within 3 months from HIV diagnosis for youth who acquired HIV during follow-up study visits.

Methods The AYZAZI cohort study enrolled 425 self-reported HIV-negative or status-unknown 16–24 year olds from Soweto and Durban, South Africa (2014–2016). Participants completed interviewer-administered questionnaires (assessing socio-demographics, sexual behaviour and history, HIV-related service utilization, ART adherence, HIV disclosure and support) and underwent HIV rapid testing at enrolment and every 6 months for 4 visits.

Results 13/425(3.1%) enrollees were HIV-infected at enrolment. 12/412(2.8%; n=5 Durban, n=7 Soweto) with median age of 19 (IQR17–21) years, acquired HIV during their first year of follow-up (IR=2.54[95%CI:1.5–4.4] per 100 person-years); 6/12 were females, 5/12(42%) identified as LGBTQ, 10/12(83%) were sexually active and 5/10(50%) used a condom at last sex. Three months after HIV diagnosis, 10/12(83%) reported they were medically advised to initiate ART, and 8/12(67%) had initiated ART. Fear of provider judgement was the most common reason for ART non-initiation (3/4;75%). A third (4/12) had not accessed any HIV-related medical or support services since diagnosis, commonly because of a disbelief of HIV test results (4/4; 100%). Of those who initiated ART, 5/8(63%) said they forgot a dose once or more per week. Eighty-three percent (10/12) had disclosed their HIV status to someone. The most common source of support related to HIV was from friends (7/12; 58%). 2/12(17%) rated that taking ART makes the risk of HIV infection a lot lower.

Conclusion HIV incidence was 2.5 per 100 person-years amongst our youth cohort; immediate ART uptake and adherence was sub-optimal; awareness of HIV prevention benefits of ART was low. Biomedical technologies and improved support systems for HIV-infected youth are needed.

Disclosure No significant relationships.

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COMMUNITY BASED LOCAL RAPID HIV TESTING CAMPAIGNS TO EXPAND HIV DIAGNOSTIC COVERAGE

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Background The UNAIDS 90–90–90 programme aims to increase healthcare access for asymptomatic HIV patients, ensuring their well-being and disrupting the transmission network of the virus. The city of Porto Alegre, is one of the cities with the worst HIV indicators in Latin America. One of the strategies currently being implemented to address this is to develop a public Rapid Testing (RT) campaign, with immediate management of HIV, Syphilis and Hepatitis C. The objective of this research is to evaluate the initial results of the strategy in 2018.

Methods Cross-sectional study using the time series approach for all RTs conducted in public testing events in 2018, through data mining, with WEKA software.

Results Among the 4157 RTs carried out, reactive test results were observed as follows: 97(2.3%) HIV, 626(15%) syphilis and 156(3.7%) for Hepatitis C. The characteristics of this population are: 2004(48%) women, 375(9%) homo/bisexual, 710(17%) under 25 years and 1001(24%) elderly. In the HIV reactive subgroup, 29(30%) women, 29(30%) homo/bisexual, 11(11%) under 25 years, 17(17%) elderly, 54(56%) syphilis co-infection and 14(14%) for Hepatitis C reactive test, it should be noted that these results differ in proportion to published municipal/national data.

Conclusion The availability of RTs in public spaces facilitated early diagnosis in young and homosexual/bisexual populations. However, the campaign also observed participation from other populations such as the elderly and homeless, who are guaranteed by law priority access to health services. The amplification of healthcare access through RTs made early diagnosis possible in asymptomatic individuals. According to data mining, this strategy reached population groups which differ from those observed in Epidemiological Bulletins of previous years. The recommendation to also encourage the provision of ART to the elderly and homeless can be an effective strategy that should be evaluated in future research.

Disclosure No significant relationships.

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VIRTUAL ACADEMIC DETAILING TO IMPROVE QUALITY OF HIV HEALTH CARE

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Background Academic Detailing (AD) is a scientific dissemination strategy that is characterized by the one-by-one orientation to improve the quality of care. It has been used

frequently in some developed countries about HIV management. HIV is a public health concern in all spheres of health care and its guidelines need to be constantly updated. The objective is to present the development of the virtual strategies for improvement of quality of health of HIV care in Latin America community-based Primary Care (PC) practices.

Methods A descriptive study of the development of a learning object was carried out to improve effectiveness of care of HIV by the PC physicians. The structure and elements of a traditional AD strategy were adapted by an educational outreach program.

Results The development of a learning object led to the compilation of materials necessary for the professional practice of HIV treatment, including models for notification, prescription, segmental examinations and the development of a flow for decision making, including multidisciplinary aspects such as contraception, social benefits, control of opportunistic infections, and others. The instructional design was structured to facilitate navigation, and can be used as support material during consultations, and can be easily accessed by mobile or computers.

Conclusion After the START and TEMPRANO studies trials, which are tools extensively used in the management of HIV, PC practices assume a pivotal part of the care of people living with HIV. The Guidelines' priority agenda of updating includes a number of other chronic and acute illnesses, however, especially in developing countries, there is no sheltered schedule for the physician to undertake lifelong education that includes so many updates. Virtual AD has the potential to reach out a large number of physicians, even with difficult access or time, without losing the one-by-one training feature.

Disclosure No significant relationships.

P181 EPIDEMIOLOGICAL INFORMATION ON HIV IN THE MANAGEMENT OF THE CASCADE OF CARE IN HEALTH SERVICES

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Background According to UNAIDS, an estimated 100,000 cases of new HIV infections were reported in Latin America in 2017. At the time, Antiretroviral Therapy (ART) was already being offered for these new cases, and was largely prescribed in the Primary Health Care (PHC) system. The objective of this study is to evaluate the epidemiological profile of new cases of HIV infection in a Porto Alegre City, with some of the worst HIV indicators in Latin America.

Methods A cross-sectional study, was carried out using a time series analysis, with data from Brazilian Information Systems. Data mining with WEKA software had been applied to evaluate the variables. The inclusion criteria were HIV diagnosis in the 2017 year, over 13 years who live in Porto Alegre City.

Results The incidence of HIV cases was 777 in Porto Alegre, in which the population is 1.500.000 inhabitants. There were 308(39.6%) women, 71(34.8%) blacks and mulattoes and 40 (5.1%) were pregnant. Of these, 60(7.7%) presented viral load above 100,000 copies/mL and 267(34.3%) below 10,000

copies/mL. The number of people with CD4 count below 200 was 26(3.3%) and 455(58.5%) people had a time interval shorter than 3 months between the diagnosis and the beginning of ART. ARTs with Tenofovir/Lamivudine/Dolutegravir and Tenofovir/Lamivudine/Efavirenz were prescribed in 566 (95%) of the 590 patients who started ART. Among the 777 cases, 521(67%) were diagnosed through the Rapid Test, which are offered primarily in PHC.

Conclusion The role of PHC was seen to be effective in reaching 90–90–90 Targets, since it has increased the diagnosis of HIV to immunocompetent individuals, facilitating easy access to first-line ART in short period of time. Future studies should be designed to investigate the role of PHC in the cascade of care for individuals with HIV. Information obtained from data mining can be applied to organize strategic interventions focused on local realities.

Disclosure No significant relationships.

P183 PREDICTORS OF *CHLAMYDIA TRACHOMATIS* AND *NEISSERIA GONORRHOEAE* ASYMPTOMATIC INFECTION IN HIV PATIENTS

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Background The prevalence of sexually transmitted infections (STIs), namely *Chlamydia trachomatis* (CT) and *Neisseria gonorrhoeae* (NG), is rising, possibly as a consequence of the adoption of risky sexual behaviour as HIV infection prognosis improved. Most STIs are asymptomatic. Accordingly, treating only symptomatic patients has only a minor impact on the prevalence of such infections. This study aims to identify risk factors for asymptomatic CT and NG infection in a population of patients with HIV infection.

Methods We retrospectively evaluated the clinical records of 218 adult patients with HIV infection who were screened for NG and CT infection from July 2017 to June 2018 in a tertiary care teaching hospital. Urine, rectal, oropharyngeal and vaginal samples were tested by nucleic acid amplification test (NAAT). The association of independent variables with STIs occurrence was evaluated using logistic regression.

Results We identified 45 cases of STIs (25 NG, 20 CT), 20.64%. All patients were male. Although 95.6% of identified infections were extragenital, 96 (44%) patients collected only genital samples. In univariate analysis, STI was significantly associated with younger age, being a men who has sex with men (MSM), a higher CD4+ T cell count, having classic symptoms of STI in another location and a positive treponemic test. In a multivariate model being MSM (OR 5,011; 95%CI 1,286 - 19,519; p= 0,020) and having classic symptoms of STI in another location (OR 8,586; 95%CI 3,342 - 22,062; p=0.00) were independent risk factors.

Conclusion Although HIV patients are a risky population, with a high prevalence of STIs, it is not homogeneous and so it matters to identify those who had classic symptoms of STI in another location. Screening only in genital samples will miss the majority of infections.

Disclosure No significant relationships.