

**P176 HIV ACQUISITION AND ANTIRETROVIRAL THERAPY INITIATION IN A YOUTH COHORT IN SOWETO AND DURBAN, SOUTH AFRICA**

<sup>1</sup>Stefanie Hornschuh, <sup>1</sup>Fatima Laher, <sup>1</sup>Kennedy Otwombe, <sup>2</sup>Patricia Smith, <sup>3</sup>Mags Bekinska, <sup>4</sup>Glenda Gray, <sup>2</sup>Mark Brockman, <sup>3</sup>Jenni Smit, <sup>2</sup>Angela Kaida\*, <sup>1</sup>Janan Dietrich. <sup>1</sup>Perinatal HIV Research Unit (PHRU), Faculty of Health Sciences, University of the Witwatersrand, Johannesburg, South Africa; <sup>2</sup>Faculty of Health Sciences, Simon Fraser University, Burnaby, Canada; <sup>3</sup>MatCH Research Unit (MRU), Department of Gynecology and Obstetrics, Faculty of Health Sciences, University of the Witwatersrand, Johannesburg, South Africa; <sup>4</sup>South African Medical Research Council, Cape Town, South Africa

10.1136/sextrans-2019-sti.333

**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 AYAZAZI 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.

**P179 COMMUNITY BASED LOCAL RAPID HIV TESTING CAMPAIGNS TO EXPAND HIV DIAGNOSTIC COVERAGE**

<sup>1</sup>Ana Amélia Bones\*, <sup>2</sup>Mcarthur Barrow, <sup>3</sup>Carlos Andres Casas, <sup>4</sup>Marina Dias, <sup>4</sup>Gabriela Storck, <sup>1</sup>Silvio Cazella, <sup>5</sup>Airton Stein. <sup>1</sup>Health Federal University from Porto Alegre, Health Informatics Post Graduation Program, Porto Alegre, Brazil; <sup>2</sup>Municipal Secretary of Health of Porto Alegre, Primary Health Care Trainee Program, St.Philip, Barbados; <sup>3</sup>Health Federal University from Porto Alegre, Medicine Academic, Bogota, Colombia; <sup>4</sup>Municipal Secretary of Health of Porto Alegre, Departamento of Sexually Transmitted Infections, Porto Alegre, Brazil; <sup>5</sup>Health Federal University from Porto Alegre, Health Science Post Graduation Program, Porto Alegre, Brazil

10.1136/sextrans-2019-sti.334

**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.

**P180 VIRTUAL ACADEMIC DETAILING TO IMPROVE QUALITY OF HIV HEALTH CARE**

<sup>1</sup>Ana Amélia Bones\*, <sup>2</sup>Edilson Oliveira Junior, <sup>1</sup>Silvio Cazella, <sup>3</sup>Airton Stein. <sup>1</sup>Health Federal University from Porto Alegre, Health Informatics Post Graduation Program, Porto Alegre, Brazil; <sup>2</sup>Health Federal University from Porto Alegre, Biohealth Informatics Graduation, Porto Alegre, Brazil; <sup>3</sup>Health Federal University from Porto Alegre, Health Science Post Graduation Program, Porto Alegre, Brazil

10.1136/sextrans-2019-sti.335

**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

<sup>1</sup>Ana Amélia Bones, <sup>2</sup>Karla Viana, <sup>1</sup>Silvio Cazella, <sup>3</sup>Airton Stein. <sup>1</sup>Health Federal University from Porto Alegre, Health Informatics Post Graduation Program, Porto Alegre, Brazil; <sup>2</sup>Federal University of Rio Grande do Sul, Porto Alegre, Brazil; <sup>3</sup>Health Federal University from Porto Alegre, Health Science Post Graduation Program, Porto Alegre, Brazil

10.1136/sextrans-2019-sti.336

**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

Luísa Graça, Isabel Gomes Abreu, Joana Sobrinho Simões, Nuno Rocha Pereira, Carmela Piñeiro, Jorge Soares, Rosário Serrão, Cátia Caldas\*, António Sarmento. Centro Hospitalar e Universitário de São João, Infectious Diseases, Porto, Portugal

10.1136/sextrans-2019-sti.337

**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.