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.

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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 263 (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.