

**Results** Among 4,484 PLWH (1632 whites, 2676 blacks, 176 other races; 1031 women, 3429 men, 24 transgenders) over a total follow-up of 22188 years, there were 43 ACs (all men, 24 whites, and 18 blacks). The median age at AC diagnoses was 52; 36 were men who have sex with men (MSM) and 7 were heterosexual men ( $P < 0.0001$ ). The incidence was 267.2 cases per 100,000 men each year. Being male ( $P < 0.0001$ ), MSM ( $P < 0.0001$ ), white ( $p = 0.03$ ), aged 45–54 years ( $p = 0.02$ ), and with low nadir CD4 ( $p < 0.0001$ ) were independently associated with AC.

**Conclusion** AC incidence among HIV-infected men was 148.4 times higher with earlier onset than general populations. However, public awareness of AC screening, specifically among the targeted population is lacking. This study can be valuable for the development of related screening programs and clinical practice guidelines for PLWH in the region.

**Disclosure** No significant relationships.

**P189** **EVALUATION OF APTIMA HIV-1 QUANT ASSAY PERFORMANCE USING PLASMA AND DRIED BLOOD SPOTS**

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**Background** The Hologic Aptima HIV-1 Quant Assay that is currently available on the Panther system is FDA-cleared for plasma viral load monitoring. We compared to other assays for use with dried blood spots (DBS) and for early infant diagnosis (EID) using plasma and DBS.

**Methods** Spiked dilution panels of plasma and DBS were made using negative donor blood and subtype B and subtype C HIV-1 stocks. Patient samples included plasma from HIV-1-infected adults, plasma from HIV-1-infected infants and exposed uninfected infants, and DBS from infected adults. Samples were run on Aptima Quant and either Abbott Real-Time HIV-1 Quant assay or Hologic Aptima HIV-1 Qual assay.

**Results** Aptima Quant and Abbott Quant were comparable: the 95% limit of detection was 42cp/ml for Aptima Quant and 91cp/ml for Abbott Quant. EID comparisons showed that Aptima Quant and Qual had 100% sensitivity and 98.9% specificity with overall agreement between the assays of 98.4%. Aptima Qual had a slightly lower limit of detection (95% limit of detection was 27cp/ml for Aptima Qual and 65 cp/ml for Aptima Quant). With spiked DBS, all 16 DBS with >30cp/ml on Aptima Quant were detected on Aptima Qual, 10/12 (83%) with '<30 detected' on Aptima Quant were detected on Aptima Qual, and 2 of 14 (14.3%) with 'not detected' on Aptima Quant were detected on Aptima Qual. Among 200 DBS from infected adults, overall agreement between the Aptima Quant and Aptima Qual was 90% when '<30 detected' was counted as positive. 13 DBS from uninfected adults were negative on both assays.

**Conclusion** The Hologic Aptima HIV-1 Quant assay performed similarly for viral load and EID on both plasma and DBS samples. Our data suggest the '<30 detected' result could be used as the indeterminate range for Aptima Quant using DBS, as recommended by the new WHO guidelines.

**Disclosure** No significant relationships.

**P190** **THE ROLE OF HELPLINE COUNSELING IN HIV STATUS DISCLOSURE AMONG SEXUAL PARTNERS: A CASE STUDY OF TOLL FREE HELPLINE IN UGANDA**

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**Background** Globally, 35.3 million people were living with HIV at the end of 2012. Sub-Saharan Africa remains most severely affected, with nearly 1 in every 20 adults living with HIV and accounting for 71% of the people living with HIV worldwide. Uganda has sustained some impressive response to HIV/AIDS epidemic grounded in a multi-sectoral approach coordinated by Uganda AIDS Commission. The response to stop and control HIV/AIDS has yielded many useful strategies and yet mistakes and missed opportunities. HIV/AIDS continues to be a major socio-economic challenge and is among the leading causes of morbidity and mortality given the increasing new infections due to status non-disclosure among sexual networks. Feedback from the Helpline indicate that those infected fear to disclose their HIV status to their sexual partners for many reasons thus the Helpline comes in to fill this gap through telephone counseling with timely responses

**Methods** Data from Telephone calls received from those fearing to disclose their HIV status to their sexual partners was reviewed. A random selection of feedback responses was sampled to find out how the Helpline was helping the community deal to with the problem

**Results** Sampled 400 positive feed backs from community members who had benefited from Helpline counseling revealed that timely telephone counseling empowered them to disclose their HIV status to their sexual partners because of the prevention benefits discussed with Helpline counselors. The helpline empowered and educated callers about HIV and other STIs status disclosure benefits especially prevention of new infections

**Conclusion** The results of this study reveal that Helpline counseling can be a helpful resource in HIV/STIs prevention by empowering those infected to disclose their status with their sexual partners to protect and prevent new infections.

**Disclosure** No significant relationships.

**P191** **SOUTH INDIAN LONG-DISTANCE TRUCK DRIVERS STILL AT HIGH-RISK FOR HIV/STI**

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**Background** In a typical year, it is estimated that there are about 5 million long-distance truck drivers delivering goods on 3.3 million kilometers of roadways in India. Due to their high-risk behavior, truckers have long been considered a bridge population associated with the spread of sexually transmitted infection (STI) including HIV. The last national study of HIV prevalence in Indian truck drivers, completed in 2008, found an overall HIV prevalence of 4.6% and 2.7% for syphilis among long-distance truck drivers.

**Methods** Between July and December 2018, a cross-sectional study among long-distance truck drivers was carried out in four union halls in Mysore, Karnataka. After undergoing an informed consent process, all participants answered an interviewer-administered questionnaire. Blood samples were screened for HIV, Hepatitis B and HCV (ERBA ELISA, Trans Asia Biomedicals Ltd, Mumbai, India). Detection of Treponemal Antibodies was carried out using a Rapid Plasma Reagen test kit (ARKRAY Healthcare Pvt. Ltd., India).

**Results** The prevalence of HIV infection was 2.2% (95%CI: 1.1–4.0); Hepatitis B, 2.6% (95%CI: 1.4–4.6); and syphilis, 1% (95%CI: 0.3–2.5). There were no cases of HCV detected. Prevalence of any of the STIs was 5.9% (95%CI: 3.9–8.5). The mean age was 43.9 years (SD±7.49), 93% were married, 87% had no education or less than 10 years of education. About 81% reported their religion as Hindus. A majority (61.5%) belonged to a backward caste, scheduled caste or scheduled tribe. Religion and income were significantly associated with being diagnosed with any STIs.

**Conclusion** While prevalence for HIV and common STI appear to be going down in this population, rates are still moderately higher than those found in the general population. There is a need for continued interventions to prevent truckers from bridging HIV and Hepatitis to the general population.

**Disclosure** No significant relationships.

**P192 HEALTHCARE WORKER RELATED STIGMA AND DISCRIMINATION TOWARDS PEOPLE LIVING WITH HIV IN ONE OF THE GOVERNMENT HOSPITAL IN BOHOL**

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**Background** Stigma and discrimination of people living with HIV (PLHIV) are one of the most under researched area of HIV and provided a large gap in the HIV evidence bases. The major complication of this stigma becomes evident in the health seeking behavior of patients suspected to have HIV. The study primarily aimed at assessing the stigma and discrimination to the people living with Human Immunodeficiency Virus among health care workers at Governor Celestino Gallares Memorial Hospital.

**Methods** This study utilized a descriptive design. It made use of a standardized questionnaire assessing the personal profile of the respondents in terms of service affiliation and trainings on PLHIV stigma and discrimination received, and the seven identified domains of stigma and discrimination.

**Results** The findings revealed high levels of stigma and discrimination among the respondents on fear related to drawing of blood from a patient living with HIV or AIDS patient 81.59%, observation on healthcare workers providing poorer quality of care to a patient living with or thought to be living with HIV than other patients 77.04% and dressing the wounds of a patient living with HIV or AIDS patient 75.23%. On the other hand, low percentage was registered on attitude towards key populations ranging from 5.5%–13.61%. Further, the study have revealed that the institution have only 8.2% of personnel who were trained on PLHIV stigma and discrimination.

**Conclusion** Grounding on the findings, the researcher highly recommends integration of Stigma and Discrimination Orientation/Trainings on hospital personnel catering to key populations and PLHIV to reduce the current level of stigma and discrimination. Increasing the understanding and correcting misconceptions on PLHIV and its accompanying stigma and discrimination to health care personnel through orientation and trainings would provide better avenue on the provision of high quality HIV access to the targeted populations.

**Disclosure** No significant relationships.

**P193 ASSESSING WOMEN PERSPECTIVES ON HIV TRANSMISSION RISK IN RURAL UPPER WEST REGION OF GHANA: A QUALITATIVE STUDY**

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**Background** Despite the steps taken by the Government of Ghana towards preventing or eliminating mother-to-child transmission (MTCT) of HIV in line with key international recommendations and guidelines, MTCT of HIV prevalence rate still remain high in the rural Upper West region of Ghana. This study explored the perspectives of rural women on circumstances that may facilitate HIV transmission and prevention in a high MTCT of HIV prevalence districts.

**Methods** Qualitative methods involving 6 focus group discussions were conducted using semi-structured interview guide in three rural districts. A purposeful sampling method was used to select eligible participants. The data were analyzed using a thematic framework approach.

**Results** The study findings show that all participants have heard of HIV and AIDS. Both pregnant women and breastfeeding mothers' had knowledge that HIV can be transmitted from the mother to the child. With regards to specific transmission routes and stages of transmission, during pregnancy, during labour and delivery and through breastfeeding were mentioned. However, knowledge on MTCT was inadequate since some participants did not know that wet-nursing was one of the transmission routes. Wet-nursing practices were prevalent in these communities. Some reasons given for the practice included initial breast milk of the mother not good for the baby's consumption or health because it is dirty or contaminated. To get rid of the initial milk, a breastfeeding mother is engaged to breastfeed (wet-nurse) the new-born as custom demands until the so-called dirty breast milk is gotten rid of. Other traditional risky practices were circumcision and giving of tribal marks to the newborn by traditional birth attendants.

**Conclusion** The findings of our study revealed that traditional practices which could have negative outcomes on maternal and child health are still carried out in the study settings. Interventions that seek to change social behaviours by addressing cultural norms is desirable.

**Disclosure** No significant relationships.