

were compared using annualized incidence. The distribution of those flagged as HIV-positive was compared by database.

Results

The best performing case-definition (YI 0.71) was two or more HIV diagnoses in two years in physician claims, or in hospital discharge abstracts; or 14 or more HAART dispensations in two years; or one positive HIV laboratory. Sensitivity, specificity, PPV and NPV was 82.3% (95%CI: 79.1%-85.5%), 86.8% (95%CI: 84.9%-88.7%), 74.1% (95%CI: 70.6%-77.6%), 91.4% (95%CI: 89.8%-93.1%), respectively. Annualized incidence (2009–2015) calculated from this case-definition was 7.4/100,000 persons (95%CI: 6.8–8.1)]; annualized incidence calculated from surveillance data was 7.7/100,000 persons (95%CI: 7.1–8.3). Approximately 76% of cases would have been flagged through a positive laboratory; 43% through pharmaceutical claims; 34% through physician claims; and 11% through hospital abstracts. 95% of cases would have been flagged through the combination of laboratory and pharmaceutical databases. Only 4% of cases were flagged in all four data sources.

Conclusion Although the combination of four databases produced the most complete prevalence snapshot, laboratory data was the most important contributor. The combination of laboratory and pharmaceutical databases would have identified the predominant majority of cases in our sample. Findings can be used to inform the construction of administrative data cohorts where the availability of population-based data sources may be more limited.

Disclosure No significant relationships.

P207

BURDEN OF OPHTHALMIA NEONATORUM AMONG BABIES OF PLHIV AT A DISTRICT HOSPITAL IN KUMASI, GHANA

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Background Ophthalmia neonatorum, also called neonatal conjunctivitis is a complication of *Neisseria gonorrhoeae* and *Chlamydia trachomatis* infections characterized by copious eyes discharge of newborn babies of infected untreated genital women. We examined babies born of women to determine the prevalence of ophthalmia neonatorum.

Methods This descriptive retrospective study reviewed the records of 257 babies aged 3 days to 14 days, of lactating women accessing care at the STI Clinic of the Suntreso Government Hospital in Kumasi Ghana from January to August 2018. Socio demographic characteristics as well as the clinical records and pregnancy details of the babies and mothers respectively were collected. Data was analysed using SPSS version 16.

Results 56 (26.5%) of the 257 babies were from HIV positive mothers who have been on ART for over 2 years. 61.5% (158/257) of the babies had uneventful delivery while 38.5%

(99/257) were delivered through caesarean section on account of breach presentation and foetal distress. 47.3% (122/257) of the mothers were symptomatic for vaginal discharge. A total of 211 (82.1%) of the babies were diagnosed and received syndromic treatment for Ophthalmia neonatorum. Of this number 20.4% (43/211) were babies of HIV positive mothers and represented 76.8% (43/56) of the total number of babies of the HIV positive mothers. The study found a significant association ($p < 0.000$) between babies with Ophthalmia neonatorum (98/122) and symptomatic mothers as well as HIV infection ($p < 0.001$).

Conclusion HIV infection is a risk factor for sexually transmitted infections Ophthalmia neonatorum remains a significant contributor to morbidity among babies born to Persons living with HIV. HIV positive women in the reproductive age group may have to be screened and treated for sexually transmitted infections in order to prevent further transmission to babies.

Disclosure No significant relationships.

P208

TESTING AND TREATING GENITAL AND EXTRA GENITAL BACTERIAL INFECTIONS IN HIV INFECTED PATIENTS: LESSONS LEARNED

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Background Current evidence supports the screening of *Neisseria gonorrhoeae* (NG) and *Chlamydia trachomatis* (CT) in symptomatic disease in all sites with risk for carriage. The purpose is to increase the accuracy of diagnosis and prevent missed asymptomatic infections. This study aims to describe the incidence and aetiology of urethritis, proctitis and ulcers and compliance to additional screening.

Methods Retrospective study of three major syndromes diagnosed in a cohort of HIV positive patients (2430 patients) followed in a tertiary care hospital between July 2017 and June 2018.

Results We identified 86 patients with symptomatic infections. Most of them were in men who have sex with men. Twenty-nine (34%) of these infections were urethritis. Almost half (48%) were by NG, with 3 (10%) additional NG infections detected in the anus and 6 (21%) in the oropharynx. CT caused 7 cases (21%) and in 2 cases it was detected exclusively in other sites. For all urethritis cases, 13 (48%) weren't screened for NG/CT in the anus or oropharynx. Half of NG cases did not make a cure test. There were 17 proctitis: 6 (35%) by NG and 9 (53%) by LGV CT. Nine patients (53%) didn't perform partner screening. Finally, there were 25 diagnosis of ulcers (23 genital; 2 oral). Eleven (44%) had no identifiable cause and 8 (32%) were primary syphilis. Of all cases, 11 (44%) had no screening at other risk sites. More than half of the partners (68%) were screened.

Conclusion The prevention of these infections through screening of all at risk sites, NG cure tests and partner screening can be challenging; it is time consuming, there may be limited interested in the treated patient for cure tests and the partners may be unknown or unwilling to be tested if asymptomatic.

Continued efforts to improve our practice and patient's adherence is essential.

Disclosure No significant relationships.

P209 **PRODUCTIVE IMPACT OF ASSISTED REFERRALS AND INCENTIVIZED ENROLLMENT ON THE UPTAKE OF HIV SERVICES IN LAGOS STATE, NIGERIA**

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Background Nigeria has the second highest global prevalence of Human Immunodeficiency Virus (HIV), with over two million children (0–17 years) made vulnerable by HIV, having lost either or both parents to Acquired Immune Deficiency Syndrome (AIDS). The Association for Reproductive and Family Health (ARFH) is implementing a five year Local Partners for Orphans and Vulnerable Children (OVC) Project in Nigeria, with support from the United States Agency for International Development (USAID), to mitigate the impact of HIV/AIDS on children and vulnerable households, in Lagos State. Poverty remains a major driver of HIV in Nigeria.

Methods Strategies include HIV Risk Assessments, Assisted Referrals and incentivized enrollment. The Community Volunteers (CVs) accompany those referred for HIV Testing Services (HTS) to health facilities, results are collected and HIV positives are counselled and linked to treatment same day. Incentivized enrollment on treatment is for indigent enrollees, to promote retention. The sum of \$25 is provided in three equal instalments as coupons, redeemed on producing evidence of enrollment on treatment, and two subsequent drug refills.

Results All the 43,495 enrollees (males: 16,908, females: 26,587) know their HIV status. The data subsets include 31,396 OVC (males: 15,482, females: 15,914) and 12,099 Caregivers (males: 1,426, females: 10,673). Increased yield of persons living with HIV was recorded. A total of 3,418 enrollees (males: 865, females: 2,553) tested HIV positive and have been linked to treatment. The subsets of HIV positive enrollees include 753 OVC (males: 378, females: 375) and 2665 Caregivers (males: 487, females: 2,178).

Conclusion Implementation of 'Assisted Referrals' and 'Incentivized Enrollment' on treatment, will increase access to HTS, linkage and retention on treatment and adherence for viral suppression, thereby contributing to UNAIDS 95–95–95 Goal. Absolute achievement was recorded on this project, with all the 43,495 enrollees knowing their HIV status and 3,418 that tested positive placed on treatment.

Disclosure No significant relationships.

P210 **ALINITY M HIV-1 ASSAY: DESIGN AND PERFORMANCE**

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Background HIV is characterized by a high degree of genetic diversity, presenting a challenge for the development of assays for initial diagnosis and subsequent monitoring of therapy

response. Alinity m HIV-1 was developed on the Alinity m System, a fully automated, random/continuous access analyzer, to achieve accurate quantitation across groups, subtypes and circulating recombinant forms (CRF), concurrent HIV-1 confirmation and viral load monitoring in plasma, confirmation in serum.

Methods Abbott's Global Surveillance program was utilized to identify the most conserved target regions across HIV-1 variants. The assay targets two HIV-1 genomic regions and utilizes partially double-stranded probes, RNA-specific sample preparation chemistry, unit-dose lyophilized amplification reagents, and patented Readiflex™ sample processing logistics to deliver a time-to-first-result of 115 minutes. The Alinity m HIV-1 assay was evaluated for key performance attributes.

Results Alinity m HIV-1 demonstrated linearity from 10 to 20,000,000 Copies/mL and demonstrated a within-laboratory SD of ≤ 0.13 Log Copies/mL from 2.3 to 7.4 Log Copies/mL. Probit analysis demonstrated that the assay detected HIV-1 RNA with 95% probability at 13.88 Copies/mL using 3rd WHO HIV-1 Standard (subtype B). The assay exhibited $\geq 95\%$ detection for HIV-1 group M subtypes, groups O and N at 20 Copies/mL. Correlation between Alinity m HIV-1 and Abbott RealTime HIV-1 assays demonstrated a mean bias of -0.03 Log Copies/mL (95% CI: -0.05 to 0.00). Confirmatory method agreement between Alinity m HIV-1 assay and comparator HIV-1 assay was 100%.

Conclusion The Alinity m HIV-1 assay utilizes a state of the art instrument system and dual-target assay design to deliver highly sensitive detection of diverse HIV-1 groups/subtypes and accurate quantitation across a wide dynamic range while facilitating rapid turnaround time (115 minutes) and workflow flexibility. By providing confirmation and baseline viral load measurement in one test, the assay reduces the number of steps required for initial diagnosis of infection.

Disclosure No significant relationships.

P211 **REPRODUCTIVE OUTCOME AND FETAL GROWTH IN HIV-INFECTED PREGNANT WOMEN AT A UNIVERSITY HOSPITAL IN VITÓRIA, BRAZIL**

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Background The infection by the human immunodeficiency virus (HIV), as well as the acquired immune deficiency syndrome (Aids), a worldwide epidemic, may lead to serious consequences in terms of maternal and fetal morbidity and mortality. The objective of this study was to describe the reproductive outcome and fetal growth in HIV-infected pregnant women and verify its relation to the antiretroviral use and severity of HIV infection.

Methods Cross-sectional study, with 122 pregnant women infected by HIV who had their termination in a university hospital maternity in Vitória, state of Espírito Santo, Brazil, from November 2001 to November 2014. The data was extracted from medical and public records in regard to gestational age, HIV status, antiretroviral use, and fetal dimensions.