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

Felix Iwuola*. Association for Reproductive and Family Health (ARFH), Orphans and Vulnerable Children (OVC) Program, Lagos., 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: 2553) 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

Jeffrey Wuitschick*, Anna Sobol, John Karavitis, John Salituro, Hemalata Joshi, Mark Sasaki, Tomasz Krupinski, Shihai Huang. Abbott Molecular, Research and Development, Des Plaines, USA

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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

¹Helena Lucia Barroso Helena Reis, ²Vinicius Barros, ³Ana Fernanda Rangel, ⁴Daniel Ribeiro Da Rocha, ⁵Paulo Roberto Merçon De Vargas, ⁶Angelica Miranda*. ¹Federal University of Espírito Santo, Vitória, Brazil; ²Helena Lucia Barroso Helena Reis, Vitória, Brazil; ³Federal University of Espírito Santo, Vitória, Brazil; ⁴Federal University of Espírito Santo, Vitória, Brazil; ⁵Federal University of Espírito Santo, Pathology, Vitória, Brazil; ⁶Universidade Federal do Espírito Santo, Departamento de Medicina Social, 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.

Results Preterm birth occurred in 15.6% (19/122), low birth weight (LBW) in 22.1% (27/122) and small for gestational age fetal weight in 19.7% (24/122) of cases, without significant variation due to the HIV-status (only infected or Aids) or anti-retroviral use.

Perinatal death occurred in 4.1% (5/122) of the cases. The Apgar score of less than or equal to 7 in the first minute was observed in 7.4% (9/120) and Zidovudine intravenous in prepartum was used in 92.5% (110/120) of cases. After a follow-up of more than 18 months of post-natal life, vertical transmission (TV) was verified in 6 cases (4.9%; 6/122).

Conclusion LBW, small for gestational age fetal weight, preterm birth and perinatal death occurrences were higher than the expected values in this research, indicating the need for preventive actions.

Disclosure No significant relationships.

P212 PSYCHOSOCIAL FACTORS AFFECTING THE CAREGIVERS OF PEDIATRIC HIV PATIENTS IN RETURNING FOR TREATMENT

¹Kelsey Buehler*, ²Milton Rahman, ²Eiman Mahmoud. ¹Touro University, 3rd Year Medical Student, Vallejo, USA; ²Touro University, Vallejo, USA

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Background Stringent HIV treatment adherence is paramount for expanding life and decreasing mortality (Adefolalu & Nkosi, 2013). However, pediatric adherence to therapy is a complex multifactorial issue that is affected by many issues such as characteristics of the child, caregiver(s), family, regimen, and culture (Haberer and Mellins, 2009). This study aims to explore the psychosocial influences on adherence through examining patient and caregiver return to clinic for treatment. The psychosocial influences we plan to investigate can be divided into the following: Stigma, women's empowerment, socioeconomic factors, stress, and family characteristics.

Methods 67 caregivers of pediatric HIV patients from Shirati Hospital in Tanzania were given quantitative surveys regarding psychosocial barriers to returning the patient for HIV treatment. Survey questions included topics about income, primary caregivers, stigma about HIV, average number of people known with HIV, transportation, stress levels, missed HIV appointments and skipped medication treatments.

Results Data was split into adherent and non-adherent groups. Non-adherent group missed either an appointment or medication dosage for the patient in the past 6 months (G1). Adherent group had not missed either (G2). Percentage male patient: G1: 63.6%; G2: 51.1% Average caregiver age: G1: 39.5 years; G2: 36.5 years Caregiver sex: G1: 41.7% male; G2: 19.2% male Caregiver relationship to patient: G1 41.7% mother; G2: 56.6% mother Person taking patient to clinic is primary caregiver: G1: 63.6%; G2: 80% Patient has more than one caregiver: G1 41.7%; G2: 52.7% Caregiver at clinic believes HIV is shameful: G1: 9%; G2: 31.5% Easily able to get clinic: G1: 25%; G2: 49% Perceived stress levels: G1: 3.37, G2: 2.96 (1–5 scale)

Conclusion Summary of unique findings include the adherent group displaying increased shameful preceptions of HIV. The non-adherent group had an increased average caregiver age and were more likely to be caring for a male patient.

Disclosure No significant relationships.

P216 GENDER-BASED VIOLENCE AND THE ASSOCIATED PSYCHOSOCIAL AND MENTAL HEALTH ISSUES AMONG FILIPINO HIV-POSITIVES

Evangeline Castronuevo-Ruga*. De La Salle University-Dasmariñas, Psychology Department, Dasmariñas City, Cavite, Philippines

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Background Gender-based violence (GBV) has generated practitioners' and researchers' interest since the surge of the women's movement few decades ago in the Philippines. Meanwhile, HIV-AIDS gained similar attention with the disclosure of the first ever case of the country in mid-80s. Only recently, however, has the intersectionality of these two phenomena been looked into by the research community elsewhere and has yet to be systematically studied locally. This research, therefore, attempts to map out the lived experiences of People Living with HIV (PLHIV) who have undergone gender-based violence (GBV) and looks into the consequent psychosocial and mental health issues.

Methods We used qualitative design to describe and understand the participants' gender-based violence (GBV) experiences relative to their becoming HIV-positives. Data was generated by a partner health non-government organization (NGO), the Action for Health Initiatives, (Achieve, Inc.), by recruiting 24 participants from the highly vulnerable groups of HIV positives, namely: entertainers/sex workers; men having sex with men (MSM); overseas Filipino workers (OFWs), and injecting drug users (IDUs) who were initially part of a survey done on a related study.

Using focus group discussion and in depth interviews, the participants were asked about the gender-based violence that they experienced early in life, about their experience with the Human Immuno-Deficiency virus (HIV), and about the psychosocial impact of these in their lives. In agreement with the partner NGO, the authors did the thematic analysis on the accounts generated.

Results Thematic analysis reveals that the participants experienced various forms of gender-based violence, e.g., sexual, emotional/psychological, economic, verbal, physical; and expressions of stigma and discrimination, which in turn, led to manifestations of psychosocial and mental health issues like trauma, depression, internalized homophobia, greater health risks and risk-taking behaviors, among others.

Conclusion Worth considering is the possibility that the consequent risk-taking and self-injurious tendencies played a role in their eventual contraction of HIV.

Disclosure No significant relationships.

P217 'STIGMA AND LEVEL OF CARE AMONG HEALTH CARE PROVIDERS TO HIV/AIDS PATIENTS'

Felisse Julien Jegonia*. Maria Reyna-Xavier University Hospital, Department of Internal Medicine, Cagayan De Oro City, Philippines

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