

P285 FACTORS ASSOCIATED WITH MOTHER-TO-CHILD HIV TRANSMISSION IN WESTERN NIGERIA: IMPORTANCE OF 90–90–90 GOALS IN THE ELIMINATION

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Background HIV pandemic has continued to be a huge challenge in Nigeria, with the problem of stigmatization reducing the chances of early determination of the HIV status of pregnant women. Hypotheses tested were the influence of maternal antiretroviral therapy (ART) use and infant's feeding option on baby's final early infant diagnosis (EID) outcome. The study was aimed at evaluating the variables associated with mother-to-child transmission of HIV & the factors associated with the transmission of the infection from the mothers.

Methods This study was a prospective cohort study of HIV-exposed infants conducted in Western Nigeria, between January 2015 and September 2017. Dried Blood Spots (DBS) were analysed using polymerase chain reaction technique. All data collected using Epidata and were statistically analysed, using statistical package for the social sciences (SPSS).

Results A total of 197 pregnancies resulting in 200 live births, 91 (45.5%) female and 109 (54.5%) male exposed to HIV were recruited. The overall MTCT rate was found to be 1.5% after cessation of all exposures, with two of these babies given mixed-feeding and their mothers not taking anti-retroviral therapy during pregnancy. The factors associated with MTCT in the univariate analysis include HIV diagnosis late during pregnancy, virological suppression & late ART commencement. Maternal antiretroviral therapy (ART) use & infant feeding option were found to have significant effect on baby early infant diagnosis (EID) outcome ($\chi^2 = 15.40$, $df = 2$, $P = 0.001$; $\chi^2 = 12.67$, $df = 2$, $P = 0.001$).

Conclusion The diagnosis of HIV and antiretroviral therapy coverage prior to pregnancy are the main factors in the prevention and elimination of mother-to-child transmission of HIV, thus, the achievement of the 90–90–90 goals in HIV-infected women would make it possible to achieve the goal of eliminating perinatal HIV transmission in Nigeria.

Disclosure No significant relationships.

P288 SEXUALLY TRANSMITTED INFECTIONS AMONG PREGNANT WOMEN IN RURAL MYSORE, INDIA

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Background Sexually Transmitted Infections (STIs) including HIV are a major public health problem in India. Syndromic management is the standard of care for STIs, therefore, there are no studies showing the current screening rates for STIs among pregnant women in India. This study examined the

burden of STIs among rural pregnant women in Mysore, India.

Methods Between 2009 and 2014, a prospective cohort study was conducted among pregnant women. All women underwent an informed consent process before answering an interviewer-administered questionnaire in the local language of *Kannada*. The women consented to providing blood and vaginal samples for testing. All participants received routine antenatal care services and were followed-up immediately after delivery, and at 6- and 12-months after delivery. Descriptive, chi square and logistic regression analyses were computed using SPSS 23

Results The mean age of the 1,772 pregnant women were 21.1 ± 3.2 years, 98.8% were Hindu, with 36.4% belonging to low-income households. The seroprevalence of HIV and Hepatitis B Virus was 0.4% (95%CI: 0.1–0.7) and 0.8% (95% CI:0.5–1.3) respectively. There were no cases of Syphilis. The burden of BV was 7.4% (Nugent Score: 7–10) and 11.6% for intermediate flora (Nugent score: 4–6). Approximately 8.5% had any one of the infections (HIV, HBV or BV). STIs were significantly associated with sex under the influence of alcohol (Odds Ratio[OR]: 1.59, 95%CI: 1.02–2.48) and younger age of sexual initiation (OR:0.90, 95%CI: 0.83–0.99). Nearly 36.7% of the infants had low birth weight (<2.5 kg) and 5.6% infants died before 28 days. No significant association was observed with STIs and low birth weight and infant deaths.

Conclusion The burden of being diagnosed with any STIs was relatively high at 8.5% and is associated with risky sexual practices which could inadvertently cause adverse birth outcomes. Therefore, there is an increased need for screening and active intervention targeted to rural pregnant women in India.

Disclosure No significant relationships.

P289 SYPHILIS TESTING AT ANC IN KENYA: DUAL TESTING AS A GAME CHANGER TOWARDS EMTCT

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Background The ANC guidelines advocate every woman in the ANC to get tested of both HIV and Syphilis in Kenya. Despite these recommendations, the level of coverage of Syphilis testing has been low, as a result women are supported to protect their babies from HIV, only for them to lose their babies due to pregnancy losses and babies dying from congenital syphilis. In addition, the HIV negative pregnant women who have undiagnosed and untreated STIs have an increased risk of acquiring HIV. In July 2017, Kenya launched an elimination of MTCT of HIV and Syphilis Strategic Framework 2016–2022. This paved way to the investment and introduction of HIV & Syphilis Dual test kit use in ANC from March 2018. We thus, sought to know the extent of adherence to syphilis testing among pregnant women at ANC.