P305 POOR ADHERENCE PREDICTORS AND FACTORS ASSOCIATED WITH TREATMENT FAILURE AMONG HIV SEROPOSITIVE PATIENTS IN WESTERN NIGERIA

¹Ibiwumi Usman*, ²Saheed Usman. ¹Kids and Teens Resource Centre, Akure, Nigeria; ²APIN Public Health Initiatives, Clinical Laboratory Services, Akure, Nigeria

10.1136/sextrans-2019-sti.418

Background The efficiency and success of antiretroviral therapy (ART) depends on a near-perfect level of patient's adherence to a life-long regimen of antiretroviral (ARV) which is beneficial in reducing the risk of emergence of HIV resistant strains. This adherence is however influenced by several factors related mainly to patient and medication. This study is therefore carried out to determine the adherence rate of adult patients infected with HIV and identify the factors associated with antiretroviral therapy (ART) interruption or poor adherence.

Methods This cross sectional study was carried out in Ondo & Ekiti States, South Western Nigeria. The target population was adult patients living with HIV and already initiated on ART. Data was collected by trained volunteers and supervised by appointed supervisors, by a face-to-face interview. All data were statistically analysed, using statistical package for the social sciences (SPSS) and statistical test of significance was performed with Chi-Square test.

Results A total of 412 consenting respondents participated in the study with a mean age $\pm$ SD is 37.93 ± 9.30 years. 116 (40.8%) of them are males while 244 (59.2%) are females. ART adherence level was 79.6%. The main factor associated with ART adherence was educational status ($\chi^2 = 16.18$, $df = 3$, $P = 0.001$). Drug reminder strategy have lower association with missing ART drug (OR: 0.51, 95% CI: 0.28 – 0.92) while patients experiencing ART drug side effect have higher association with missing ART drug (OR: 1.82, 95% CI: 1.01 – 3.28).

Conclusion ART adherence is sub-optimal, with barriers largely patient-dependent thus it is imperative to intensify medication adherence counselling in an holistic behavioural educational improvement strategy aimed at improving the ability to fit therapy into own lifestyle, avoid drug exhaustion, achieve optimal adherence and tremendous patient outcome.

Disclosure No significant relationships.

P306 VACCINE DEVELOPMENT & AMP; PARTICIPATION IN SUB SAHARAN AFRICA: HOW WILLING ARE YOUNG PEOPLE IN WESTERN NIGERIA?

¹Saheed Usman*, ²Ibiwumi Usman. ¹APIN Public Health Initiatives, Abuja, Nigeria; ²Kids and Teens Resource Centre, Akure, Nigeria

10.1136/sextrans-2019-sti.419

Background An estimated 36.7 million people live with HIV/AIDS in 2015, with more than 3 million people living with the virus in Nigeria, ranking the country among the top three most affected. Because adults are mostly affected by this epidemic, their inclusion in HIV vaccine trials is of utmost importance in obtaining an effective and acceptable vaccine. This study is thus aimed at evaluating the factors determining

adults (young persons) willingness-to-participate (WTP) as well as their entire knowledge and perception about HIV vaccine trials.

Methods Data was obtained from 3500 young persons (18–49 years) recruited by a multi-stage sample technique. The cross-sectional study was carried out using a face-to-face interview. An informed consent was obtained through a pre-tested structured questionnaire, with questions addressing socio-demographics, HIV vaccine studies knowledge and perception, sexual behaviour and possible stigma from HIV vaccine trial participation. Data was analysed using SPSS software, with significance fixed at $P < 0.05$.

Results The mean age $\pm$ SD was 27.53 ± 3.46 years. 1094 (31.3%) expressed their willingness to definitely participate in the vaccine studies while 999 (28.5%) reported that they may participate especially if a very tangible incentive will be given. Unwillingness to participate was associated with safety concerns (12.0), side effects (5.0%), fear of HIV infection from vaccine (4.1%), time required for study (1.9%) and partner's sexual intercourse refusal (1.2%). 983 (28.3%) reported people in good health, HIV negative individuals and at low risk of HIV infection, are eligible for HIV vaccine trial. There was a significant association between willingness to participate in HIV vaccine trials and age as well as gender.

Conclusion Participation in HIV vaccine trial in Nigerian context is likely influenced by comprehensive education about the vaccine trial concept, addressing issues relating to concerns and possible risks pertaining to participation, as the WTP in the vaccine trial is quite low.

Disclosure No significant relationships.

P307 LINKAGE TO HIV CARE FROM SEXUAL HEALTH CENTER ROTTERDAM: TIMELY ENTRANCE TO CARE, BUT WORRYING LOSS TO FOLLOW-UP IN MIGRANTS

¹Hannelore Götz*, ²Denise Twisk, ³Jannigje Smit, ⁴Jan Beek, ⁵Candace Breman, ⁵Klaas Ridder. ¹Public Health Service Rotterdam Rijnmond; ²Erasmus MC University Medical Center Rotterdam; ³National Institute for Public Health and the Environment (RIVM), ⁴Public Health/Sexual Health; ⁵Department of Public Health; ³Epidemiology and Surveillance Unit, Centre for Infectious Disease Control, Rotterdam, Netherlands; ²Municipality of Rotterdam, Research and Business Intelligence, Rotterdam, Netherlands; ³Maastad Hospital, Internal Medicine, Rotterdam, Netherlands; ⁴Erasmus MC—University Medical Center Rotterdam, Infectious Diseases, Rotterdam, Netherlands; ⁵Public Health Service Rotterdam-Rijnmond, Public Health, Sexual Health, Rotterdam, Netherlands

10.1136/sextrans-2019-sti.420

Background Direct treatment after HIV-diagnosis reduces further transmission and has individual health benefits. A check of HIV referral is therefore crucial. Approximately one third of HIV-infections in the greater Rotterdam area are diagnosed at the Center of Sexual Health (CSH). After notification of HIV-infection and counseling, clients are directly referred to a HIV treatment center (HTC). The HTC informs the CSH if the patient did not attend within 4 weeks.

Methods Determinants of linkage to care were assessed in patients with HIV diagnosis (2015–2018). For patients in the Rotterdam HTCs, median time was calculated between testing and diagnosis (T1) and diagnosis and 1st consultation at HTC (T2).