P196

DEVELOPMENT OF TAQMAN BASED MULTIPLEX QPCR ASSAY FOR SIMULTANEOUS DETECTION OF N. GONORRHOEAE, C. TRACHOMATIS AND T. VAGINALIS IN THE ENDOCERVICAL/VAGINAL SAMPLES

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Background *Neisseria gonorrhoeae* (NG), *Chlamydia trachomatis* (CT) and *Trichomonas vaginalis* (TV) are among the major causative agents of sexually transmitted infections (STIs). Huge fraction of patients with NG, CT and TV infections are asymptomatic making syndromic case management (SCM) becomes unreliable. Taqman based triplex qPCR assay for simultaneous detection of NG, CT and TV, besides being dependable diagnostic tool, can effectively differentiate between mono-infections and co-infections of these pathogens.

Methods Endo-cervical dry swabs were procured from non-pregnant females visiting Department of Obstetrics & Gynaecology, VMMC and Safdarjung Hospital, Delhi, India as per ICMR ethical guidelines. DNA was isolated from the samples and presence of the causative agent, if any, was determined using in-house developed Multiplex qPCR assay by employing specific primer-probe sets targeting each pathogen. Analytical sensitivities and specificities were determined for each uniplex assay. In-house developed assay was clinically validated in comparison to published NAAT based assays.

Results A 108 bp region of *orf-1* gene of NG, 133 bp region of *pld* gene of CT and 147 bp region of *pfo-B* gene of TV genomic DNA were utilized for identification. Analytical sensitivity of NG uniplex assay was determined to be 10ag of recombinant DNA (3–4 DNA equivalents) and for both CT and TV, it was determined to be 100ag of DNA (30 DNA equivalents). 85 clinical samples have been examined so far and the assay detects NG and CT DNA with 83% and 60% sensitivities, 99% and 100% specificities, 83% and 100% PPV and, 99% and 98% NPV respectively. Two clinical samples among them were co-infected with NG and CT.

Conclusion In-house developed multiplex qPCR assay provides an opportunity for diagnosis of three highly prevalent and curable STIs in only one assay. The results following validation are motivating enough to project it as a potentially reliable diagnostic tool for their detection.

P197

THE IMPACT OF AN HIV CURE FOR PEOPLE LIVING WITH HIV AND AFFECTED POPULATIONS IN THE NETHERLANDS: A QUALITATIVE STUDY

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Background When an HIV cure becomes available, it will have consequences for people living with HIV (PLHIV) and affected populations. The aim of this study was to explore the perceived impact of an HIV cure on the expected quality of life (QoL) among PLHIV and affected populations in the Netherlands.

Methods We conducted in-depth interviews with 28 PLHIV and 12 people of affected populations (i.e., people who inject drugs and men who have sex with men (MSM) living without HIV) in the Netherlands. We explored experienced QoL related to HIV; perceptions towards two potential cure scenarios (i.e., achieving post-treatment control in which HIV is suppressed without medication or complete elimination of HIV from the body), and how these two scenarios may change their QoL. Data were thematically analyzed to identify perceptions related to the impact of an HIV cure.

Results Interviewees described that their current QoL was, or would be, negatively influenced by HIV due to daily use of medication, fear of obtaining or transmitting HIV, and stigma. Participants perceived the elimination of HIV as a cure and achieving post-treatment control as a next step in the treatment of HIV. PLHIV and affected populations expressed that the elimination of HIV would improve QoL beyond reducing physical discomfort. Noteworthy, PLHIV believed that the fear of obtaining HIV would be reduced due to a cure, and that this may lead to an increase in sexual risk behaviors.

Conclusion Our study demonstrates the importance of HIV cure research by highlighting the expected positive impact of a cure beyond reducing physical discomfort of living with HIV, in particular among PLHIV. In addition, our results help current cure researchers anticipate the need to align language about an HIV cure with the desires about an HIV cure of PLHIV and affected populations.

P199

REACHING OUT: EVALUATION OF COMMUNITY-BASED HIV TESTING PILOT IN A HIGH PREVALENT MULTICULTURAL AREA IN ROTTERDAM, THE NETHERLANDS

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Background We performed a community-based HIV testing (CBHT) pilot in a multicultural area with high HIV prevalence. Here we evaluate our goals of reaching the population, finding HIV-infections and whether this approach helps to normalize HIV testing, decrease HIV-related stigma, and increase knowledge and open conversation about HIV.

Methods Interviewing 37 residents and 6 key figures of community/health organizations outlined our CBHT strategy main conditions: low-threshold, free-of-charge and a general health check (HIV test included). Based on these conditions, and in consultation with community organizations, test actions were developed offering HIV and other health checks. Demographics, HIV testing history, risk perception and openness concerning HIV was obtained via questionnaires. We piloted seven 4-hours test actions at three community organizations (October 2019–February 2020), who also recruited