P302 TRYPTOPHAN METABOLITES ARE NOT ASSOCIATED WITH DEPRESSIVE SYMPTOMS IN HIV

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Background This study aims to determine the relationship amongst tryptophan metabolites, inflammation markers, and depression in people with HIV (PWH).

Methods This is a 12-month prospective study of chronically depressed (PHQ9 $\geq$ 10 for 2+ years) PWH on antiretroviral therapy (ART) to evaluate the effect of baseline plasma tryptophan (TRP), kynurenine (KYN), kynurenic acid (KA) and quinolinic acid (QA) and inflammation markers (hsCRP, IL6, sTNF-RI and -RII) quantified by LC/MS/MS and ELISA, respectively, on depressive symptoms over time. Age/sex/CD4-count matched PWH with PHQ9<5 underwent a single visit for cross-sectional comparisons. Multivariable linear and logistic regression and linear mixed effects models were utilized.

Results 95 adults were enrolled (48 depressed; 47 control). Median age was 46; 63% men, 35% woman; 2% transgender MTF; 58% black; 36% white; and 6% Hispanic regardless of race. Depressed were less likely to have completed high school/GED (70 vs 91%), were more sedentary (67 vs 18% <10hrs exercise/week) and more likely to smoke (75 vs 19%) (all $p<0.03$). Baseline CD4 count (median 673 cells/mm³), proportion with HIV-1 RNA<20 (77%) and HIV duration were similar (9yrs). Baseline sTNF-RI and -RII were positively correlated KYN, KYN:TRP, QA and QA:KA (all $p<0.01$). hsCRP and IL6 were positively correlated with QA and QA:KA. After adjusting for demographics and factors different between groups, depressed participants had higher inflammatory markers with the exception of IL6 and slightly lower tryptophan metabolites than controls (differences not statistically significant). Higher baseline tryptophan, but not other metabolites nor inflammation markers, was associated with higher PHQ over time ($p=0.04$). Last, none of the markers were associated with depressive symptom remission at 6 or 12 months.

Conclusion In the context of ART-treated HIV, tryptophan metabolites and inflammation markers were strongly correlated, but neither appear to be related to symptoms of depression.

P303 GIANT CONDYLOMATA ACCUMINATA ASSOCIATED WITH HIV AND HEPATITIS CASE REPORT

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Giant condylomata acuminata also known as Buschke-Löwenstein tumor (BLT) is a benign, slow-growing, locally destructive cauliflower-like lesion usually in the genital region. The disease is usually locally aggressive and destructive with a potential for malignant transformation. The causative organism is human papilloma virus. The most common risk factor is immunosuppression with HIV; however, any other cause of immunodeficiency can be a predisposing factor. They are prevalent in human immunodeficiency virus (HIV)-infected

individuals and sexually active populations at risk for HIV acquisition. Some reports have suggested that immunosuppression is a risk factor for recurrence of a condyloma. Thus, we observed the association for a giant anal condyloma in human immunodeficiency virus (HIV)-positive patient and patient with hepatitis C.

Sexually transmitted diseases (STDs) showed a higher prevalence of hepatitis B, followed by hepatitis C, syphilis and HSV.

We present 2 patients male who practice sex with males and have giant condyloma in anal region. For every patient who is entering at operating room we do the screening for STD and hepatitis and we found out that in these two patients who have a giant condylomata acuminata in the anal region were positive on HIV and hepatitis C.

We performed laser Co2 1064nm excision of the lesion and local cytostatic imiquimod after the threat with laser and send the patients in STD department for the therapy and further investigation regarding health condition.

On the basis of our work and literature, it can be concluded that giant anogenital warts occur in almost one-third of the male population infected with HIV and factors associated with a higher risk of being diagnosed with anogenital warts as a co-infection with Hepatitis B or C.

P304 THE IMPACT OF ACTIVE SURVEILLANCE AND THE COVID-19 PANDEMIC ON RECRUITMENT OF RESEARCH PARTICIPANTS WITH EARLY SYPHILIS IN CALI, COLOMBIA

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Background Syphilis remains as a global public health threat. Understanding the immune response and the molecular variability of Tp is needed for vaccine development. However, most clinical studies do not reach their target sample size. The aim of this study was to describe our experience recruiting early syphilis cases for translational studies in Cali, Colombia.

Methods The monthly number of enrolled participants (MNEP) was obtained from medical records. Three distinct periods were identified. During period 1 (July-2003 to December-2018) the study personnel visited the staff of 87 health institutions and presented the eligibility criteria. During period 2 (May-2019 to March-2020), in addition to staff visits, the active surveillance (AS) of syphilis test results was conducted and an HIV outpatient clinic (HOC) was added to the network. During period 3 (March-2020 to January-2021) the COVID-19 pandemic reached Colombia. The median and interquartile range (IQR) of the MNEP was calculated. The frequency and proportion of subjects from HIV and AS was calculated for periods 2 and 3. Finally, to assess the association between the proportion of months with 0, 1, 2, 3 or 6 participants and the period the Fisher's exact test was used.

Results 159 months were included in the analysis. The median MNEP was 1 for the three periods, while the IQR was 0-1,

1–6 and 0–2 for periods 1, 2 and 3, respectively. During period 2 only one (10%) month had zero enrolled participants and three (30%) had enrollment of six participants, while around 40% of the months of periods 1 and 3, had zero enrolled participants and none had 6 ($p=0.004$). During period 2 and 3, 22 (48%) participants were enrolled from AS and 6 (13%) from HOC.

Conclusions Active surveillance increased the enrolment of patients with early syphilis, and potentially limited the impact of the COVID-19 pandemic.

P305 HIGH RATES OF SYPHILIS IN BRAZILIAN'S BORDER STRIP: A CHALLENGE TO BE ADDRESSED

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Background Infectious diseases do not recognize international borders. Despite the importance of on the border strip in Brazil, the theme has been little explored under the focus of syphilis data. We aim to analyzing syphilis the detection rate of syphilis in the Brazilian border strip.

Methods A descriptive study including an ecological and cross-sectional evaluation employing data from Brazilian Ministry of health databases for 2019. Cases of Syphilis were available at the National System of Disease Notification and diagnostic and treatment data were available at the Primary Health Care System. The syphilis detection rates per 100.000 inhabitants were calculated. Comparisons data were made between the municipalities in the strip border and the federative units.

Results The syphilis detection rate in Brazil in 2019 was 72.8/100,000 inhabitants, when the border areas data were analyzed separately the detection rate in the country was 71.6/100,000 and in the border region 91.9/100,000. In the bordering regions, the highest detection rate was observed in the southern region (116.0/100,000 inhabitants), and the lowest in the northern region (55.6/100,000). Brazil had 152,915 cases of acquired syphilis, of which 10,636 (6.9%) were in border areas. A total of 20% of the municipalities had no cases of syphilis and 31.6% had a detection rate above the national average. There are 263(45%) municipalities up to 7,000 inhabitants, 82% up to 25,000 inhabitants and only 11(2%) above 100,000 inhabitants.

Conclusions Brazil has a high detection rate of syphilis and this rate is even higher when it was considered the strip border in general. Nevertheless, the rates were different when it was compared the borders with different countries. There is a need to improve the countries' capacity to collect high quality data in the coverage of interventions and inequalities and to use this data as a basis for decisions to improve care.

P306 PUBLIC POLICIES FOR SYPHILIS IN PREGNANCY AND CONGENITAL SYPHILIS IN BRAZILIAN BORDER STRIP

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Background Congenital syphilis (CS) is a public health issue in Brazil. Despite the importance of on the border strip, the country do not have many data in these areas. Our goal is analyzing the profile of syphilis in pregnancy and CS in the Brazilian border strip.

Methods We performed an ecological and cross-sectional study using data from 2019. Cases of Syphilis were available at the National System of Disease Notification and diagnostic and treatment data were available at the Primary Health Care System. The syphilis in pregnancy and CS detection rates per 1.000 living-births (LB) were calculated. Comparisons data were made between the municipalities in the strip border and the federative units.

Results Among the 586 municipalities, 84.8% carry out rapid test, 391(67%) reported syphilis in pregnancy and 396(67.6%) applied benzathine penicillin in primary care units. Regarding CS, 366(64%) municipalities did not report CS cases, 90 (17%) had a lower incidence than the national average and 102(19%) had similar or greater incidence. Around 45% of women were diagnosed in the first trimester of pregnancy; this proportion was higher in the southern region (52.6%). Around 80.5% of women received adequate treatment, with no difference between regions. The national detection rate of syphilis during pregnancy was 20.8 cases/1000LB and in border region was 23.3/1000LB. Regarding the CS incidence, we calculated 8.2/1000LB for Brazil and 5.5/1000LB for border region. It is noted that the northern region presented the lowest syphilis rate in pregnancy (19.2/1000NV) and CS (3.7/1000LB) compared to the Midwest (27.9/1000LB and 6.4/1000LB, respectively) and South (24.9/1000LB and 6.6/1000LB, respectively).

Conclusion The results showed a good performance of care in pregnancy and low rate of CS. Although it is still important diagnostic and treatment implementation to qualify the care in order to reduce the vertical transmission of syphilis in the Brazilian border strip.

P310 PREFERENCES FOR CHLAMYDIA TESTING AND MANAGEMENT IN HONG KONG: A DISCRETE CHOICE EXPERIMENT

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Background As most chlamydia cases are asymptomatic, regular screening and timely management is important for chlamydia control. We aimed to determine the preferences of people living in Hong Kong for chlamydia testing and management services.

Methods An online panel (hosted by Toluna) of sexually active individuals living in Hong Kong completed an online survey with two discrete choice experiments (DCEs). The first DCE examined the preferred attributes of a chlamydia testing service (cost, location, appointment time, speed of results, delivery of results and availability of other STI testing). The second DCE examined the preferred attributes of a chlamydia management service (cost, access to patient delivered partner therapy (PDPT), location, travel time, type of person consulted, and attitude of staff).