P333 SEXUALLY TRANSMITTED INFECTIONS IN WOMEN VICTIMS OF SEXUAL VIOLENCE IN VITORIA, BRAZIL

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10.1136/sextrans-2021-sti.384

Background Sexual violence increases the risk of sexually transmitted infections (STI) and pregnancy, which makes it essential to approach them as part of an integrated healthcare. The goal of this study was to analyze the frequency of STI and its prophylaxis in women victims of sexual violence.

Methods A retrospective cohort study including adolescent and adult women assisted in referral clinic was performed in Vitória, Brazil. Clinical records were reviewed from 2010 to 2019. Prevalence rates were calculated using data from STI diagnostic at the first visit and incidence rates using diagnostic from the follow-up visit.

Results Data from 814 women were reviewed. Most of them were adolescent (42.7%) and single (79.2%), the mean of sexual partners was 3.1 (SD±2.8), one third have not had the first sexual intercourse yet. Rape was the predominant type of sexual violence (90%), mainly perpetrated by one aggressor, unknown person in 46%. Recurrence of the aggression was observed in 24%. STI prophylaxis was performed in 44.3% and emergency contraception in 39.8%. The prevalence rates detected were 0.5% of syphilis and 0.1% of hepatitis B (HBV). Incidence rates were 1.2% of syphilis, 0.8% of HBV, 1.0% of hepatitis C and 1.9% of trichomoniasis. There were no cases of HIV. Physical violence and several partners increased the chance of syphilis by 15.9 times ($p=0.048$) and 1.3 times ($p=0.040$), respectively. Incidence of hCG positive test was 29.6%; 88.3% of women requested a legal termination of pregnancy and 67.7% did it. Receiving emergency contraception prophylaxis decreased in 85.6% the chances of pregnancy ($p < 0.001$).

Conclusion STI prevalence and incidence were low, even though STI prophylaxis has been performed in less than half of the women. These results emphasize the need of implementing public policies and strategies that guarantees the access to the sexual and reproductive rights in Vitória.

P334 ROLE OF NEIGHBORHOOD FACTORS ON RACIAL/ETHNIC DIFFERENCES IN SUSTAINED HIV VIRAL SUPPRESSION AMONG RYAN WHITE PROGRAM CLIENTS IN MIAMI, 2017

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10.1136/sextrans-2021-sti.385

Background Neighborhoods characterized by adverse socioeconomic factors may be associated with poor HIV care outcomes, including viral suppression, which varies by race/ethnicity. Health disparities are observed among racial/ethnic minorities in disadvantaged neighborhoods. Moreover, once a person is virally suppressed, it is imperative that suppression is sustained long-term to reduce risk of secondary transmission and disease progression to AIDS. Therefore, the study's objective was to examine the effect of neighborhood factors on the association between race/ethnicity and sustained viral suppression.

Methods A cross-sectional study was conducted using 6,491 people with HIV from the Miami-Dade County Ryan White Program dataset, in 2017. Neighborhood level data was collected from the American Community Survey. Indices were created using exploratory and confirmatory factor analysis for psychosocial and neighborhood level data. Multilevel mixed effects modeling was used to examine the effects of neighborhood characteristics on the association between race/ethnicity and sustained viral suppression (<200 copies/ml on all viral load test in a given year).

Results Three neighborhood indices were created (socioeconomic disadvantage index, residential instability index, racial/language homogeneity index), and were categorized into tertiles (low, moderate, high). Significant differences in race/ethnicity was observed within each neighborhood tertiles. Non-Hispanic Blacks had lower odds of sustained viral suppression in neighborhoods characterized by low socioeconomic disadvantage (adjusted odds ratio [aOR]: 0.39; 95% confidence interval [CI]: 0.20–0.74), moderate residential instability (aOR: 0.31; 95% CI: 0.15–0.65), and low racial/language homogeneity (aOR: 0.38; 95% CI: 0.16–0.88) and high (aOR: 0.38; 95% CI: 0.19–0.75), when compared to non-Hispanic Whites. Haitians also exhibited poor outcomes in moderate residential instability (aOR: 0.42; 95% CI: 0.18–0.97) and high racial/language homogeneity neighborhoods (aOR: 0.49; 95% CI: 0.26–0.93), when compared to non-Hispanic Whites.

Conclusions Racial/ethnic differences in rates of sustained viral suppression exist in different neighborhood characteristics. Findings indicate that neighborhood factors might affect optimal care for minorities.

P335 ASSESSMENT OF CHANGES AND COPING MECHANISMS IN A LARGE, STAND-ALONE HIV TESTING CENTRE, IN INDIA, DURING THE COVID-19 PANDEMIC

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10.1136/sextrans-2021-sti.386

Background The sudden emergence of the unprecedented Covid-19 pandemic, saw the world grappling with a never-before crisis situation in all walks of life. The repercussions were many, and each country, and discipline of medicine, handled it in the best way possible. Our HIV testing laboratory, catering to the large population of Delhi and neighboring states, faced many challenges and handled them, during the pandemic, which are discussed.

Methods The study-setting is the stand-alone Integrated Counseling and Testing Centre (ICTC) for HIV, located in the capital city of New Delhi, India. The study period included a full year from March 2020 to February 2021, when the Covid-19 pandemic hit the country. Various aspects of the changes in our HIV testing facility during the lockdown were studied, including- changes in footfall, demography of clients, availability of staff and supplies, numbers tested for HIV, HIV positivity and Covid-19 patients tested for HIV.

Results The study yielded mixed results, with some parameters showing a decline (numbers tested, female to male ratio, fall in numbers of children and elderly tested for HIV, fall in laboratory errors), some parameters remaining the same (kits and supplies, HIV positivity percentage of 2–4%), and some other parameters showing a distinct increase in numbers (efficiency