further inclusion. Studies were included in this review if they contained *C. trachomatis* testing data

Results This paper provides 31 new studies that were not featured in the previous review. Prevalence of CT in the included studies ranges from 0.4% to 29%. The studies are classified in four patient categories namely: OPD and STI clinic attendees, Commercial sex workers and their clients, Men who have sex with men and Trans genders and population groups. The most commonly reported testing method was PCR. This paper helps to provide a broader picture regarding *C. trachomatis* in India by providing prevalence levels for some groups of high relevance for STIs, like Commercial Sex Workers (CSW) and Men who have Sex with Men (MSM). This review provides more ample background in the CT burden in India among the most vulnerable and fringe groups. This paper also raises the issue of referencing of research papers on STIs in India to facilitate review and research on the matter

P428 QUALITY OF LIFE OF PATIENTS LIVING WITH HUMAN IMMUNODEFICIENCY VIRUS INFECTION – EVIDENCE FROM SOUTH INDIA

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Introduction With anti-retroviral therapy (ART) for human immunodeficiency virus infection (HIV) coming into picture, quality of life (QOL) has gained importance. Knowledge on the factors affecting QOL would be helpful in making important policy decisions and health care interventions. The aim of this study is to assess the quality of life of people living with HIV (PLWH) and to identify the factors influencing their QOL.

Materials and Methods The study was done among 100 PLWH attending a tertiary care hospital, and three Non-Governmental Organizations at Calicut, Kerala, India, from June 2015 to May 2018. QOL was assessed using HIV specific World Health Organization Quality Of Life scale (WHO-QOL-HIV) – BREF questionnaire which has six domains (physical, psychological, level of independence, social relationships, environment and spirituality/religiousness/personal belief). Social support and stigma were measured using ‘Multidimensional Scale of Perceived Social Support’ and ‘HIV Stigma Scale,’ respectively, using Likert Scale. Factors influencing QOL were identified using backward stepwise multiple linear regression with the six domain scores as the dependent variables.

Results Male:Female ratio was 1:1 and 58% were in early stage of the disease (stage I/II). Psychological and SRPB (Spirituality Religiousness and Personal Beliefs) domains were the most affected domains. All the regression models were statistically significant ($P < 0.05$). The determination coefficient was highest for the social relationship domain (57%) followed by the psychological domain (51%). Disease stage and perceived social support significantly influenced all the domains of WHOQOL. Younger age, female gender, rural background, shorter duration of HIV, non-intake of ART and greater HIV related stigma were the high risk factors of poor QOL.

Conclusion Interventions such as ART, family, vocational and peer counselling would address these modifiable factors influencing QOL, thereby improving the QOL of PLWH.

P429 HEALTH RELATED QUALITY OF LIFE AMONG HIV AFFECTED INDIVIDUALS – A CROSS SECTIONAL STUDY

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Introduction Identifying the level of health related quality of life (HQoL) and their influencing factors in human immunodeficiency virus (HIV) positive people is of extreme importance in implementing an interventional program to support this group. This cross sectional study was an attempt to determine the level and factors associated with HQoL among the individuals affected with HIV.

Methodology A convenient sample of 82 HIV-infected people from three NGOs and one Infectious Disease Hospital (IDH), were interviewed using an interviewer administered, semi structured questionnaire developed by adopting the ‘WHO-QOL-HIV BREF instrument’.

Results Majority of the respondents were with low Quality of Life (QoL) in all the domains of HQoL. The proportion of respondents with low QoL was highest in the domain of social relationship (64.6%) followed by psychological domain (59.8%), physical domain (58.5%), level of independence domain (56.1%), environmental domain (52.4%) and spirituality domain (52.4%) of HQoL. Bivariate analysis revealed that the overall perception of QoL was better in the respondents living in urban area, who were employed and asymptomatic of the centre for disease control (CDC) stage of HIV.

Conclusion The perception of overall health was higher in females, all respondents less than 35 years of age, asymptomatic of the CDC stage of disease and with a current CD4 count greater than 200 cell/mm³. These findings highlight the need for enhanced socio-psychosocial support and a better environment for improving the health related quality of life among individuals affected with HIV.

P430 A PEOPLE-CENTERED APPROACH TO DEVELOP INTERVENTION PACKAGES FOR HIV PARTNER NOTIFICATION: FACILITATORS AND BARRIERS UNDER A SOCIOECOLOGICAL FRAMEWORK

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Background The rate of HIV infections among MSM in China has been on the rise in recent years despite public health efforts to reach key populations for HIV prevention. The limited acceptability and usage of partner notification services (PS) would be one reason. People-centered approach such as crowdsourcing, which collects ideas from the public to solve a certain problem, may be promising for developing more effective intervention packages in promoting PS.

Methods This study used mixed methods to develop PS intervention strategies and analyze emerging themes of facilitators and barriers for PS. First, we used a community-based participatory approach to organize a crowdsourcing contest that solicited innovative works for promoting PS among MSM in China. Second, descriptive analysis was used to examine the demographic characteristics of the participants and the features of the eligible entries. Finally, we conducted content analysis using inductive and deductive coding methods under