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

a socioecological framework, to identify facilitators and barriers of PS.

Results 77 people from 31 cities submitted a total of 92 submissions, of which 53 remained eligible. Among participants with eligible entries, 60% were male, more than half identified as homosexual or bisexual, and 11% disclosed as living with HIV. Content analysis identified novel strategies to facilitate PS, including differentiation of care and stepwise notification. In addition, people-centered principles were highlighted, as emerged themes from the submissions emphasized on index education and self-empowerment, and the necessity to provide safe and supportive disclosure services.

Conclusions The contest engaged a diverse population of participants to contribute to the development of people-centered PS for MSM living with HIV in China. Differentiation of care and stepwise notification could be valuable for the next-step design of a more comprehensive, integrated intervention package. The emphasis on people-centered PS is also insightful for HIV-related policy design in China.

P432 THE PREVALENCE OF CO-INFECTION WITH HIV, HEPATITIS C AND TB AMONG PATIENTS INFECTED BY HIV/AIDS IN SENEGAL

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Hepatitis is the predominant risk factor associated with hepatocellular carcinoma.

Objective The aim of the present research is to carry out epidemiological studies concerning the hospital out-come management of Hepatitis C co – infection with HIV and TB in a well defined hospital based population. Materials and

Methods Epidemiological studies were carried out among 1320 patients admitted at Kaolack hospital concerning the hospital out-come management of hepatitis C (HCV) and Co – infections with HIV and TB over a period of four years (2006 – 2010). The grand diagnostic kits were used to analyze blood samples for HBV, HCV and HIV while sputum samples were analyzed for TB using the Zel Nielsen (ZN) staining technique.

Results A CD4 lymphocyte count of 0–200 cells/mm³ was found in 625 (47.3%) individuals. Out of these, 393 were found to be in WHO stage I clinical status. A further 409 with CD4 count of 201–400 cell/mm³ were grouped as stage III (254) and stage IV (155). These together were determined as being eligible for anti-viral therapy. Of background Viral hepatitis constitutes a major public health problem world wide. Viral those eligible for anti-viral 52 and 80 were infected with HCV and HIV respectively. With respect to subjects management outcome in the hepatitis C infected subjects, follow-up was lost in 44(71.0%) while 11(17.7%) subjects survived and 7 (11. 3%) died. Similarly, subjects managements out-come amongst HIV and TB co-infected with HCV infections were follow-up was lost in 34 (77.3%), 7 (15.9%) survived and 3 (6.8%) died. With respect to TB smear positive co-infected with HCV, follow-up was lost, 6 (20.6%) survived while 6 (20.6%) died.

Conclusion In respect to CD4 lymphocyte count and WHO clinical staging subjects were selected for Antiviral therapy management out-come showed that there was loss of follow-up for majority of the subjects.

P436 ANALYSIS OF SOME INDICATORS OF IMMUNE STATUS AND A NUMBER OF CYTOKINES IN CHLAMYDIA INFECTION AND MYCOPLASMOSIS

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Background Among the current and common STIs are urogenital chlamydia infection and mycoplasmosis, which lead to significant complications, infertility, pathology of pregnancy and childbirth. A characteristic feature of inflammatory diseases of the genitourinary system caused by mono- and mixed infection (chlamydia and mycoplasma) is the immunological reorganization of the organism, which is confirmed by immunological methods.

Methods To study the immune status of patients with chlamydia and mycoplasmosis, clinical and laboratory tests of 64 individuals aged 17 – 36 years were performed. Control group included 6 practically healthy people. The number of total T-lymphocytes (CD3), T-helpers (CD4) and T-suppressors (CD8) was determined in all patients by indirect immunofluorescence by staining cells in a monolayer, as well as the level of a number of cytokines (IL-2; IL-3; IL-4; IL-6) by ELISA. The significance of differences between the independent values was determined using Student's t-test.

Results Objective examination revealed the following: cervical hyperemia – 48 (75%), urethral hyperemia – 14 (21,9%), mild cervical edema – 16 (25%), discharge – in all patients.

Study of T-cell component of immunity revealed a significant decrease in total population of T-lymphocytes (CD3), T-helpers (CD4) and an increase in the number of cells with suppressor capacity (CD8). These changes in subpopulation ratio of T-lymphocytes lead to a significant inversion of the immunoregulatory index (CD4/CD8).

The study showed significant changes in some indicators of cytokines, in particular: a significant increase in IL-3, IL-4 and IL-6. Significant reduction in the amount of proinflammatory cytokine IL-2 was noted.

Conclusion Immune status disorders are observed in women with urogenital chlamydia infection and mycoplasmosis. In particular, changes in the population of T3 lymphocytes CD3, CD4, CD8 and CD4/CD8, as well as changes in the level of a number of cytokines (IL-2; IL-3; IL-4; IL-6) are revealed.

P437 CULTURE AS SOCIAL DETERMINANT OF HEALTH DETERRENT TO MSM HEALTH IN KWAZULU NATAL, SOUTH AFRICA

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Background Access to health-services for men-who-have-sex-with-men (MSM) is critical in the fight against HIV/AIDS. MSM across South-Africa are experiencing factors preventing them from accessing health-services and have been denied their fundamental human rights. Culture has been identified as one of the key barriers for MSM in accessing health services.

Method The study used two data collection tools: in-depth interview and observation for 25 MSM. The interviews were conducted in Durban KZN province focusing on experiential assessments of MSM in the district municipality. The selected