Background Young women in South Africa are highly affected by sexually transmitted infections (STI), like *C. trachomatis* (CT) and *N. gonorrhoeae* (NG). We aimed to estimate the incidence of CT and NG, and its determinants, among young women from the Western Cape, South Africa, participating in an HPV vaccine trial (the EVRI study).

Methods HIV-negative women aged 16–24 years were enrolled between October 2012 and July 2013. At enrolment and month 6 participants were screened for CT and NG. A questionnaire on demographic and sexual history characteristics was completed at enrolment and month 7. Treatment for CT and/or NG was offered to infected participants. Incidence rates (IR) of CT and NG were estimated. Determinants of incident CT and NG infections were assessed using Poisson regression.

Results 365 women were tested for CT and/or NG at least twice. Prevalence of CT and NG at baseline was 33.7% and 10.4%, respectively. Prevalence of co-infection with CT and NG was 7.1%. During 113.3 person-years (py), 48 incident CT infections were diagnosed (IR=42.4 per 100 py, 95% confidence interval (CI) 31.9–56.2). Twenty-nine incident NG were diagnosed during 139.3 py (IR=20.8 per 100 py, 95%CI 14.5–29.9). Prevalent CT infection at baseline was associated with incident CT (adjusted incidence rate ratio (aIRR) 5.8, 95%CI 3.0–11.23. More than three lifetime sex partners increased the risk for incident NG (3–4 partners aIRR=7.3, 95%CI 2.1–26.0; ≥ 5 partners aIRR=4.3, 95%CI 1.1–17.5).

Conclusions The IR of bacterial STIs among young women in the Western Cape is very high. Besides being previously infected and a higher lifetime number of sex partners, no other risk factors were found for CT and NG, suggesting that all these women were at risk. This indicates the need for intensified prevention of STIs as well as screening and treatment programs to increase sexual health in this region.

P097

A MIXED-METHOD APPROACH TO MAPPING HEMATOLOGISTS' HIV TESTING BEHAVIOR IN LYMPHOMA PATIENTS AT THE AMSTERDAM UNIVERSITY MEDICAL CENTERS

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Background Compared to HIV-negative individuals, people living with HIV have a higher risk of malignant lymphoma. To what extent hematologists miss HIV testing opportunities among lymphoma patients (LP) in the Amsterdam University Medical Centers (UMC) is currently unknown. We quantified the HIV testing rate among LP and assessed factors influencing hematologists' HIV testing behavior in LP at both Amsterdam UMC locations.

Methods In this mixed-methods study, quantitative data from 2015 to 2019 from electronic health records of LP were retrospectively collected to assess both the HIV testing rate within three months around lymphoma diagnosis and the HIV

positivity prevalence. An online survey among hematologists and semi-structured interviews among hematologists and authors of hematology guidelines were conducted.

Results Data from 656 LP and 21 hematologists who responded to the survey out of 40 were used. Interviews were held with four hematologists and two authors of hematology guidelines. The HIV testing rates were 56.4% and 57.6%, and the HIV positivity prevalences were 0.8% and 0.9% for both locations. Eighty-five percent (18/21) of hematologists indicated they often offered an HIV test to LP in the past year, and 42% (9/21) revealed HIV testing in LP is often discussed in their department. The type of lymphoma, lack of awareness regarding HIV testing recommendations in LP, low perceived risk of HIV among LP because of older age, and lack of guidelines recommending universal HIV testing regardless of lymphoma type, each influenced hematologists' HIV testing behavior.

Conclusion Our results show routine HIV testing among LP and hematologists' attitudes and knowledge towards testing at the Amsterdam UMC are suboptimal, despite HIV testing being recommended in most lymphoma guidelines. This highlights the need for interventions to improve hematologists' behavior towards testing, such as education, as well as expansion and enhanced implementation of the hematology guidelines.

P098

A CAPITALE AD CALCEM APPROACH IMPORTANCE IN CASE OF SYPHILIS

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Background Nowadays, the patient full examination is challenging by limited time in different medical fields (Musellim B. et al, 2017). It can lead inappropriate diagnosis and treatment. Therefore, it is important to use patient examination gold Approach a capitale ad calcem.

Methods The medical documentation, pathology slides and data of laboratory results were reviewed in the context of up-to-date medical literature.

Results A 34-year-old white man presents with a complaint about itching on his legs and arms that follow him around four months.

In objective examination of the overall status – without any deviation of the norm. In the local status, we found infiltrative, hyperaemic papules with yellowish crusted erosions on both legs and arms with well demarcated. On both legs we found varicose veins. Sexual history said that last sexual contact had been two years ago. The full blood test, infection tests (HIV, RPR, TPHA, HCV), microbiology and skin punch biopsy were done. Work diagnosis at the beginning: exacerbation of chronic eczema. Important to keep in mind, cutaneous features of secondary syphilis sometime can show as chronic dermatitis.

The blood test result, total IgE showed without any deviation of the norm. RPR – positive (4+), TPHA (4+, 1:1280), HIV – negative, HCV – negative. Excreted from the skin: *Staphylococcus aureus*, *Streptococcus pyogenes* (beta haemolytic group A). Other sexual transmissible disease – negative. The skin punch biopsy was done from arm skin. At the pathological conclusion said that: histological picture is