

strategies and the control group six sessions on treatment literacy, smoking and mental health. Data were collected at baseline and immediately after the intervention. Intervention effects were assessed using the adjusted standardized linear regression coefficients.

Findings: Participants had a mean age of 34.3 years old, 54.9% were male, and 69.3% were currently married. The results indicated that the sexual risk reduction intervention significantly improved participants' safer sex intention with regular partner ($p=0.002$), HIV-positive partners ($p=0.001$), and HIV-negative partners ($p=0.031$). Similarly, the sexual risk reduction intervention significantly improved participants' HIV transmission knowledge (< 0.001), perceived severity [$p < 0.001$], and vulnerability [$p < 0.001$], and coping appraisal (self-efficacy [$p < 0.001$], response efficacy [$p < 0.001$], and response cost [$p < 0.001$]). The positive effects of intervention remained significant after adjusting for baseline scores and other potential confounders.

Interpretation: This is the first theory-based HIV prevention intervention to demonstrate an increase in safer sex intention and positive effects on HIV-preventive mediators among HIV-positive individuals in a resource-limited setting in Asia. Although further studies are needed to evaluate the long-term efficacy of the intervention in improving protection motivation and safer behaviors, scaling-up this intervention appears likely to improve the health of HIV-positive individuals and prevent HIV transmission in the general population.

Funding: The study was supported by a grant from the National Center for Global Health and Medicine, Tokyo, Japan and by a Grant-in-Aid for Young Scientists (B22790581) Japan Society for the Promotion of Science, Japan.

Abstract #: 02CD023

Continued explosive rise in HIV prevalence among Chinese men who have sex with men

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Background: HIV prevalence among men who have sex with men (MSM) in Beijing China increased from 1.2% in 2000 to 7.8% in 2010, to projected 21.4% in 2020. This study aimed to estimate the current HIV prevalence and identify factors associated with HIV infection in this population.

Methods: A cross-sectional study was conducted in Beijing from March 2013 to March 2014. MSM participants were recruited through phone message, web-based advertisement, outreach and peer referral. An interviewer-administrated questionnaire was used to collect the information on socio-demographics, drug and alcohol use, sexual behaviors, self-perception of HIV risk, and history of HIV testing. Blood was collected for HIV and syphilis testing. Logistic regression was used to estimate adjusted odds ratio (aOR) and 95% confidence interval (CI).

Findings: Of 3588 eligible participants, HIV prevalence was 13.2% and syphilis 7.4%. Beijing residency (aOR, 0.62; 95% CI, 0.47-0.83), having health insurance in Beijing (aOR, 0.76; 95% CI, 0.61-0.95), illicit drug use (aOR, 2.70; 95% CI, 1.51-4.81), unprotected receptive anal intercourses (aOR, 1.73; 95% CI, 1.39-2.16), duration since last HIV testing (tested within 12 months vs. none: aOR, 0.59; 95% CI, 0.47-0.75; tested before 12 months vs. none: aOR, 1.00; 95% CI, 0.75-1.32), and current syphilis infection (aOR, 2.72; 95% CI, 1.98-3.74) were independently associated with HIV infection.

Interpretation: The estimated HIV prevalence is on the projectory of the rapidly increasing HIV epidemic among Chinese MSM, suggesting

the past HIV interventions have failed to change the rising trend. Innovative interventions are needed, and these interventions should fully engage gay communities.

Funding: No funding listed.

Abstract #: 02CD024

Tailored family planning and reproductive health services for HIV infected adolescent women: Analysis of adolescent women's childbearing intentions in Masiphumelele and Gugulethu, South Africa

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Background: The South African National Antenatal Sentinel HIV and Syphilis Prevalence Survey in 2012 estimates that 28.8% of pregnant women between the ages of 15 and 49 years old are living with HIV. Combined reproductive health and HIV treatment services can lower maternal-fetal transmission rates. Gaining an understanding of HIV infected adolescent women's childbearing intentions will allow for more effective development of these services.

Methods: Sexually active adolescent women between the age of 16 and 21 years old completed the survey from October 2012 through February 2014 at the Desmond Tutu HIV Foundation Youth Centre in Masi-phumelele, South Africa and the Hannan-Crusaid Treatment Centre in Gugulethu, South Africa. The data were analyzed using SPSS 22.0.

Findings: 85 adolescent women with a mean age of 19 years participated in the survey. 35 women (41%) were HIV-infected and 50 were HIV-uninfected (59%). There is no statistical difference in intention to have children in the future between HIV-infected and uninfected women (74% v. 78%, $p=0.27$). 41% of HIV-infected and 26% of HIV-uninfected adolescent women have had one live birth. The majority of HIV-infected and uninfected adolescent women ask a nurse for information regarding family planning (65% v. 52%, $p=0.248$), followed by youth center/clinic (21% v. 24%, $p=0.714$), and family (15% v. 26%, $p=0.216$). Only 6% HIV-infected and 0% HIV-uninfected women reported asking a doctor for family planning advice. There is a statistical difference in condom use between HIV-infected (97%) and HIV-uninfected (82%) women ($p=0.036$). 50% HIV-infected and 64% HIV-uninfected women use injection contraception, and 3% HIV-infected and 8% HIV-uninfected women use pill contraception.

Interpretation: Regardless of HIV status, adolescent women have intentions to have children. Most adolescent women ask a nurse for family planning information, but a large percentage of women ask their family. It is essential to further develop family planning and sexual health services for this population and ensure their access to these services.

Funding: This work was supported by the National Institute of Allergy and Infectious Diseases at the National Institutes of Health (5 K23AI07759 to David Adler).

Abstract #: 02CD025

History of sexual abuse, depression, and alcohol use as risk factors for HIV infection in high HIV prevalence fishing communities in rural Uganda

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Background: In Uganda, some of the highest rates of HIV prevalence are found in fishing communities along Lake Victoria, making these communities a priority for research and interventions. Understanding factors associated with HIV status is necessary in order to identify the highest risk groups, and to inform the development of tailored efforts to decrease HIV risk in these communities. With this aim, the present study examined factors related to HIV positive status in fishing communities in Uganda.

Methods: Participants were recruited for participation based on their occupation, residence, and language ability. 300 (132 males, 168 females) individuals living in one of three rural fishing communities in Wakiso District, Uganda were enrolled and completed a cross-sectional interviewer-assisted questionnaire. Participants provided written informed consent and all study procedures were approved by IRBs in Uganda and the U.S. Measures included sociodemographics, HIV testing history, sexual and alcohol use behavior, history of physical, sexual, and emotional abuse, depression (CES-D), and alcohol use disorders (AUDIT). The main outcome of interest was HIV status. Data was analyzed using logistic regression in SPSS version 20.

Findings: 22.6% of the sample reported being HIV positive and 9.7% reported not knowing their HIV status. Compared to those with no history of sexual abuse, participants reporting having ever experienced sexual abuse from a partner in the past were more likely to be HIV positive (OR 1.71, CI 1.05-2.79). Higher scores on the AUDIT (OR 1.11, CI 1.04-1.18) and greater frequency of participant and partner alcohol consumption prior to sex in the prior 30 days (OR 1.38, CI 1.06-1.79) were associated with being HIV positive. Meeting criterion for depression (OR 1.55, CI 0.94-2.56, $p = 0.08$) and reporting having ever met a sexual partner at an alcohol establishment (OR 1.73, CI 0.98-3.06, $p = 0.06$) were marginally statistically significant predictors of HIV positive status. Gender, condom use, and other forms of abuse (physical, emotional) were not statistically significant predictors of being HIV positive.

Interpretation: The findings provide support for the importance of alcohol use in the acquisition of HIV in high risk fishing communities in Uganda, potentially through multiple pathways. Factors related to emotional and mental health, including depression and a history of sexual abuse, may further increase one's risk for HIV, and should be considered in public health interventions, though the cross-sectional nature of the data limits this interpretation.

Funding: This study was supported by National Institute on Alcohol Abuse and Alcoholism grant P01 AA019072 to Peter M. Monti. SK was supported by a K01 Mentored Research Scientist Development Award from the National Institute of Mental Health K01 MH083536 and KS was supported by a T32 Predoctoral Fellowship Award from the National Institute of Drug Abuse #T32 DA023356.

Abstract #: 02CD026

Prevalence of skin diseases in school-aged children in rural Ghana

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Background: Skin diseases are prevalent in African schoolchildren and can significantly impact health and wellbeing. Determining the burden of skin diseases in specific regions and communities can guide prevention and management strategies (Hogewoning, Amoah, Bavinck, et al, 2013). Since 1992, the Ghana Education Service has

mandated that health education and surveillance, conducted by community health nurses (CHN), be an integral part of school health to complement academic education and improve the odds of a child's success in school. The aim of this study was to partner global health students (GHS) from an American College of Nursing with CHN from the Ghana School Health Education program to describe the prevalence and nature of skin diseases in schoolchildren in the Ejisu-Juaben district of the Ashanti region of Ghana.

Methods: This descriptive study was conducted during a 5-day global health research immersion, supervised by a nursing faculty with proficiency in dermatology. 8 CHN and 11 GHS, predominantly from nursing programs, attended two educational sessions about common skin diseases in African children presented by the faculty and the Medical Director for the regional hospital. GHS were teamed with CHN to perform visual, head-to-toe assessments on randomly selected classes of school-aged children (6-12 years old) from 3 school zones in the district. Skin abnormalities were identified and photographed for later quality review. Children with abnormalities were referred for follow-up care as needed.

Findings: Preliminary results from 2 of the 3 school zones identified abnormal skin conditions in 325 of 719 (45.2%) children assessed. Fungal infections (64%) and bacterial infections (18.1%) comprised the majority of abnormal skin conditions; the remaining conditions were viral (6.5%), inflammatory (10%) and other dermal infestations (5.8%).

Interpretation: Skin abnormalities in this region of Ghana are common and, although similar in type, were more prevalent than reported in other African regions. A strength of this study was that it capitalized on existing public health resources and the observational skills of nursing students. A study limitation was the unvalidated dermatologic assessment skills of CHN and GHS, which potentially reduced assessment accuracy and the identification of atypical conditions, mixed pathology and more rare skin abnormalities. Assessments may have been further compromised by the challenging conditions in the classrooms including poor lighting and minimal privacy. The results of this study support the need for more attention to prevention and management of skin diseases in children and the need for more dermatologic training of CHN in rural Africa, which may be fulfilled in part by GHS with appropriate preparation and supervision.

Funding: Funding was provided by The Robert S. and Beth M. Carter Foundation and the University of Utah Educational Resource Development Council.

Abstract #: 02CD027

Assessing leishmaniasis in East Pokot Kenya: An epidemiological survey and community evaluation

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Background: While there is evidence that visceral leishmaniasis (VL) is prevalent in some parts of Kenya the level of community awareness, knowledge and interactions, disease incidence and health systems capacities are unknown. Several surveys were conducted in the remote East Pokot district, Kenya to address these issues. Understanding this is crucial for developing evidence-based interventions for hard-to-reach populations.

Methods: Population based cluster surveys were conducted during January-March 2012. Based on the latest population Census, a sample of 448 households was targeted for this study in 18 villages (clusters) comprising 7,650 households. Criteria for participation included age above 2 years, residence in VL risk area for at least 6 months and no recent (within 2 years) history of VL. Incidence of VL