descriptive analyses of sent messages, delivered messages and estimation of adherence based on messages.

**Results** We enrolled 25 women. In total, 4,963 messages were sent of which 40 failed to be delivered (1%). 1,664 SMS were sent with a question if medication was taken, which received an answer 1,580 times (91%). The answer was ‘Yes’ in 1,137 cases (65%), ‘No’ in 10 cases (0.6%) and indefinable in 433 cases (26%). The median adherence based on ‘Yes’-answers was 74% [range 24–99]. If also counting the indefinable answers, the mean adherence was 100% [range 95–100].

**Conclusion** Despite a few technical issues, we believe using SMS has potential to improve adherence and should be further investigated in clinical trials to determine the effect on adherence to treatment.

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**PO 8481** HIGH HEPATITIS B VIRUS INCIDENCE AMONG HIV-1-INFECTED TREATMENT-NAIVE ADULTS IN BOTSWANA

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**Background** Hepatitis B virus (HBV) is one of the leading causes of death worldwide despite a moderately potent vaccine. HBV prevalence has been shown to be higher in patients infected with the human immunodeficiency virus (HIV), hence increased liver-related morbidity and mortality, as well as general poor health outcomes in HIV-HBV co-infection. We estimated the HBV incidence among HIV-1-infected treatment-naive adults in a longitudinal cohort in Botswana.

**Methods** Plasma samples from 200 HIV-1 infected treatment-naive participants from a completed longitudinal cohort from 2004 to 2007 were screened for HBV surface antigen (HBsAg). HBsAg was assessed using Murex version 3 enzyme-linked immunosorbent assay as per manufacturer’s instructions at 4 timepoints, 12 months apart. We estimated HBV incidence with 95% confidence interval (CI). Cox proportional regression method was used to estimate hazard ratios [gender, age (≤35 or >35) years, CD4+ T cell count (≤450 or >450) cells/μL and HIV viral load suppression (≤400 or >400) copies/mL].

**Results** The median age of screened individuals was 32 years [Q1, Q3: 28, 40] and 83.5% [167/200] were female. Baseline median CD4+ T cell count was 466.35 cells/μL [Q1, Q3: 380.43, 605.75] and median HIV viral load was 13,450 copies/mL [Q1, Q3: 2365, 37400]. The HBV incidence was 3.6/100 person-years [95% CI: 2.2–5.6]. There were no significant differences by gender, age, HIV viral load suppression and CD4+ T cell count.

**Conclusion** We report for the first time a high HBV incidence among HIV-infected adults in Botswana. HBV incidence was high in this population despite generally high CD4+ T cell counts and lower HIV viral loads. Early screening of HBV in HIV-infected individuals is vital and should be included in the national HIV treatment guidelines.