

Melbourne, Australia and highlights Mg as an important sexually transmitted infection. Increase in detection of Mg in anal swabs also highlights the importance of rectal testing in symptomatic males.

Disclosure of interest statement No disclosure to declare.

P07.02 EVALUATION OF THE HOLOGIC TRANSCRIPTION MEDIATED AMPLIFICATION ASSAY FOR DETECTION OF MYCOPLASMA GENITALIUM FROM URINE SAMPLES

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Introduction *M. genitalium* is an emerging sexually transmitted pathogen, with a strong association with urethritis, cervicitis and pelvic inflammatory disease. Detection of this bacterium by routine culture is not practical and routine diagnosis and screening for *M. genitalium* by molecular techniques has been hampered by lack of readily available commercial assays. A preliminary version of a commercial amplification assay is currently available on the Panther platform and was evaluated against an in-house qPCR assay currently in use for routine diagnostics.

Methods Overall 1000 consecutive urine samples from men and women were utilised for this evaluation. Over the course of 3 months, urine samples were obtained from consecutive symptomatic men and women being screened for *M. genitalium* at Melbourne Sexual Health Centre, as well as women being screened prior to termination of pregnancy at the Royal Women's Hospital, Melbourne. The primary Hologic assay targeting 80bp region of 16s rRNA was compared to the in-house diagnostic assay which targets a 517bp region of 16S gene, as well as a second 16s rRNA target available on the Hologic platform.

Results The comparison of the two targets available on the Hologic platform showed very high correlation ($k = 0.97$ 95% CI 0.93–1.00). Comparison of primary Hologic assay to in-house 16S qPCR assay, also showed very good correlation ($K = 0.84$ 95% CI 0.75–0.93). Overall, both primary and secondary Hologic assays on Panther were more sensitive than the 16S qPCR for detection of *M. genitalium* in urine specimens.

Conclusion The *M. genitalium* assay on the Hologic platform integrated well with the laboratory procedures allowing rapid testing and possibility of rapid and accurate reporting using integration with laboratory information system. Overall the Hologic assay for detection of *M. genitalium* offers a simple, accurate and sensitive platform for diagnostic laboratories for detection of this important upcoming pathogen.

Disclosure of interest statement Hologic supplied the diagnostic kits and the Panther platform to conduct this study.

P07.03 CLINICAL PERFORMANCE EVALUATION OF A NEW, RAPID POINT-OF-CARE SYSTEM FOR DETECTING CHLAMYDIA TRACHOMATIS

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Introduction The Atlas Genetics io™ system is a new rapid molecular diagnostic platform designed to test for infectious

diseases at Point of Care (POC). The test process is fully automated and utilises a novel nucleic acid detection technology. There is no specimen processing and it provides a result in 30 min. This preliminary evaluation compared the performance of the Atlas Genetics io™ *Chlamydia trachomatis* (CT) test to routine diagnostic testing using the APTIMA Combo 2 test (AC2, Hologic Gen-Probe) for the detection of CT.

Methods Two self-collected vulvo-vaginal swabs were obtained from women presenting at a genitourinary medicine clinic; swabs from alternate patients were placed in collection buffer and tested using the AC2 test or the io™ CT assay as the first test. Any sample giving a discrepant result was retested using the residual buffer from the io™ CT assay using the artus® *C. trachomatis* Plus RG PCR kit (Qiagen). A true positive result was defined as positive with at least two of the three tests.

Results Of the samples collected from 193 women, 18 were determined to be true positive results for *C. trachomatis*, of which one sample was positive with the AC2 and artus CT test but negative with the io™ CT test. Three io™ false positive results were reported out of 175 samples that were negative when tested using the AC2 and artus tests. Based on a provisional cut-off, this resulted in a sensitivity and specificity of 94.4% and 98.3%, respectively for the io™ CT test.

Conclusion The Atlas Genetics io™ CT test was shown to deliver laboratory-equivalent results within 30 min, on a system designed to be used in the STI clinic or similar POC setting, that is easy-to-use and gives results that require no interpretation or analysis.

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P07.04 NEW MOLECULAR POINT-OF-CARE TEST IMPROVES TIMELINESS OF TREATMENT FOR CHLAMYDIA TRACHOMATIS (CT) AND NEISSERIA GONORRHOEA (NG) IN A REMOTE ABORIGINAL HEALTH CLINIC

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Introduction High CT and NG prevalences have been observed in remote Aboriginal communities for decades. Testing and treatment are key prevention strategies, yet considerable delays in treatment occur, due to distances from laboratories and difficulties recalling patients. The TTANGO (Test, Treat ANd GO) randomised controlled trial is the first to evaluate whether a new point-of-care CT/NG test (GeneXpert) can improve the timelines of treatment and reduce re-infections rates in remote Aboriginal communities.

Methods In the context of TTANGO, we conducted an interim analysis to compare timelines of treatment before and after the point-of-care test was introduced at one of the 12 TTANGO sites. This site is one of seven remote clinics managed by Nganampa Health Council (NHC), an Aboriginal health service in South Australia.

Results Overall, 777 people were tested for CT/NG, 81 (10.4%) were positive; highest in 15–19 year olds (15.4%). In the point-of-care period, 40/40 (100%, 95% CI: 91.1–100) of people with a positive CT/NG point-of-care test received treatment, and of these 90% were treated in 24 h, with a median time-to-