

**Introduction** Euro-GASP antimicrobial resistance (AMR) data informs gonorrhoea (GC) treatment guidelines, therefore the data needs to be robust and reliable. We assessed whether Euro-GASP appropriately reflects the AMR situation across Europe.

**Methods** We compared data from Euro-GASP and national systems from 12 countries for azithromycin (AZ), cefixime (CEF) and ciprofloxacin (CIP) from 2009–2013 and performed Poisson regression to identify differences ( $p < 0.05$ ) between the proportions of resistant isolates in Euro-GASP and national data sets. The 2014 Euro-GASP AMR data for each country ( $n=19$ ) were weighted to account for differences according to patient characteristics (age group, sexual orientation and gender) between the Euro-GASP patient data and the European STI surveillance data. Data were compared to determine whether resistance levels shifted above or below the 5% threshold used to assess the clinical utility of GC treatments.

**Results** Euro-GASP isolates were more likely to be resistant for AZ (incidence-rate ratio (IRR) 1.3, 1.1–1.5 95% confidence interval (CI),  $p=0.003$ ) and less likely to be resistant for CEF (IRR 0.8, 0.7–0.9 95% CI,  $p=0.007$ ) compared to the national data. There was no significant difference for CIP.

Weighting slightly altered the estimates of overall AMR (–4.7%–4.7% difference). More apparent differences for AZ and CIP (9.5%–17.9%) were observed for countries with low isolate numbers and low completeness of reporting ( $n=3$ ). Weighting caused AMR levels to cross the 5% threshold in one country (CEF 5% to 3.4%).

**Conclusion** The comparability of resistance proportions was satisfactory for CIP; MICs for CIP-resistant gonococci were mostly well above the resistance breakpoint, so testing and interpretation remained reliable. The differences for CEF and AZ resistance proportions were likely due to variability induced by strains with MICs close to the resistance breakpoints. Weighting of the Euro-GASP 2014 data provided similar estimates of AMR, demonstrating that Euro-GASP laboratories submit representative isolates in respect to patient characteristics.

### P3.158 DISPARITIES IN HIV CLINICAL OUTCOMES AMONG A LARGE COHORT OF HIV-INFECTED PERSONS IN CARE IN MISSISSIPPI, UNITED STATES: FINDINGS FROM MEDICAL MONITORING PROJECT, 2009–2014

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**Introduction** Increase in CD4 count and achieving viral suppression are the ultimate goals of the HIV care, yet disparities in these outcomes exist among subpopulations of HIV-infected persons. We aimed to assess potential disparities in viral suppression and normal CD4 count among HIV-infected persons in care in Mississippi.

**Methods** We used Mississippi Medical Monitoring Project (MMP) data from 2009 to 2014 ( $n=1,233$ ) in this study. MMP is a nationally representative surveillance system designed to assess and monitor the behavioural and clinical characteristics of HIV-infected adults receiving outpatient medical care in the United States. Outcome variables in this study were suppressed recent and durable viral load ( $<200$  copies/ml), and normal CD4 count ( $\geq 500$  cells/mm<sup>3</sup>). Patients'

characteristics in this study were race, gender, age, annual income, education, insurance, and length of diagnosis. Descriptive analysis, Chi-square tests, and multiple logistic regression were conducted, accounting for the complex sample design.

**Results** Our findings indicate that suppressed recent viral load prevalence was significantly higher among whites (72.8%), those aged  $\geq 50$  years (74.3%), those who had annual income  $\geq \$20\,000$  (76%), public insurance (68.3%), or those were diagnosed  $\geq 5$  years (67.4%). The prevalence of suppressed durable viral load was significantly higher among those who aged  $\geq 50$  years (71.7%), and were diagnosed  $\geq 5$  years ago (61.4%), and the prevalence of normal CD4 was significantly higher among females (46%). Multivariable analysis show that those aged  $\geq 50$  years were more likely to have suppressed recent (aOR=2.4) and durable viral load (aOR=2.9) compared to those aged 18–24 years, and women were more likely to have normal CD4 count than men (aOR=1.4), after controlling for the confounders.

**Conclusion** Our findings identified age and gender disparities in the HIV clinical outcomes, which may be used to develop and implement multifaceted interventions to improve health equity among all HIV-infected patients.

### P3.159 PREVALENCE OF SEXUALLY TRANSMITTED INFECTIONS AND ACCEPTABILITY, FEASIBILITY OF SCREENING IN ANTENATAL CARE, VIETNAM, 2016–2017

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**Introduction** There is strong evidence that sexually transmitted infections (STIs) cause adverse pregnancy outcomes, including preterm birth, stillbirth, low birth-weight and congenital infections. The prevalence of *Chlamydia trachomatis* (CT), *Neisseria gonorrhoeae* (NG) and *Trichomonas vaginalis* (TV) in the Asia Pacific region varies. The recently estimated mean prevalence of CT, NG and TV in low and middle income countries in Asia was 0.8%, 2.8% and 13.6% respectively. In Vietnam, pregnant women are not screened for CT, NG and TV during their antenatal visits. The aim of our current study was to estimate the prevalence of STIs and access feasibility and acceptability of screening for CT, NG and TV among pregnant women in Hanoi.

**Methods** We plan to enrol 800 pregnant women coming to Ha Dong General Hospital, Hanoi for antenatal care. Eligibility includes age 18 years or older, gestational age less than 35 weeks and willing to come back to the hospital for counselling and treatment if tested positive. After informed consent, enrolled women self-collect vaginal swabs or urine samples for testing using Xpert CT/NG and TV assays (Cepheid, Sunnyvale, CA, USA). We offer CT/NG testing to all 800 participants but only offer TV testing to the first 387 participants (due to TV's low prevalence).

**Results** To date we have enrolled 490 participants (Acceptability was 99.0% (95%CI, 97.7–99.7)). Among them, 34 had CT (6.9%; 95% CI, 4.9–9.6) and none had NG. Among 387 women who were tested for TV, 3 had the infection (0.78%; 95% CI, 0.16–2.25). Feasibility was 94.4% (95%CI, 81.3–99.3), with 34 out of 36 infected women treated for the corresponding infection.

**Conclusion** Acceptability and feasibility of STI screening among pregnant women in Vietnam was very high. The prevalence of CT was much higher than the mean prevalence of CT among low and middle income countries in Asia. Study findings support policy to incorporate routine screening for STIs during pregnancy to improve maternal and infant health.

**P3.160 OPTIMISING EXISTING SEXUAL HEALTH CLINICS INCREASES HIV TESTING AMONG GAY AND BISEXUAL MEN AT HIGHER RISK OF INFECTION**

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**Introduction** Globally, community-based HIV testing models are recommended to improve access to testing with less focus on optimising existing clinical services. In the past 5 years, public-funded sexual health clinics (SHCs) in New South Wales (NSW, Australia) have taken a range of initiatives to improve efficiencies such as triage to divert low-risk heterosexuals, express clinics, online booking, self-registration and SMS reminders. We analysed temporal trends in HIV testing among gay and bisexual men (GBM) attending SHCs in this period and assessed if testing was targeted to high-risk GBM.

**Methods** We used retrospective data from 32 SHCs in NSW participating in a surveillance network. HIV-negative GBM were categorised based on client type (new or existing), risk status (using partner numbers and/or recent rectal sexually transmitted infection), and recent HIV testing (past 6 months for high-risk, past 12 months for low-risk GBM). We used repeated measures Poisson regression to assess trends in attendance, tests and contribution to total tests by GBM categories.

**Results** From 2009–2015, unique GBM attending increased by 82% (5,477 to 9,983), and HIV tests increased by 155% (4,779 to 12,173) with significant increase in all categories and greatest increase in existing high-risk clients. Of 58,377 HIV tests done, 74% were in existing and 35% in high-risk clients. Over time, existing high-risk clients with recent testing had an increasingly larger contribution to total tests (13% annual increase, 95% CI:8%–18%,  $p < 0.001$ ). There was a simultaneous annual decline in contribution by these low-risk categories: new clients (5% decline, 95% CI:2%–7%,  $p < 0.001$ ); existing clients with no recent testing (6% decline, 95% CI:5%–7%,  $p < 0.001$ ). There were no changes in contribution by other categories (new high-risk clients; existing high-risk clients with no recent testing; existing low-risk clients with recent testing).

**Conclusion** SHCs in NSW have successfully increased HIV testing among GBM, with greatest increase in high-risk men. The strategies adopted could be translated to other settings.

**P3.161 FACTORS ASSOCIATED WITH POSITIVE TESTS FOR HIV AND SYPHILIS CENTRE AND ADVICE**

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**Introduction** Faced with rapid evolution of sexually transmitted infections (STIs), especially HIV/AIDS, as well as the impacts on society, this study aimed to analyse the factors associated with seropositivity TR for HIV and syphilis in people served in the Testing Centre and counselling - CTA Fortaleza, Ceará.

**Methods** A cross-sectional study that analysed data from Forms Customer Information System of people who performed the rapid test (RT) in the months of June and July 2015. We analysed sociodemographic, behavioural and epidemiological variables. The data were entered into the Statistical Package for the Social Sciences and were analysed using frequency distributions, measures of central tendency and dispersion.

**Results** Were analysed 882 forms. The research result shows that 622 (70.5%) were males and 414 (46.9%) were aged between 19 and 29 years, with a predominance of non-white people, without a partner, with more than four years of study, coming from Fortaleza. Of the 875 tests for HIV and 648 tests for syphilis destecção, 49 (5.3%) and 72 (8.1%) showed reagent test result, respectively. Cases of HIV reagent were associated with the identification of the service by friend/service user ( $p=0.013$ ), male gender ( $p=0.006$ ), non-Caucasians ( $p=0.045$ ), lower education of four years of study ( $p=0.045$ ) and working ( $p=0.009$ ). There was statistical association in positive cases of syphilis and present IST ( $p < 0.001$ ) and hoemens sexual partners and women ( $p=0.012$ ).

**Conclusion** These findings suggest the need for effective measures for control and prevention of STIs aimed at young adults, male and more than one sexual partner.

**P3.162 DEVELOPING A CLINICAL PREDICTION RULE TO TARGET STI TESTING AND CONTRACEPTION TO WOMEN IN COMMUNITY SETTINGS: IMPLICATIONS FOR SEXUAL HEALTH SURVEYS**

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**Introduction** Applied sexual health surveys investigate associations between psychosocial and demographic factors, sexual risk behaviour, uptake of interventions and sexual morbidity. This work improves clinical and public health understandings of sexual morbidity but may not be easily translated into practice. We seek to identify key features of research surveys that would make them more relevant to the development and use of risk assessment and targeting tools.

**Methods** To support the development of clinically-embedded risk assessment tools we undertook a systematic review of population surveys reporting on sexual risk and morbidity. We identified aspects of sexual health research questionnaire items and their reporting which could be adapted to better serve public health and clinical services to identify patients for targeted intervention.