which culture sensitivity is substantially lower. Reassuringly we had no confirmed cases of ceftriaxone-resistant GC; yet it remains imperative to culture all patients prior to treatment to identify emerging resistant strains.

**P2.036 DETECTION OF HERPES SIMPLEX VIRUSES 1 AND 2 FROM CLINICAL SPECIMENS WITH A FULLY-AUTOMATED PCR TEST ON THE COBAS® 4800 SYSTEM**


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Background Identification of genital herpes can have important implications for clinical management of HIV infected patients, immunosuppressed individuals, pregnant women, and individuals with HSV seronegative partners. This study was performed to establish preliminary performance characteristics for the newly developed cobas® HSV-1/2 Test by evaluating analytical sensitivity and specificity, specimen stability, and clinical performance compared with the BD ProbeTec™ HSV-1/2 Test.

Methods Analytical sensitivity was determined using viral culture spiked into a contrived background matrix at predetermined concentrations. Nine levels of viral target were evaluated using the prototype cobas® HSV-1/2 Test. These viral culture panels were also used to assess analytical sensitivity compared to the BD ProbeTec™ HSV-1/2 Test. Preliminary exclusivity of the cobas® HSV-1/2 Test was evaluated with other herpes family viruses (n = 7) and a collection of microorganisms that might be found in lesion swab specimens (n = 31). We also evaluated clinical lesion swab specimens (collected in UVT media for the BD Test and MSWab Media for the cobas® Test). Transport and storage stability of anogenital lesion swab samples collected in MSWab media was assessed by testing specimens stored at RT, 2–8°C and –20°C.

Results The cobas® HSV-1/2 test displayed excellent analytical sensitivity of 150 vp/mL (HSV 1) and 100 vp/mL (HSV-2). When compared to the BD ProbeTec™ HSV-1/2 Test, superior sensitivity was observed for both HSV-1 and HSV-2 with the cobas® HSV-1/2 Test. Exclusivity studies showed no cross reactivity. The cobas® HSV-1/2 Test was evaluated with other herpes family viruses (n = 7) and a collection of microorganisms that might be found in lesion swab specimens (n = 31). We also evaluated clinical lesion swab specimens (collected in UVT media for the BD Test and MSWab Media for the cobas® Test). Transport and storage stability of anogenital lesion swab samples collected in MSWab media was assessed by testing specimens stored at RT, 2–8°C and –20°C.

Conclusions The cobas® HSV-1/2 test, run on the fully automated cobas® 4800 system, exhibited excellent preliminary performance characteristics, suitable for identifying low concentration HSV-1 and HSV-2 from anogenital lesions.

**P2.037 MULTICENTER EVALUATION OF THREE NOVEL 4TH GENERATION HIV AG/AB COMBO ASSAYS: ABBOTT ARCHITECT, ROCHE HIV COMBI AND SIEMENS ADVIA CENTAUR**


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Background The transmission of HCV happens mostly across percutaneous exposure to blood. The role of the sexual transmission has not been well defined. In the last years HCV cases due to sexual transmission have increased. METHODS: Descriptive study of HIV-infected patients seen in our clinic, who showed HCV antibodies simultaneously with HCV-RNA-positive test and that previously had a negative test for antibody, without reporting injection drug use. Period of study: August 2011 to February 2013. RESULTS: We have diagnosed six cases. Age: 40.2 ± 6.22; length of HIV infection: 9.83 ± 6.17 yr. All the patients reported unsafe sex in the six previous months and all were on ART with HIV viral load ≤ 50 copies/ml. HBV-coinfected: 1/6 (16.6%); Anti-HBs Ab ≤ 10 UI: 2/6 (33.3%). Previous sexual transmitted infections (STI): 5/6 (83.3%). Baseline CD4 count: 658 ± 198.3 cells/μL. Median ASAT: 200.6 ± 163 IU/L; median ALAT: 491.8 ± 334.4 IU/L. Median HCV-RNA at presentation: 2.133,293 ± 1,703,605 IU/mL.

Conclusions The 3 novel HIV Ag/Ab Combo demonstrated good performance (sensitivity, specificity and concordance) with better segregation of positive and negative samples than AxSYM. All 3 kits represent a good alternative to the AxSYM.

**P2.038 HEPATITIS C VIRUS (HCV) ACUTE INFECTION IN HIV-INFECTED MSM DUE TO SEXUAL TRANSMISSION: DESCRIPTION OF SIX CASES**


J A Valencia, I de los Santos, J Sanz, C Sarria, A Salas. Hospital Universitario de la Princesa, Madrid, Spain

Background The transmission of HCV happens mostly across percutaneous exposure to blood. The role of the sexual transmission has not been well defined. In the last years HCV cases due to sexual transmission have increased. METHODS: Descriptive study of HIV-infected patients seen in our clinic, who showed HCV antibodies simultaneously with HCV-RNA-positive test and that previously had a negative test for antibody, without reporting injection drug use. Period of study: August 2011 to February 2013. RESULTS: We have diagnosed six cases. Age: 40.2 ± 6.22; length of HIV infection: 9.83 ± 6.17 yr. All the patients reported unsafe sex in the six previous months and all were on ART with HIV viral load ≤ 50 copies/ml. HBV-coinfected: 1/6 (16.6%); Anti-HBs Ab ≤ 10 UI: 2/6 (33.3%). Previous sexual transmitted infections (STI): 5/6 (83.3%). Baseline CD4 count: 658 ± 198.3 cells/μL. Median ASAT: 200.6 ± 163 IU/L; median ALAT: 491.8 ± 334.4 IU/L. Median HCV-RNA at presentation: 2.133,293 ± 1,703,605 IU/mL.

Conclusions The 3 novel HIV Ag/Ab Combo demonstrated good performance (sensitivity, specificity and concordance) with better segregation of positive and negative samples than AxSYM. All 3 kits represent a good alternative to the AxSYM.
P2.036 Detection of Herpes Simplex Viruses 1 and 2 from Clinical Samples with a Fully-Automated PCR Test on the Cobas® 4800 System

K Ding, S Igdari, M Nagarajan, R Mababangloob, D Kosarikov and J Osiecki

Sex Transm Infect 2013 89: A99

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