

P09.42 SCREENING FOR SYPHILIS, HIV AND HAEMOGLOBIN DURING PREGNANCY IN MOSHI MUNICIPALITY, TANZANIA: HOW IS THE HEALTH SYSTEM PERFORMING?

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Introduction Maternal and neonatal morbidity and mortality are still a public health concern in most sub-Saharan Africa (SSA) countries including Tanzania. Among the strategies implemented to reduce maternal mortality rate and neonatal mortality rate and improve outcomes of mothers and newborn babies including universal coverage of quality antenatal care. However the quality of care given to ANC attendees is of great concern in developing countries. This study aimed to provide information on the proportion of pregnant women who were attending for routine ANC at Majengo and Pasua health centres that were tested for HIV, syphilis and Hb.

Methods A cross sectional study was conducted in October 2013 – March 2014. Pregnant women in their 3rd trimester who were attending for routine antenatal care at Pasua and Majengo health centres were enrolled. Interviews were done to determine if women were tested for the 3 tests mentioned in earlier pregnancy, prior to the study followed by clinical examination and blood sample collection to test for HIV, syphilis and Hb. Data were entered and analysed by using SPSS.

Results A total of 536 women were enrolled. Despite being in the third trimester and had attended for routine antenatal care several times, the majority of pregnant women were not screened for syphilis (89.4%), (28.6%) were not screened for haemoglobin level and only 1% reported not to be screened for HIV. Three hundred and sixty three participants (87.9%) reported to have received iron supplement.

Conclusion Syphilis is forgotten and not given the same priority as HIV in pregnant population. Strategies are required to improve its screening as it is the leading cause of stillbirths and perinatal deaths in developing countries like Tanzania

Disclosure of interest statement Authors declare there is no conflict of interest.

P09.43 SEXUALLY TRANSMITTED INFECTION SCREENING AND FOLLOW-UP IN A HIGH-RISK URBAN OBSTETRIC CLINIC

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Introduction The objective of this study was to determine the screening rate and prevalence of Chlamydia (CT), gonorrhoea (GC), *Treponema pallidum* (TP), human immunodeficiency virus (HIV) and hepatitis B (HBV) infections among our presumed high-risk obstetric population. We also report treatment and follow-up of patients and their partners.

Methods We conducted a retrospective chart review of 1000 obstetrics patients seen between 2008 and 2014 at our clinic. 854 met criteria for inclusion in the study; included were patients who received most or all prenatal care at our clinic. Demographic data were collected to understand risk factor prevalence in this population. Test results, patients, partner management and follow-up data were extracted from electronic medical records. All descriptive analyses were done using STATA.

Results The mean age of patients was 29.2 ± 7.5 (range 14–48). Twenty seven percent reported a prior history of STI, 90% were screened for CT and GC at least once, 98.9% for TP, 97.8% for HBV and 84% for HIV. Prevalence of CT, GC, CT&GC, HBV, TP and HIV were 3.7%, 0.3%, 0.4%, 0.2%, 0.1% and 1%, respectively. All patients with positive screening were treated and 97% of them had a subsequent test of cure. Only 18.2% of partners were reportedly treated. Thirty nine percent of partners were untreated and management unknown for 42.4% of partners.

Conclusion Compared to national screening rates, our centre holds very high screening rates but is still not yet optimal. Our HIV screening rate was lowest compared to the other infections. Pregnancy presents a unique opportunity for screening so continuing counselling is indispensable to educate expecting mothers who decline screening on the importance of STIs testing. To address the lack of partners' screening, providing prescription for both patients and their partners should be implemented.

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P09.44 A POCT- ADAPTABLE TEST FOR THE SIMULTANEOUS IDENTIFICATION OF *N. GONORRHOEAE* AND ITS CIPROFLOXACIN SUSCEPTIBILITY STATUS

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Introduction Every year, *Neisseria gonorrhoeae* (Ng) causes 106 million new gonorrhoea infections worldwide and has recently joined the fast-expanding group of multi-drug resistant superbugs. Treatment is often empirical/delayed as culture-based antibiotic susceptibility tests in current use can take several days. A Point-of-Care Test (POCT) for antimicrobial susceptibility would change this; for example, no longer recommended antibiotics such as ciprofloxacin could be used in certain regions where high percentages of isolates remain susceptible. The objective of the present study was to develop and validate a portfolio of diagnostic primer pairs for application in a Nucleic Acid Amplification-based POCT for the concurrent diagnosis of Ng and ciprofloxacin susceptibility.

Methods A bioinformatics analysis of >30,000 bacterial genomes identified 9 unique signature sequences specific to Ng FA1090 that were used as targets in a SYBR green-based qPCR assay. 9 diagnostic primer pairs were evaluated for specificity and sensitivity on 271 Ng and non-gonococcal isolates. Two primer pairs targeting ciprofloxacin resistance-conferring single nucleotide polymorphisms in *gyrA* were tested on 200 resistant and susceptible Ng isolates. qPCR was performed by an Applied Biosystems StepOnePlus™ qPCR system.