

**Results** Out of the 9 diagnostic primer pairs tested for Ng identification, one probe failed to detect 28 positive samples of Ng out of a total of 234 isolates. Another primer pair, which amplifies the DR9 repeat region used in the COBAS4800 was not able to detect one Ng isolate collected from Hong Kong. The remaining 7 primer pairs showed 100% specificity in terms of Ng detection and were highly sensitive in detecting Ng DNA in concentrations as low as 0.00001 ng/ul. A multiplexed assay using ciprofloxacin susceptibility-determining primer pairs distinctly differentiated between resistant and susceptible isolates based on melt curve analysis.

**Conclusion** A POCT-adaptable assay has been developed for the simultaneous identification of *N. gonorrhoeae* and its ciprofloxacin susceptibility status.

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## P10 - Human papillomavirus infections and other viral STI

### P10.01 HIGH-RISK HPV IS A MARKER FOR ATYPICAL INTRAANAL CYTOLOGY IN IMMUNOCOMPETENT WOMEN

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**Introduction** Currently there is a worldwide concern about how best to screen for anal intraepithelial lesion. The cytology seems to be a good method, but there are few experts who have skill. The objective of this study was to evaluate whether high-risk HPV identification by PCR may precede cytology this end.

**Methods** This was an cross-sectional study of 140 women attended at the Federal University of Ceará (UFC). A sample of the residual material of liquid-based cytology (Surepath®) was used for RT-PCR on the Cobas 4800 (Roche). Cytological findings were compared with the PCR results. Fisher exact test were applied for a CI of 95%.

**Results** There were 57/140 positives cases for high-risk HPV and 83/140 negative cases. The average age was similar in both groups. The number of sexual partners referred was not significantly different between the two groups. Among the positive cases atypical intra-anal cytology was significantly more frequent. Among the HPV positive = 17 (25%) and in negative = 12 (14.5%) (RR = 2.06, 95% CI = 1.06 to 3.98).

**Conclusion** The presence of intraanal high-risk HPV is frequent and its presence is associated with an increased risk of abnormal intraanal cytology.

**Disclosure of interest statement** There is no conflict of interest.

### P10.02 FIELD EVALUATION OF THE XPRT HPV TEST FOR THE DETECTION OF HUMAN PAPILLOMAVIRUS INFECTION IN WOMEN USING SELF-COLLECTED VAGINAL COMPARED TO CLINICIAN-COLLECTED CERVICAL SPECIMENS

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**Background** The Cepheid Xpert® HPV Test has high sensitivity and specificity for the detection of HPV infection in women compared to the Roche cobas 4800 HPV assay using cervical specimens. In many high-burden, low-resource countries it will not be feasible to achieve high cervical screening coverage using HPV-DNA technologies that require clinician-collected samples. We are conducting the first evaluation of self-collected vaginal specimens compared to clinician-collected cervical specimens for the detection of HPV infection using the Xpert® HPV Test. This study is being conducted in Papua New Guinea, which has among the highest rates of cervical cancer globally, with an age-standardised incidence of 23.7/100,000 compared to 5.0/100,000 in Australia and New Zealand.

**Methods** Women aged 30–54 years attending two Well Woman Clinics are invited to participate and following informed consent procedures, complete a short interview, clinical examination, and provide self-collected and clinician-collected cytobrush specimens for clinic-based HPV testing. Women are given their cervical test result the same day. Those with a positive HPV test and a positive examination on visual inspection of the cervix with acetic acid are offered same-day cervical cryotherapy.

**Results** A total of 313 women were recruited to end-Feb 2015. There was 94.2% overall percentage agreement (OPA) between vaginal and cervical tests for all high-risk HPV (hrHPV) types; 100% OPA for HPV-16; and 99.7% OPA for HPV 18/45. Based on cervical test results, the prevalence of HPV-16 was 4.2% (13/313); HPV 18/45 was 1.6% (5/313); and other hrHPV, 11.8% (37/313). Overall, 15.7% (49/313) of participants had one or more hrHPV infection.

**Conclusion** Preliminary results suggest that self-collected vaginal specimens compare favourably to clinician-collected cervical specimens for the detection of HPV infection using the Xpert® HPV Test. If confirmed, this finding is likely to have significant implications for future HPV-based cervical screening programs in high-burden, low-resource settings worldwide.

**Disclosure of interest statement** Nothing to Disclose.

### P10.03 ANAL HUMAN PAPILLOMAVIRUS (HPV) INFECTION AND ANAL INTRAEPITHELIAL NEOPLASIA (AIN) AMONG MEN WHO HAVE SEX WITH MEN (MSM) IN KUALA LUMPUR, MALAYSIA

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