

Of 7584 test events positive for chlamydia or gonorrhoea, 1028 (13.6%) were positive for either infection at multiple sites. Being aged 16–29 (aOR = 2.9, 95% CI = 1.8–4.6) or 30–39 (aOR = 2.4, 95% CI = 1.5–3.9) was associated with testing positive for either infection at multiple sites.

**Conclusion** The high prevalence of co-occurring STIs and infection at multiple anatomical sites supports national guidelines for frequent comprehensive testing for GBM. These results support the promotion of comprehensive STI testing for GBM, including in lower-caseload settings alongside taking appropriate sexual histories, and underline the importance of structural efforts to maximise access to comprehensive testing for GBM.

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#### P11.12 PHARYNGEAL *NEISSERIA GONORRHOEAE* AND *CHLAMYDIA TRACHOMATIS* IN MEN AND WOMEN WITH A HISTORY OF RECEPTIVE ORAL AND ANAL INTERCOURSE

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**Introduction** Both women and men who have sex with men (MSM) report frequent receptive oral sex, but there are no FDA approved tests for detection of *Neisseria gonorrhoeae* (GC) and *Chlamydia trachomatis* (CT) from pharyngeal swabs. The objective of this study was to evaluate the number of pharyngeal GC and CT infections, and to assess the sensitivity of GC culture.

**Methods** Women (n = 172) and MSM (n = 222) reporting a lifetime history of both receptive oral and anal sex completed a structured questionnaire and clinicians collected swab samples from the pharynx and anorectum. Vaginal swabs were obtained from women and urine samples from men. Testing for CT and GC was performed using Cepheid Xpert CT/NG (Xpert) and Gen-Probe Aptima (AC2). True positives were defined if both AC2 and Xpert were positive, if GC culture was positive, or if either AC2 or Xpert were positive and confirmatory tests APTIMA CT or APTIMA GC were positive.

**Results** Identification of GC and/or CT at any site (pharyngeal, rectal or genitourinary) occurred in 78/222 (35%) males and 25/172 (14.5%) of females. Only 8 (2%) of pharyngeal swab samples were positive for CT, while 4 women (2.3%) and 37 (16.7%) men tested positive for pharyngeal GC based on NAAT. GC culture of the pharynx was performed for 373 of participants in the study, and was positive in 13 (3.5%), for a

sensitivity of 32% for culture vs NAAT. Overall, 17/55 (31%) of the total GC infections in men would have been missed without NAAT pharyngeal testing.

**Conclusion** Men who report a lifetime history of receptive oral intercourse have high rates of pharyngeal GC, most of which will remain undetected unless NAAT is used. The frequency of pharyngeal infection due to CT is low even among people having high overall rates of infection.

**Disclosure of interest** Reagents for CT/GC testing were provided for by Cepheid and Hologic.

#### P11.13 EXTRA-GENITAL AND URETHRAL *CHLAMYDIA TRACHOMATIS* AND *NEISSERIA GONORRHOEAE* PREVALENCE AND ASSOCIATED RISK FACTORS IN MEN WHO HAVE SEX WITH MEN AND TRANSGENDER WOMEN IN LIMA, PERU

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**Introduction** Data regarding extra-genital *Neisseria gonorrhoeae* (NG) and *Chlamydia trachomatis* (CT) in men who have sex with men (MSM), and transwomen (TW) in Latin America is limited. We determined the prevalence of pharyngeal, rectal, and urethral NG and CT among MSM, and TW and associated risk factors and behaviours.

**Methods** We used data from the Expedited Partner Therapy Screening Study of men who have sex with men (MSM) and transgender women (TW) in Lima, Peru. Participants completed a CASI survey regarding socio-demographic data, sexual risk behaviours, and STD symptoms. Anal and pharyngeal swabs and urine specimens collected by the study physician were tested for CT and NG using NAAT (Aptima GenProbe).

**Results** We screened 834 participants (551-gay identified men, 264 heterosexual/bisexual men and 19 TW) for CT and NG between October 2012 and July 2014. The median age of participants was 27 years (range 18–70). CT prevalence was 3.5% in urine, 4.5% in pharyngeal and 15.6% in rectal specimens. NG prevalence was 2.7% in urine, 9.4% in pharyngeal and 8.3% in rectal specimens. Approximately 75% of participants with rectal infections reported no symptoms in the previous 30 days. More than 92% of extra-genital CT infections and 83% of extra-genital NG infections were identified in participants with negative urine test results. Younger age was strongly associated with increased prevalence of both pharyngeal NG (p = 0.054) and rectal CT (p = 0.008) and NG infections (p = 0.002). Receptive anal intercourse was associated with higher prevalence of rectal CT infection (p = 0.012). Pharyngeal NG (p = 0.005) was more frequent in participants reporting multiple partners.

**Conclusion** Extragenital CT and NG infection is highly prevalent, usually asymptomatic and in a majority of cases, associated with negative urine tests among MSM and TW in Peru. Routine screening at multiple anatomic sites using NAAT should be performed.