

the acceptability and preferences for STI screening among a sample of pregnant, HIV-infected women at two clinics near Pretoria, South Africa.

Methods We approached potentially eligible HIV-infected pregnant women at their first antenatal care visit to invite them to receive STI screening that was integrated into the appointment. Trained staff collected data on STI screening preferences. Following enrollment, women were requested to provide two self-collected vaginal swabs for STI testing (GeneXpert, Cepheid, Sunnyvale, CA, USA).

Results Of the 171 women eligible for enrollment, 168 (98.2%) agreed to participate in the STI study, including STI testing and self-collected vaginal swabs. Of the 167 complete responses, 15.6% (n=26) preferred a urine test for STI screening, 41.1% (n=69) vaginal swab, and 42.9% (n=72) had no preference. Of those who preferred the urine test, the most common reasons were “ease” of the test (n=20, 12.0%), followed by anticipation of the test being “less painful” (n=3, 1.8%), “less uncomfortable” (n=2, 1.2%), “less embarrassing” (n=1, 0.6%), and more familiar (n=1, 0.6%). However, when given directions on the vaginal swab collection procedures, all 168 (100%) women complied and received successful test results.

Conclusion Integration of an STI screening protocol, including self-administered vaginal swabs, into first antenatal care visits appeared to be highly acceptable in this setting among HIV-infected pregnant women. Despite variability in preferences, all women adequately and satisfactorily self-collected vaginal samples, allowing for the timely detection and treatment of infections that may have been otherwise missed.

P3.71 CORRELATES OF HIV INFECTION AMONG KENYAN WOMEN SCREENED FOR A INTRA-VAGINAL CONTRACEPTIVE RING STUDY IN KISUMU KENYA, 2015

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Introduction Women in Sub-Saharan Africa continue to be disproportionately affected by the HIV epidemic. Correlates of HIV infection need to be better understood, and prevention strategies adapted, to account for risk patterns linked to particular settings or situations.

Methods We assessed prevalence and correlates of HIV infection among women 18–34 years of age screened for a contraceptive vaginal ring study. Women provided socio-demographic, medical information, and underwent real-time parallel rapid HIV testing and medical evaluation and sexually transmitted infections (STI) testing.

Results Of the 459 women screened, the median age was 25 (IQR: 21–28). Majority of whom were married (69%), and more than a half (69%) had primary or less level of education. Overall, HIV prevalence was 14.5%, with the married and widowed recording a significantly higher burden of HIV (25% and 50%) respectively. Slightly more than a half (55%) of HIV positive women perceived their health to be good. Women who tested positive for herpes simplex and gonorrhoea had significantly higher prevalence of HIV (6% vs. 21%, $p<0.001$ and 14% vs. 39%; $p=0.003$) respectively.

Women ages 25–29 years old had a 3 fold increased odds of HIV acquisition compared to 18–24 year olds (aOR=3.61; 95% CI:1.23–10.49, $p=0.019$), while those aged 30–34 had a 5 fold increased risk (aOR=5.36; 95% CI:1.23–19.60, $p=0.011$). Widowed had nearly 6 times risk of HIV acquisition compared to single women (aOR=5.85; 95% CI:1.39–24.51, $p=0.016$), whereas women reporting to have had sexual intercourse with partners of unknown HIV status in the last 3 months were four times more likely to test positive for HIV than those who did not (OR 4.10 95% CI: 1.47–11.41).

Conclusion Behavioural, biological and structural factors continue to put women at risk of HIV. There is need for multi-pronged prevention strategies including female controlled multipurpose technologies to reduce their HIV burden.

P3.72 THE PREVALENCE OF ANAL HIGH-RISK HUMAN PAPILLOMAVIRUS INFECTIONS AND ASSOCIATED RISK FACTORS IN MEN-WHO-HAVE-SEX-WITH-MEN IN CAPE TOWN, SOUTH AFRICA

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Introduction We investigated the prevalence of high-risk (HR) human papillomavirus (HPV) infections and associated behavioural risk factors in men-who-have-sex-with-men (MSM) attending a clinical service in Cape Town, South Africa.

Methods MSM were enrolled at the Ivan Toms Centre for Men’s Health in Cape Town. For each participant, a psychosocial and sexual behavioural risk questionnaire was completed and an anal swab was collected and tested for 13 HR-HPV types using the Linear Array HPV Genotyping Test. Logistic regression analyses were performed to determine sexual risk factors associated with anal HR-HPV infection.

Results The median age of the 200 participants was 32 years (IQR 26–39.5), of which 31.0% were black, 31.5% mixed race and 35.5% white. The majority of the participants (73.0%) had completed high school, 42.0% had a tertiary level qualification and 69.0% were employed. The prevalence of HR-HPV types was 57.6% [95% CI: 50.3%–64.7%] in anal samples, with HPV-16 being the most common HR-HPV type detected (22.0%). HPV types 16 and/or 18, the only HR-HPV types included in all available HPV vaccines, were detected in 55 (28.8%) [95% CI: 22.5%–35.8%] anal specimens. Furthermore, 95 (49.7%) [95% CI: 42.9%–57.1%] specimens had one or more HR-HPV types included in the 9-valent HPV vaccine. Among the 88 MSM (44.0%) that were HIV positive, 81.2% [95% CI: 71.2%–88.8%] had anal HR-

HPV ($p=0.001$). Factors that were independently associated with having anal HR-HPV infection included having sex with men only, ever engaging in group sex, living with HIV and practising receptive anal intercourse.

Conclusion HR-HPV infections in the anal canal were common among MSM in Cape Town with the highest HR-HPV burden among HIV co-infected MSM, men who have sex with men only and those that practised receptive anal intercourse. Behavioural intervention strategies and targeted HPV vaccination of young MSM are urgently required to address the high prevalence of oncogenic HPV and HIV co-infections among MSM in South Africa.

P3.73 IDENTIFICATION OF *MYCOPLASMA GENITALIUM* GENOTYPES IN CLINICAL SAMPLES FROM ARGENTINA

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Introduction: *Mycoplasma genitalium* (Mg) is a sexually transmitted pathogen associated with non-gonococcal urethritis, cervicitis, pelvic inflammatory disease and infertility. Since Mg is very difficult to culture from clinical samples, typing strains relies on the variability of a 281pb fragment of the *mgpB* gene, encoding the adhesin MgPa. Here we present the analysis of the sequences of 14 Mg strains detected from clinical samples between 2013 and 2016.

Methods This was a retrospective study in which we analysed all the Mg positive samples diagnosed in our laboratory in the period 2013–2016. Detection of Mg was performed by in-house PCR assay using primers previously described; the resulting 281pb fragments from Mg positive specimens were sequenced by Sanger method. Sequences were analysed and compared with all currently available clinical sequences.

Results A total of 452 genital samples were tested, from which 17 resulted positive for Mg. Of these, only 14 could be successfully sequenced. The analysis of sequenced samples revealed eight different types of sequences. When compared with published data, four sequence types (representing a total of 10 different strains) resulted identical to previously reported genotypes. The relative frequencies of these genotypes were: 29% genotype 1 (4/14), 29% genotype 2 (4/14), 7% genotype 4 (1/14), and 7% genotype 21 (1/14, 7%). The remaining sequences showed between one and four nucleotide differences compared to already existing variants; in three of them this resulted in amino acid changes.

Conclusion This is the first study to characterise the molecular types of Mg among clinical strains in our country. Through comparative sequence analysis, eight different *mgpB* region variants were identified, four of which have not been reported in the past. This reveals the presence of new sequence variants in Argentina. Further studies are needed to evaluate the association between these sequence variants and clinical/epidemiological data that could help us to understand the dynamics of Mg infection in the region.

P3.74 ANTIMICROBIAL SUSCEPTIBILITY PROFILES OF SPECIES OF *UREAPLASMA PARVUM* AND *UREAPLASMA UREALYTICUM* ISOLATED IN BUENOS AIRES, ARGENTINA

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Introduction: *Ureaplasma parvum* (Up) and *Ureaplasma urealyticum* (Uu) are small cell wall-lacking bacteria that colonise humans, but can cause disease among pregnant women, neonates, sexually active individuals and immunocompromised. They are naturally resistant to several antibiotics, and treatment relies in fluoroquinolones, tetracyclines, macrolides and chloramphenicol. Acquired resistance has been described in other countries, but data on the antimicrobial susceptibility in Argentina are lacking. We aimed to describe the antimicrobial susceptibility profiles of Up/Uu isolates recovered from clinical samples between 2004 and 2016 in Buenos Aires, Argentina.

Methods A total of 89 isolates from clinical samples originally submitted to the STI National Reference Laboratory for diagnosis between 2004 and 2016 were examined. Isolates were grown in conventional culture mediums (broth and agar) and species confirmed by PCR. Antimicrobial susceptibility tests were done by broth microdilution method following CLSI.

Results Of the 89 isolates analysed, two showed resistance to levofloxacin (MIC 4 ug/ml) and one was resistant to tetracycline (MIC 4 ug/ml), giving a prevalence of resistance of 2.2% (CI 0.6%–7.8%) and 1.1% (CI 0.2%–6.1%), respectively. All isolates were susceptible to erythromycin and azithromycin. MIC₅₀, MIC₉₀ and MIC ranges were 1, 2, 0.25–4 for levofloxacin; 0.5, 1, 0.06–4 for tetracycline; 2, 4, 0.25–4 for erythromycin; and 2, 4, 0.25–8 for azithromycin. Levofloxacin and tetracycline MIC values were higher for Uu (n=18, 20%) than for Up (n=71, 80%), but no differences were observed among macrolides. No MICs differences were observed between 2004–2009 strains (n=49, 55%) and 2010–2016 (n=40, 45%) isolates. Finally, no coresistant strains were identified.

Conclusion To our knowledge, this is the first study analysing the susceptibility patterns of species of ureaplasma in Argentina following CLSI recommendations. We found low resistance rates to levofloxacin and tetracycline, and no resistance to macrolides, but continue surveillance is needed to detect the emergence of resistant strains and to characterise the molecular determinants of these findings.

P3.75 VIRAL SUPPRESSION IN LATE PRESENTING HIV-INFECTED PREGNANT WOMEN

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Introduction The maternal HIV viral load (VL) is a major predictor of mother to child transmission (MTCT). Therefore, it is necessary a rapid decrease of VL among late-presenting (LP) (after 28 weeks) pregnant women living with HIV (PWLH) aiming viral suppression (VS). We aimed to identify the