

the number of the men with documented as primary, secondary, or early latent syphilis (PSELS) by ICD_9 codes.

Results Of 52,771 MSM, 33.8% were aged 15–29 years, 89.6% had private insurance, 51.0% resided in South, and 74.8% had tests ordered by infectious disease specialists. 14.5% had no syphilis tests, 4.8% had TT only (38.2% were reactive), 63.0% had NTT only (2.0% were reactive), and 17.7% had both NTT and TT (8.3% neither were reactive and 86.4% both were reactive). Of 45,108 MSM who had syphilis tests, 1.1% had PSELS. Of 2,547 MSM who had TT only, the number of tests in the two years was one (57.1%), two (22.3%), and three (13.3%). Of 33,238 MSM who had NTT only, the number of tests was one (53.5%), two (23.3%), and three (11.1%). Of 9323 MSM who had both NTT and TT, the number of tests was one (30.4%), two (24.7%), three (17.8%), and four (12.8%). Of 11 870 men who had reactive TT, 51.8% had \geq two reactive TT. CT and GC were significantly higher in men with reactive vs. nonreactive NTT and TT: rectal CT (24.4% vs. 12.6%) or GC (19.8% vs. 9.9%); pharyngeal CT (5.4% vs. 2.9%) or GC (14.7% vs. 10.6%); urethral CT (7.6% vs. 5.7%) or GC (8.0% vs. 5.3%).

Conclusion Syphilis testing was common among men who were tested for rectal CT or GC, but most were tested only once. Men with reactive syphilis tests were more likely to have GC or CT vs. men with nonreactive tests. Routine and timely syphilis testing should be prioritised.

P3.89 PREVALENCE, TREND, OUTCOMES AND RISK FACTORS FOR LATE PRESENTATION FOR HIV CARE IN ETHIOPIA, 2003–2015

¹Hailay Gesesew, ¹Lillian Mwanri, ¹Paul Ward, ²Kifle Hajito. ¹Flinders University, Adelaide, Australia; ²Jimma University, Jimma, Ethiopia

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Introduction Late presentation for HIV care (LP) delays the achievements of the 90-90-90 UNAIDS target, a program in which Ethiopia has subscribed for. However, the prevalence, trend, outcomes and risk factors of LP among children and adults were not assessed very well in the nation.

Methods 12 years retrospective cohort study was conducted using data extracted from an antiretroviral therapy (ART) clinic in Southwest Ethiopia. LP for children and adults was measured using CD4 lymphocyte counts and WHO clinical stages. We described the percentage of LP by mortality, discontinuation from ART and immunological failure to show outcomes of LP. The analysis of descriptive and inferential statistics (logistic regression) was undertaken. Missing data were handled using multiple imputations assuming missing at random (MAR) pattern.

Results Of the 8172 patients enrolled for HIV care between June 2003 and March 2015, 5299 (64.8%) patients were on ART: 4900 (92.5%) were adults and 399 (7.5%) were children. The prevalence of LP was 57% in children and 66.7% in adults with an overall prevalence of 65.5%, and the 11 years analysis of LP showed upwards trends. 74% of died children, 50% of discontinued children, 57% of transferred out children and 45% of children with immunological failure

were delayed presenters for HIV care. Similarly, 64.7% of died adults, 65.3% of discontinued adults, 68.1% of transferred out adults and 78.7% of adults who had immunological failure presented late for the care. Factors for LP among adults were: being female, being married, having IF, having Tb/HIV co-infection and having no history of HIV testing. No statistically significant predictor was found for LP among children.

Conclusions The prevalence LP was significant and majority HIV infected children and adults who presented late for HIV care had discontinued, transferred out and immunological failure. To address this, strategies such as unmanned aerial systems for transporting laboratory specimens, programs such as home and community-based HIV testing, 'opt out' and self-testing are compulsory.

P3.90 HIV CARE CONTINUUM OUTCOMES IN ETHIOPIA: SURROGATES FOR UNAIDS 90-90-90 TARGETS FOR ENDING HIV/AIDS

¹Hailay Gesesew, ¹Paul Ward, ²Kifle Hajito, ¹Lillian Mwanri. ¹Flinders University, Adelaide, Australia; ²Jimma University, Jimma, Ethiopia

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Introduction How the UNAIDS 90-90-90 targets for ending HIV/AIDS by 2030 progressing have not yet been assessed in many countries including Ethiopia. We assessed HIV care continuum outcomes as a complex surrogate markers for the 90-90-90 targets.

Methods Data were collected from 12 years anti-retroviral therapy (ART) records. For UNAIDS diagnosis target, early HIV diagnosis was considered as a surrogate marker. For treatment target, number of people on ART, number of people who discontinued from ART or transferred out, and number of people who had fair or poor adherence were used as surrogates. For viral suppression target, number of people with treatment success (combination of immunological and clinical) was used as a surrogate marker.

Results 8172 patients were enrolled for HIV cares in the period between 2003–2015. For the diagnosis target, 34.5% patients knew their status early (43%-children, 33%-adults). For the treatment target, 65% patients received ART, 1154 (21.9%) patients discontinued from ART, 1015 (19.3%) patients on ART transferred out to other sites, 916 (17%) of patients on ART had fair or good adherence. For the virological suppression target, 80.7, 80.3% and 65.8% of patients had immunological, clinical and treatment success displaying an estimated 66% of patients achieved the target.

Conclusion The finding reflects that an estimated 35% of patients knew their status timely, 65% of diagnosed patients received treatment and 66% of patients on ART achieved viral suppression. This is very far from the UNAIDS 90-90-90 targets underscoring the need for rigorous innovative methods such as unmanned aerial systems (or drones) for transporting laboratory specimens, immediate or same day ART initiation, community distribution of ART, runaway packs during conflict, and use of GenXpert for HIV viral load testing would significantly help to hit the target. **Question:** How resource constraint countries attain the 90-90-90 targets?

P3.91 ANTIRETROVIRAL THERAPY DISCONTINUATION AMONG HIV INFECTED ADULTS IN ETHIOPIA IN 2003–2015: PREVALENCE, TREND AND RISK FACTORS

¹Hailay Gesesew, ²Prof Paul Ward, ¹Prof Kifle Hajito, ²Lillian Mwanri. ¹Jimma University, Jimma, Ethiopia; ²Flinders University, Adelaide, Australia

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Introduction Antiretroviral therapy (ART) discontinuation obscures achievements for the UNAIDS treatment targets 2 and 3. Nevertheless, the magnitude, trend and its risk factors are not explored contextually. We carried out historical data analysis to assess prevalence, trend and risk factors for ART discontinuation among adults in Southwest Ethiopia.

Methods 12 years retrospective cohort analysis was performed with 4900 HIV-infected adults between 21 June 2003 and 15 March 2015 registered at the ART clinic at Jimma University Teaching Hospital. ART Discontinuation could be lost to follow-up, defaulting and/or stopping medication while remaining in care. 10 years trends for ART discontinuation was described using a line graph. We used binary logistic regression to identify factors that were correlated with ART discontinuation. To handle missing data, we applied multiple imputations assuming missing at random pattern.

Results In total, 4900 adults enrolled on ART, of whom 1090 (22.4%) had discontinued, 954 (19.6%) had transferred out, 300 (6.2%) had died, and the remaining 2517 (51.8%) were alive and on ART between 2003 and 2015. The recent trend of ART discontinuation showed an upward direction reaching a peak in 2004 and 2005 with 10%. Being female (AOR=2.1, 95% CI: 1.7–2.8), having an immunological failure (AOR=2.3, 1.9–8.2), having tuberculosis/HIV co-infection (AOR=1.5, 1.1–2.1) and no previous history of HIV testing (AOR=1.8, 1.4–2.9) were the risk factors for ART discontinuation.

Conclusion One of five adults had discontinued from ART, and the trend of ART discontinuation increased recently. Discontinued adults were more likely to be females, tuberculosis/HIV co-infected, with immunological failure and no history of HIV testing. Therefore, it is vital to implement effective programs such as community ART distribution and linkage-case-management to enhance ART linkage and retention.

P3.92 THE CASE OF THE GONORRHOEA SECRET SHOPPER: A REVIEW OF ONLINE PRESCRIBING PRACTICES, ENGLAND, 2016

Hamish Mohammed, Helen Fifer, Gwenda Hughes. *Public Health England, London, UK*

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Introduction The number of private online sexually transmitted infection testing and treatment providers in England is increasing. While over 90% of gonorrhoea cases seen at sentinel specialist sexual health clinics in England are prescribed the recommended dual therapy of ceftriaxone (intramuscular) and azithromycin (oral), the extent to which private online providers adhere to national treatment guidelines is unclear. We systematically reviewed online search results to assess the antibiotic courses prescribed for gonorrhoea treatment.

Methods A Google search for ‘gonorrhoea treatment online’ was performed using a private internet browsing session of Chrome in November 2016. The first 2 pages of search results were reviewed to assess whether they were links to

gonorrhoea treatment providers and, if so, which antibiotic course was available for purchase. A thematic analysis of the medical advice given online was also performed, and frequencies and proportions are reported.

Results There were 27 unique results on the first 2 pages of search results, 17 (63%) of which were to online providers. Among these, upon clicking a checkbox to indicate having been diagnosed with gonorrhoea, 71% (12/17) provided a course of antibiotics for treatment. However, only 1 of these required visiting a terrestrial pharmacy for the recommended dual therapy; the remainder (11/12) provided cefixime and azithromycin tablets for gonorrhoea treatment via next-day delivery. On their websites, online providers widely acknowledged that ‘an injection’ [of ceftriaxone] is more effective for gonorrhoea treatment, but suggested that it was ‘acceptable’ to prescribe azithromycin and cefixime.

Conclusion Non-recommended antibiotic courses for the treatment for gonorrhoea are easily accessible online. There is a need to raise awareness among online providers and the public of the recommended dual therapy for gonorrhoea. To prevent the further emergence of antibiotic resistance in *Neisseria gonorrhoeae*, adherence to the recommended dual therapy in all settings is essential.

P3.93 PREVALENCE OF BACTERIAL VAGINOSIS IN WOMEN PRESENTING RECURRENT VAGINAL DISCHARGE IN MOROCCO

Hancali Amina, Bellaji Bahija, Jennane Sanae. *National Institute of Hygiene- Ministry of Health- Morocco, Rabat, Morocco*

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Introduction Bacterial vaginosis (BV) is the most common cause of vaginal discharge in women of reproductive age throughout the world. In Morocco, the women consulting for vaginal discharge are systematically treated by the syndromic approach. This study’s goal is to investigate this infection in Moroccan women presenting a recurrent discharge even after treatment.

Methods Retrospective study carried out by detailed analysis of case records in the STIs laboratory in the National Institute of Hygiene for a period of 4 years, between January 2010 and December 2015. 2402 female’s patients presenting a vaginal discharge were received in the laboratory for the vaginal fluid collections and analysis. Among these women, 305 were pregnant. Cultures were performed for fungal microorganisms. BV diagnosis was based on the presence of clue cells, pH >4.5, and absence of *Lactobacilli*. *Trichomonas vaginalis* (TV) identification was performed by culture and by the wet preparation microscopy.

Results All Women received are married and sexually active. The median of age was 34 years (18–50 years). Among the 2402 women registered, 17.7% had BV, 42% had Candida and 4.4% had TV infection. Among the 305 pregnant women, 6.5% had BV, 38.7% had Candida and 1% had TV infection. No infection with *Neisseria gonorrhoeae* was found in all the women received. In most of cases, strong vaginal discharges with a fishy smell were linked to BV.

Conclusion Our results revealed that the infection due to the candida is the most common cause of the vaginal discharge followed by BV and the TV in both pregnant and sexually active women. In Morocco, even if the BV is not the first