P3.136 ANTIMICROBIAL SUCEPTIBILITY OF *NEISSERIA GONORRHOEAE* ISOLATES IN GRANDE FLORIANÓPOLIS/ BRAZIL, BETWEEN 2008–2016

[1]Lisléia Golfetto, [1]Thais Mattos Santos, [1]Marcos André Schörner, [1]Jéssica Motta Martins, [1]Felipe de Rocco, [1]Hanalydia de Melo Machado, [1]Mara Cristina Scheffer, [2]Emanuelle Preve da Silva, [2]Nina Reiko Tobouti, [2]Cássia Maria Zoccoli, [1]Maria Luiza Bazzo. *[1]Federal University of Santa Catarina, Florianópolis – SC, Brazil; [2]Santa Luzia Medical Laboratory, Florianópolis – SC, Brazil*

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Introduction: *Neisseria gonorrhoeae (NG)*, initially highly susceptible to many antimicrobials, was recently assigned as a superbug due to its ability to develop resistance to all antimicrobials introduced for treatment during the last years. This study aimed to determine the prevalence and trends of NG antimicrobial resistance (AMR) during 2008–2016 in *Grande* Florianópolis, Santa Catarina, Brazil.

Methods A total of 152 gonococcal isolates from urogenital specimens were submitted to Santa Luzia Medical Laboratory, Florianópolis, Brazil. All isolates were identified to the species level using MALDI-TOF. The minimum inhibitory concentration (MIC) was determined using agar dilution method to penicillin, tetracycline, ciprofloxacin, ceftriaxone, cefixime and azithromycin. Quality control was performed using *NG* WHO reference strains and ATCC 49226.

Results All isolates were sensitive to ceftriaxone (MIC 0.001–0.06 µg/ml) and cefixime (MIC: 0.0005–0.125 µg/ml). Resistance to penicilin, tetracycline, ciprofloxacin and azithromycin were 26.3%, 40.8%, 52.0% and 5.2% respectively.

Conclusion The study showed increased resistance to penicillin, tetracycline, ciprofloxacin and azithromycin. No resistance to ceftriaxone and cefixime was detected. Due to the high level ciprofloxacin resistance, the dual therapy currently recommended in Brazil for gonococcal infections (ciprofloxacin plus azithromycin) is no more an effective treatment option in Grande Florianópolis. Thus, ceftriaxone constitute the treatment option for gonococcal infections, as well as in the states of Rio de Janeiro, São Paulo and Minas Gerais, where regional studies have already detected high level ciprofloxacin resistance. AMR testing needs to be frequently performed to ensure the treatment effectiveness.

P3.137 HIV HOSPITALIZATIONS: ANALYSIS OF THE INDIVIDUAL AND SOCIAL FACTORS ASSOCIATED IN THE CITY OF RIBEIRÃO PRETO – SP

[1]Lívia Maria Lopes, [2]Andrade Rla, [2]Faria Mf, [2]Ravanholi Gm, [2]T Arakawa, [2]Magnabosco Gt, [2]Campoy Lt, [2]Catoia Ea, [2]Ponce Amz, [2]Villa Tcs, [3]A Ruffino-Netto, [2]Santos Gp, [2]Boeno Co, [2]Bossonario Pa, [2]Monroe Aa. *[1]University of São Paulo at Ribeirão Preto College of Nursing, University Centre of Franca-Uni-Facef, Ribeirão Preto – SP, Brazil; [2]University of São Paulo at Ribeirão Preto College of Nursing, Ribeirão Preto – SP, Brazil; [3]University of São Paulo at Faculty of Medicine of Ribeitão Preto, Ribeirão Preto – SP, Brazil*

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Introduction The present research examined the factors associated to hospital admissions for HIV in Ribeirão Preto - SP. We used the theoretical concept of vulnerability, understood as a set of individual elements (subjective, biological and behavioural), and social elements (adversities of economic and social order) that worsen individuals and/or groups in relation to health issues.

Methods This is an observational epidemiologic study, of case-control type, held in Ribeirão Preto - SP. The study population was made up of the people living with HIV (PLHIV), being called "cases" those who were admitted in 2014 and "controls" those who were followed up at outpatient clinics of the public health system. Interviews were conducted using a specific instrument, containing questions on sociodemographic data, clinical characteristics and other individual and social vulnerabilities. We also collected data from secondary sources, being mainly the clinical record. Data were analysed using descriptive analysis techniques and conditional logistic regression.

Results 168 people living with HIV participated, properly matched in the ratio of 1: 2, so 56 hospitalised PLHIV and 112 not hospitalised PLHIV. Among the risk factors for hospital admission for HIV, we found out that unemployed people and retirees/homemakers had 3.63 and 7.14 times more likely than those who are employed or self-employed; people on the street had 10.18 times more likely to be hospitalised than those who were not on the street; non antiretroviral users had 9.68 times more likely than those under antiretroviral therapy.

Conclusion This research contributed to measure how some characteristics of social and individual vulnerabilities interfere with the intensification of HIV, providing then an unfavourable outcome, as in the case of hospitalisation. This understanding allows us to identify the key population that needs public policies focused on minimising clinical instability of the disease, suffering, pain, and even the costs of hospital services.

P3.138 MACROLIDE- AND FLUOROQUINOLONE-RESISTANT *MYCOPLASMA GENITALIUM* IN AFRICAN AMERICANS IN ALABAMA

Li Xiao, Ken B Waites, Barbara Van Der Pol, Amy E Ratliff, William M Geisler. *University of Alabama at Birmingham, Birmingham, USA*

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Introduction: *Mycoplasma genitalium* (MG) is a sexually transmitted microbe associated with urethritis in men and several inflammatory syndromes in women. Macrolides and fluoroquinolones have been recommended treatments for MG infections. However, resistance of both drug classes is increasing worldwide and treatment failures have been described. There are very little data available on antimicrobial resistance in MG from the USA.

Methods We investigated the prevalence of macrolide- and fluoroquinolone-resistant MG in African American men and women who presented to a Sexually Transmitted Diseases Clinic in Birmingham, Alabama during 2015–2016; most were couples. A real-time PCR assay was validated for detecting MG 23S rRNA mutations known to confer macrolide resistance directly from clinical specimens. Two nested PCRs were used to detect mutations in the quinolone resistant determination regions (QRDRs) in *gyrA* and *parC* genes.

Results Oral, rectal, urine, and/or vaginal specimens from 90 men and 81 women have been tested thus far. A total of 23 MG-positive patients have been identified (4 couples and 15 singles), giving a prevalence rate for MG of 13.5% in this cohort; 11 (12.2%) of men and 12 (14.8%) of women were MG positive. Eleven (47.8%) patients (6 men and 5 women) carried macrolide-resistant MG. Sequencing of the PCR