

products indicated that A2071G and A2072G transitions in the 23S rRNA gene was the major mutations. No mutation was found in *gyrA* QRDR. Three patients (13.6%), including 1 couple, carried G248T (S83I) mutation in *parC* QRDR. The female of the couple also carried a *parC* G259C (D87H) mutant group. Two individuals (a couple) carried organisms that had markers for both macrolide and fluoroquinolone resistance.

Conclusion This is the first study based in the USA to document both fluoroquinolone and macrolide resistance in MG using a molecular-based assay. We plan to genotype MG directly from the clinical specimens to investigate the genetic relatedness of antimicrobial-susceptible and resistant-MG, as well as the concordance of MG in couples.

P3.139 ENHANCED SURVEILLANCE OF INFECTIOUS SYPHILIS AND THE CASCADE-OF-CARE AMONG HIV-POSITIVE AND HIV-NEGATIVE MEN WHO HAVE SEX WITH MEN IN BRITISH COLUMBIA, CANADA

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Introduction From 2010 to 2015, the incidence of infectious syphilis (primary, secondary, and early-latent) has increased 5-fold in British Columbia (BC). In response, the BC Centre for Disease Control (BCCDC) enhanced surveillance for syphilis to characterise sexual/social networks driving the epidemic, and to monitor the risk of HIV transmission. Here we communicate indicators developed from the provincial enhanced surveillance system.

Methods In BC, management of syphilis – including partner notification – is centralised, and coordinated by the BCCDC. In January 2016, a new workflow was implemented to systematically collect and analyse data on HIV co-infection, viral load and partners. New indicators were developed along a cascade-of-care framework for case and partner care.

Results From January to September 2016, 581 syphilis cases were diagnosed in BC; 491 (84%) were among men who have sex with men (MSM). Of these, 201 (41%) were HIV-positive and 268 (55%) were HIV-negative. Three-quarters of HIV-positive MSM had undetectable viral loads. 149 (74%) of HIV-positive MSM and 137 (51%) of HIV-negative MSM were diagnosed during the early-latent stage. For both groups, 96% of cases were treated within 30 days of syphilis testing. Of the 201 HIV-positive MSM, 141 (70%) discussed partners with public health nurses and together reported 1270 partners (65% anonymous, 35% notifiable) or 9.0 partners/case (range:0–214). Of the 268 HIV-negative MSM, 215 (80%) discussed partners and reported 1806 partners (51% anonymous, 49% notifiable), or 8.4 partners/case (range:1–200).

Conclusion A greater proportion of HIV-positive MSM were diagnosed with syphilis during the asymptomatic early-latent stage, which may be due to routine syphilis screening. However, a lower proportion of HIV-positive MSM with syphilis co-infection were engaged with public health for partner notification, and report a lower proportion of notifiable partners, compared to MSM with syphilis only. Strategies to engage HIV-positive MSM in partner care would strengthen the public health response to syphilis.

P3.140 HIGH PREVALENCE OF ASYMPTOMATIC SEXUALLY TRANSMITTED INFECTIONS AMONG HIV-INFECTED PREGNANT WOMEN IN SOUTH AFRICA

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Introduction: *Chlamydia trachomatis* (CT), *Neisseria gonorrhoea* (NG) and *Trichomonas vaginalis* (TV) are major contributors to the global burden of disease. During pregnancy, these Sexually Transmitted Infections (STIs) may lead to complications including intrauterine death and preterm delivery, and may facilitate mother-to-child-transmission (MTCT) of HIV. Treatment of these infections is suboptimal due to the syndromic approach to diagnosis and management. We conducted an analysis to determine the prevalence of CT, NG and TV among HIV infected pregnant women and prevalence of symptoms among those infected.

Methods HIV-infected pregnant women accessing antenatal care (ANC) services for the first time for their current pregnancy were invited to take part in the study. Participants were interviewed using a questionnaire and asked to self-collect two vaginal swab specimens to test for CT, NG and TV. Tests were done by nurses in the clinic using the Xpert CT/NG and Xpert TV [Cepheid, Sunnyvale, CA].

Results Overall 192 women were tested for CT, NG and TV, of whom 52.1% (100/192) were had at least one infection. CT had the highest prevalence (40.6%), followed by TV (26.6%), while NG had the lowest prevalence (7.3%). Based on self-reported symptoms, 78% of infected individuals were asymptomatic; 68% were asymptomatic when using clinician-observed symptoms. Using a combination of both, 58% were asymptomatic. Individuals infected with NG were most likely to be symptomatic (73.3%), followed by TV (51.9%), then CT (43.1%) using self-report and clinician observation.

Conclusion This analysis shows that HIV-infected pregnant women have a high burden of three curable STIs that are associated with adverse pregnancy outcomes and may have links to HIV MTCT. Most infected women were asymptomatic when using either symptom self-reporting or clinician observation or a combination of both, highlighting the limitations of the symptoms-based approach to STI diagnosis. Therefore, the use of definitive POC tests for routine STI screening must be considered in this setting.

P3.141 CHLAMYDIA TRACHOMATIS, NEISSERIA GONORRHOAE AND TRICHOMONAS VAGINALIS COLONISATION AMONG HIV-EXPOSED NEONATES IN SOUTH AFRICA

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Introduction Sexually transmitted infections (STIs) such as *Chlamydia trachomatis* (CT), *Neisseria gonorrhoeae* (NG) and *Trichomonas vaginalis* (TV) are associated with adverse

pregnancy and infant outcomes and may also increase the risk of HIV mother-to-child-transmission. Additionally, these infections may be vertically transmitted to neonates, resulting in colonisation, conjunctivitis, and pneumonia. There is a lack of data on the neonatal incidence of CT, NG and TV due to lack of systematic screening of mothers and neonates and reliance on STI syndromic management. We conducted an analysis to determine rates of vertical transmission of CT, NG and TV from HIV-infected women to their neonates.

Methods We tested HIV-infected pregnant women for CT, NG and TV on vulvo-vaginal swab specimens during their first clinic visit post-delivery. Neonates of all women who tested positive for an STI were also evaluated for these STIs using nasopharyngeal swab specimens collected the same day. Testing was done using the Xpert CT/NG and Xpert TV [Cepheid, Sunnyvale, CA].

Results Of the 54 women tested for CT, NG and TV postnatally, 27 (50%) had at least one STI. Twenty three (85.2%) of the 27 neonates born to women with STIs were evaluated for STI colonisation. Overall, 18 (78.3%) neonates tested positive for at least one STI; 77.3% (17/22) neonates born to mothers with CT infection, 50% (2/4) with TV, and none with NG tested positive for those respective infections. STI colonisation rates also differed by birth weight with 100% of low birth weight, 77.8% (14/18) with normal birth weight, and 50% (1/2) of high birth weight neonates testing positive for at least one of those infections. Rates of neonatal STI colonisation (83.3%) were also high among the six infants delivered by C-section.

Conclusion Our analysis revealed high rates STIs among post-partum HIV-infected women, coupled with high rates of neonatal STI colonisation, particularly among low birth weight neonates.

P3.142 EPIDEMIOLOGICAL AND CLINICAL PROFILE OF HIV PATIENTS OF A PUBLIC HEALTH UNIT FROM BELO HORIZONTE, MINAS GERAIS

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Introduction More than 8 00 000 individuals are HIV-infected in Brazil and a small increase of new infections (4%) was observed in past years. Nowadays, more than half (64%) of people living with HIV in Brazil are receiving antiretroviral treatment (ARVT). The epidemiological and clinical profiles of HIV patients in medium-sized Brazilian cities are unknown, and it is necessary to study them to allow comparisons. The present study aims to identify the profile of HIV-infected individuals in a public health unit, from 2013 to 2016.

Methods A descriptive study was carried out in a public health care unit, which has specialised care for HIV-infected and sexually transmitted infections (STIs). The population of interest in this study were patients (319 patients) infected with HIV and under ARVT. Individuals whose registry was in duplicate (n=1), whose ARVT started before 2013 (n=8), and those who abandoned ARVT (n=26) were excluded. Demographic data (age, sex and self-identified sexual identity) and information on the patients' clinical situation (HIV diagnosis year, ARVT start date, presence of undetectable viral load (VL) and time to undetectable VL) were obtained. Descriptive analysis

of quantitative variables was performed using the Stata software, version 12.0.

Results Among the 285 patients included in the study, most of them were male (89.44%), aged 20–29 years (47.35%) and self-identified their sexual identity as homosexual (69.01%). Most of the diagnoses were performed in the year 2015 (39.08%) and the majority of the patients had an undetectable VL (78.95%). The mean time for VL to become and remain undetectable after starting ARVT was 7.49 (+6.74) months.

Conclusion The present study reflects the epidemiology of HIV infection in Brazil, with concentration of the disease in young adults and men who have sex with men. The virological response to ARVT is directly related to adherence to regular treatment and should be the target investment of health services specialised to people with HIV/AIDS.

P3.143 SEROLOGICAL PREVALENCE OF ANTIBODIES TO HUMAN IMMUNODEFICIENCY VIRUS AMONG NEPALESE POPULATION

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Introduction HIV is one of the major public health problems in recent time. Because of limited work opportunities in Nepal, seasonal labour migration especially disadvantaged groups to overseas become common. Nepalese government is promoting overseas employment opportunities for its citizens because of poor absorption of growing labour force in the country. This study was aimed to determine the serological prevalence of antibodies Human Immunodeficiency Virus (HIV) among the Nepalese population intended to depart overseas.

Methods This study was conducted at Namaste Nepal Medical Centre and Polyclinic, Kathmandu, Nepal. Twenty Nine Thousand Four Hundred Forty One healthy populations were included for this study over a period from January 2013 to December 2014. The venous blood was collected aseptically and subjected to screening for anti HIV 1/2 (HIV Tri Dot, Jay Mitra, India) and confirmed by third generation HIV 1/2 ELISA (SD, Bio Lines, Korea) prior to overseas migration for labour employment. Data were analysed by using SPSS version 17.0 software.

Results The serological prevalence of antibodies to HIV 1/2 were found to be 0.04% (11/29,441). Among the HIV infected population 0.03% (9/29,441) was male while only 0.01% (2/29,441) was female. Majority of the HIV infected people with HIV 1/2 was found to be 20–30 years old and belonging from disadvantaged groups like Dalit, Janajati and Kshetri.

Conclusion The HIV seroprevalence showed decreasing trend, due to the cumulative effect of increasing awareness of HIV and better HIV testing and counselling (HTC) in Nepal. This study reflects that it would be alarming situation because young age population becomes more infected. Therefore, a continuous surveillance, advocacy and social mobilisation need to be considered for further improvements of transmission of HIV infection.