

**Conclusion** Acceptability and feasibility of STI screening among pregnant women in Vietnam was very high. The prevalence of CT was much higher than the mean prevalence of CT among low and middle income countries in Asia. Study findings support policy to incorporate routine screening for STIs during pregnancy to improve maternal and infant health.

### P3.160 OPTIMISING EXISTING SEXUAL HEALTH CLINICS INCREASES HIV TESTING AMONG GAY AND BISEXUAL MEN AT HIGHER RISK OF INFECTION

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10.1136/sextrans-2017-053264.395

**Introduction** Globally, community-based HIV testing models are recommended to improve access to testing with less focus on optimising existing clinical services. In the past 5 years, public-funded sexual health clinics (SHCs) in New South Wales (NSW, Australia) have taken a range of initiatives to improve efficiencies such as triage to divert low-risk heterosexuals, express clinics, online booking, self-registration and SMS reminders. We analysed temporal trends in HIV testing among gay and bisexual men (GBM) attending SHCs in this period and assessed if testing was targeted to high-risk GBM.

**Methods** We used retrospective data from 32 SHCs in NSW participating in a surveillance network. HIV-negative GBM were categorised based on client type (new or existing), risk status (using partner numbers and/or recent rectal sexually transmitted infection), and recent HIV testing (past 6 months for high-risk, past 12 months for low-risk GBM). We used repeated measures Poisson regression to assess trends in attendance, tests and contribution to total tests by GBM categories.

**Results** From 2009–2015, unique GBM attending increased by 82% (5,477 to 9,983), and HIV tests increased by 155% (4,779 to 12,173) with significant increase in all categories and greatest increase in existing high-risk clients. Of 58,377 HIV tests done, 74% were in existing and 35% in high-risk clients. Over time, existing high-risk clients with recent testing had an increasingly larger contribution to total tests (13% annual increase, 95% CI:8%–18%,  $p<0.001$ ). There was a simultaneous annual decline in contribution by these low-risk categories: new clients (5% decline, 95% CI:2%–7%,  $p<0.001$ ); existing clients with no recent testing (6% decline, 95% CI:5%–7%,  $p<0.001$ ). There were no changes in contribution by other categories (new high-risk clients; existing high-risk clients with no recent testing; existing low-risk clients with recent testing).

**Conclusion** SHCs in NSW have successfully increased HIV testing among GBM, with greatest increase in high-risk men. The strategies adopted could be translated to other settings.

### P3.161 FACTORS ASSOCIATED WITH POSITIVE TESTS FOR HIV AND SYPHILIS CENTRE AND ADVICE

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10.1136/sextrans-2017-053264.396

**Introduction** Faced with rapid evolution of sexually transmitted infections (STIs), especially HIV/AIDS, as well as the impacts on society, this study aimed to analyse the factors associated with seropositivity TR for HIV and syphilis in people served in the Testing Centre and counselling - CTA Fortaleza, Ceará.

**Methods** A cross-sectional study that analysed data from Forms Customer Information System of people who performed the rapid test (RT) in the months of June and July 2015. We analysed sociodemographic, behavioural and epidemiological variables. The data were entered into the Statistical Package for the Social Sciences and were analysed using frequency distributions, measures of central tendency and dispersion.

**Results** Were analysed 882 forms. The research result shows that 622 (70.5%) were males and 414 (46.9%) were aged between 19 and 29 years, with a predominance of non-white people, without a partner, with more than four years of study, coming from Fortaleza. Of the 875 tests for HIV and 648 tests for syphilis, 49 (5.3%) and 72 (8.1%) showed reagent test result, respectively. Cases of HIV reagent were associated with the identification of the service by friend/service user ( $p=0.013$ ), male gender ( $p=0.006$ ), non-Caucasians ( $p=0.045$ ), lower education of four years of study ( $p=0.045$ ) and working ( $p=0.009$ ). There was statistical association in positive cases of syphilis and present IST ( $p<0.001$ ) and heterosexual sexual partners and women ( $p=0.012$ ).

**Conclusion** These findings suggest the need for effective measures for control and prevention of STIs aimed at young adults, male and more than one sexual partner.

### P3.162 DEVELOPING A CLINICAL PREDICTION RULE TO TARGET STI TESTING AND CONTRACEPTION TO WOMEN IN COMMUNITY SETTINGS: IMPLICATIONS FOR SEXUAL HEALTH SURVEYS

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10.1136/sextrans-2017-053264.397

**Introduction** Applied sexual health surveys investigate associations between psychosocial and demographic factors, sexual risk behaviour, uptake of interventions and sexual morbidity. This work improves clinical and public health understandings of sexual morbidity but may not be easily translated into practice. We seek to identify key features of research surveys that would make them more relevant to the development and use of risk assessment and targeting tools.

**Methods** To support the development of clinically-embedded risk assessment tools we undertook a systematic review of population surveys reporting on sexual risk and morbidity. We identified aspects of sexual health research questionnaire items and their reporting which could be adapted to better serve public health and clinical services to identify patients for targeted intervention.

**Results** Four key deficiencies were identified: 1. The degree to which sexual risk behaviours such as multiple partnerships and inconsistent contraception use predict adverse outcomes remains under-investigated; 2. Surveys frequently use composite measures with complex scoring systems; 3. Analyses often fail to report on non-response to individual items and the prevalence of exposures; 4. Sexual risk behaviours and morbidity are often reported without measures of absolute risk.

**Conclusion** There is a strategic need to exploit survey research better in order to embed investigation of risk factors in clinical risk prediction tools. Survey analyses should investigate which sexual risk behaviours warrant different sexual health interventions, and use measures of absolute risk. Researchers should favour questionnaire items that are concise and easy to score, and should report on item non-response and prevalence of exposures. These steps would facilitate the development of brief, acceptable and adequately predictive tools.

**P3.163 DIFFERENCES BETWEEN WOMEN ATTENDING SPECIALIST SEXUAL HEALTH CLINICS AND THOSE ATTENDING GENERAL PRACTICES: IMPLICATIONS FOR TARGETING STI TESTING**

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10.1136/sextrans-2017-053264.398

**Introduction** In Britain sexual health interventions are increasingly provided in community settings such as General Practices (GPs), while Genito-Urinary Medicine clinics have largely been replaced by Sexual Health and for Contraception clinics (SHACs). This study compared women attending GPs with those attending SHAC in an urban setting to investigate how much these populations differ and to assess the extent of sexual risk behaviour in GP populations.

**Methods** A convenience sample of women aged 16–44 years attending GP and SHAC services in the city of Brighton and Hove was invited to complete a short questionnaire about socio-demographic, psychosocial and sexual behavioural factors.

**Results** 1288 participated from GPs and 552 women from SHAC. 11.2% of GP participants and 3.4% of SHAC participants ( $p < 0.0001$ ) reported no male sexual partners in the last year. GP participants were less likely than SHAC participants to report 2 or more male sexual partners in the last year (2PP) (21.5% versus 60.9%  $p < 0.0001$ ) and to report non-use of condoms with two partners in the last year 6.9% versus 24.2%  $p < 0.0001$ . These associations remained after adjusting for the smaller proportion of women  $\leq 24$  years among GP participants compared to SHAC (21.7% v. 44.5%  $p < 0.0001$ ). Binge drinking alcohol in the last week was associated with 2PP ( $p < 0.0001$ ) and was more common among SHAC participants  $\leq 24$  years than GP participants  $\leq 24$  years (49.8% versus 37.9%  $p = 0.009$ ). However, it did not differ across sites for women aged 25–44 years (33.3% versus 36.3%  $p = 0.362$ ).

**Conclusion** Although women attending GPs are less likely than those attending SHAC to report sexual risk behaviour in the last year, a substantial minority may benefit from sexual health promotion, STI testing and alcohol awareness. This supports the development of a risk prediction tool to target sexual health and adjunct interventions in community settings among women aged 16–44 years.

**P3.164 ANTIBIOTIC RESISTANCE AND MOLECULAR TYPING OF NEISSERIA GONORRHOEAE ISOLATED FROM THE THREE OVERSEAS SITES THROUGH THE GLOBAL EMERGING INFECTIONS SURVEILLANCE AND RESPONSE SYSTEM (GEIS)**

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10.1136/sextrans-2017-053264.399

**Introduction** Increasing antibiotic resistance in *Neisseria gonorrhoeae* (GC) threatens treatment and control measures for gonorrhoea and can affect military readiness. The Global Emerging Infections Surveillance and Response System of the US Armed Forces Health Surveillance Branch supports a repository for GC isolated at US military treatment facilities in the continental US (CONUS) and at several overseas (OCONUS) labs. Here we report the antibiotic susceptibility and *N. gonorrhoeae* multi-antigen sequence types (NG-MAST) of isolates collected from three OCONUS sites: Republic of Georgia, Peru and Ghana in 2012–2016.

**Methods** GC was identified using standard biochemical and serological methods. Susceptibility to ceftriaxone, cefixime (Cfx), azithromycin (Az), gentamicin, penicillin (Pen), tetracycline (Tet), ciprofloxacin (Cip), and spectinomycin was determined by Etest.  $\beta$ -lactamase (BL) activity was determined by nitrocefin hydrolysis. NG-MAST was performed using standard methods.

**Results** Fifty-seven confirmed GC isolates were obtained from the three OCONUS sites. Cip resistance occurred in 74% (Ghana) and 89% (Peru) of isolates, with 63.2% (Ghana) and 28.6% (Peru) of isolates Cip<sup>R</sup>, Pen<sup>R</sup> and Tet<sup>R</sup>. Two isolates with reduced susceptibility to Cfx were identified among isolates from Ghana and Georgia and 18 isolates with reduced susceptibility to Az were identified across the 3 sites. Over 65% of isolates from Ghana and Peru produced BL. Cip<sup>R</sup> strains primarily encoded S91,D95A or S91F,D95G substitutions in GyrA, combined with S87R (Peru) or S87N (Ghana) substitutions in ParC. Interestingly, a high proportion of isolates from Ghana (36.8%) and Peru (85.7%) were of unique NG-MAST types.

**Conclusion** Multidrug resistant GC and BL production are common in these OCONUS sites. Several previously undescribed NG-MAST sequence types were identified in Peru and Ghana, suggesting the GC strains circulating in these countries are different from those in North America, Australia, and Europe. Further surveillance is needed to inform treatment recommendations in OCONUS sites.

**P3.165 QUALITY OF LIFE IN WOMEN WITH GENITAL TRACT INFECTIONS BY HUMAN PAPILLOMAVIRUS (HPV)**

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10.1136/sextrans-2017-053264.400

**Introduction** Human papillomavirus is sexually transmitted diseases (STDs) are among the most common public health issues