

immunoglobulin and Hepatitis B vaccine. All newborns had negative HBsAg on immediate post-birth.

**Conclusion** Generally, Hepatitis B patients had an average age from 20 to 30 years. The first appointment on specialised services was mainly on the second trimester, probably due to delays on public health dispensation. Hepatitis B vertical transmission prophylaxis has been done on 90% of the pregnant women – other cases may be lacking pertinent annotations. This evaluation needs to be carried on in order to minimise horizontal and vertical transmissions. Due to public dispensation mismanagement, viral load quantifications on Hepatitis B only started last year.

**P3.183** PREVALENCE AND FACTORS ASSOCIATED WITH SYPHILIS IN PREGNANT AND NON-PREGNANT WOMEN ATTENDED IN 24 MONTHS IN A UNIVERSITY HOSPITAL

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**Introduction** It is estimated that 1.8 million pregnant women worldwide are infected with syphilis and less than 10% are diagnosed and treated. In Brazil, about 30 thousand cases/year with progressive growth are related to social inequalities and lost opportunities of diagnosis and prevention. Considering the importance of a faster detection of this disease, an analysis is necessary because such data could contribute to the development of new syphilis control strategies in this population.

**Methods** This retrospective case-control study included 170 women (34 cases and 136 controls), where the presence of VDRL and TPHA have defined as a case. The study was based on analyses of medical records of women admitted to the Women's Hospital Prof.Dr.José Aristodemo Pinotti/Unicamp-São Paulo-Brazil, matched by age over a period of 24 months. Statistical analysis was performed using chi-square and Fisher's exact tests. For the quantitative variables, descriptive measures were obtained and to verify a significant difference between the mean values, a Mann-Whitney test was used.

**Results** The prevalence was 1.04% and the mean age was 27.5a. 58.8% of women cases were white, 52.9% with a fundamental education and were in the 3.24 gestation (or 6.77). 70.6% of the controls were white with 45.6% average education and were at 2.27 gestation. In women with syphilis, the average number of sexual partners was 7, the beginning of the sexual activity was 15.3a, 29.5% were drug users (or 0.0001), and 35.3% had a history of STDs. Controls had an average of 2.6 sexual partners, sex at 17.1a, 11.1% used drugs and 7.4% had a history of STDs. The cases had 6.2 consultations ( $p=0.0664$ ). Half of the partners were not treated. There was 1 neonatal death. Of the 34 women diagnosed with syphilis, only 5 achieved follow-up and cure.

**Conclusion** A high prevalence of syphilis was identified, which was associated with white, young and multiparous women. Socio-demographic vulnerability and difficulty in diagnosis seem to influence the disease, it is noteworthy that only 1 in 7 women obtained a cure.

**P3.184** TEMPORAL EVOLUTION OF RESISTANCE RATES AMONG CLINICAL ISOLATES OF *NEISSERIA GONORRHOEAE* FROM SÃO PAULO, BRAZIL

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**Introduction** The emergence of antimicrobial resistance among *N. gonorrhoeae* isolates is a major concern worldwide. Although quinolones and macrolides are still recommended for empirical treatment of urethritis according to our national guidelines. The objective of this study was to evaluate the antimicrobial susceptibility profile of *N. gonorrhoeae* recovered from 2003 to 2015 from outpatients assisted at the Centro de Referência e Treinamento DST/AIDS-CRT Santa Cruz, São Paulo – SP.

**Methods** The identification was carried out by MALDI-TOF MS. The minimal inhibitory concentrations (MIC) for penicillin, ceftriaxone, ciprofloxacin and azithromycin were determined by agar dilution method and interpreted according to CLSI (2016) clinical breakpoints, except for azithromycin, which was interpreted using EUCAST (2016). The genetic relationship of isolates presenting reduced susceptibility to ciprofloxacin was evaluated by ERIC-PCR. Hydrolysis rates towards ceftazidime and cefotaxime were evaluated by mass spectrometry.

**Results** Among the 125 *n. gonorrhoeae* recovered, reduced susceptibilities to penicillin, ciprofloxacin, and azithromycin were observed for 89.6% (112/125), 22.3% (21/94), and 26.4% (33/125) of the isolates. Only one isolate was resistant to ceftriaxone, with MIC of 0.5 µg/mL. Reduced susceptibilities to penicillin, ciprofloxacin and azithromycin were already observed in 2003, and increased over the years, while resistance to ceftriaxone was only observed in 2006. The ceftriaxone-resistant isolate did not present detectable hydrolysis for ceftazidime and cefotaxime, suggesting that a no enzymatic mechanism was involved.

**Conclusion** Our data corroborates with other international series and pose in question the recommended syndromic treatment with quinolones and azithromycin. Our result suggests that ceftriaxone still remains a valuable therapeutic option for the empirical treatment of gonococcal infections in Brazil. Further analysis will be performed in order to better characterise the genetic relationship and the resistance mechanisms involved.

**P3.185** ADOLESCENTS WITH HPV: THE PROFILE OF YOUNG PEOPLE ATTENDING A STI AND HIV REFERENCE CENTRE IN SALVADOR/BAHIA

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**Introduction** The adolescence is a period marked by intense vulnerability, with a high prevalence of HPV, mostly of

transient infections. We aimed to identify the population of adolescents infected with HPV and risk factors associated.

**Methods** A cross-sectional study evaluating adolescents (from 10 to 19 years of age) carried out from January to August 2012 at the major Sexually Transmitted Infections (STI) Reference Centre in Bahia, Brazil. Sociodemographic and clinical data were obtained by reviewing charts and analysed through SPSS 20.0.

**Results** Of the adolescents evaluated, 324 had the diagnosis of HPV, evidencing an HPV prevalence of 62.5%. Among those, the mean age was 16.8 ( $\pm 1.5$ ) years and the sexual debut occurred at 13.2 ( $\pm 3.5$ ) years of age. There was an association between the female gender and the diagnosis of HPV ( $p < 0.01$ ; OR 3.22, 95% CI 2.18–4.77), as well as to being 16 years old or older ( $p < 0.01$ ; OR 3.44, 95% CI 2.28–5.19). Regarding lifestyle, 25.6% (42/164) of HPV patients reported alcohol use, 8.1% (16/197) illicit drugs use and 2.2% (3/138) were smokers. There was a statistical correlation between having  $\geq 8$  years of schooling and HPV ( $p = 0.02$ ; OR 1.76, 95% CI 1.10–2.79), as well as working and the infection ( $p = 0.01$ ; OR 2.54, 95% CI 1.17–5.53). As for clinical characteristics, 15.8% (40/253) of HPV patients were pregnant during the study, with a significant association between pregnancy and the virus ( $p = 0.02$ ; OR 2.69, 95% CI 1.10–6.58). There was 91.9% (295/321) of clinical diagnosis of HPV, and 61.9% (199/321) of genital warts among the infected population. 90.9% (280/308) of the infected adolescents underwent treatment for HPV.

**Conclusion** The clinical and epidemiological profile of these adolescents revealed the need for prevention campaigns against STIs with accessible language, promoting access to information. Access to HPV vaccine is now possible, and it is still necessary to stimulate follow-up and treatment in order to reduce this infection and its associated diseases.

P3.186

#### NEISSERIA GONORRHOEAE ANTIMICROBIAL RESISTANCE SURVEILLANCE IN JOHANNESBURG, SOUTH AFRICA

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**Introduction** Gonorrhoea is the predominant cause of symptomatic male urethritis in South Africa. *Neisseria gonorrhoeae* has displayed an alarming propensity to acquire resistance to all sequential first-line antimicrobial agents used over the years. The National Institute for Communicable Diseases has co-ordinated STI microbiological surveillance since 2005 in order to validate existing national syndromic management guidelines. We describe *Neisseria gonorrhoeae* antimicrobial resistance patterns and trends from Johannesburg surveillance, spanning a period of eight years from 2008 to 2015.

**Methods** *Neisseria gonorrhoeae* was cultured from swab specimens of genital discharge (endocervical and endourethral) from consenting adult patients presenting to a community-based primary healthcare facility in Johannesburg. The minimum inhibitory concentrations (MICs) of antimicrobials were determined using Etest (cefixime, ceftriaxone, ciprofloxacin) or agar dilution (azithromycin, penicillin, tetracycline). Clinical Laboratory Standards Institute (CLSI) criteria, where

applicable, were used for interpretation of results. Descriptive statistics and likelihood-ratio tests in STATA 14 were used for data analysis.

**Results** A total of 2,112 *Neisseria gonorrhoeae* isolates were tested for susceptibility to the extended-spectrum cephalosporins (ESCs) and ciprofloxacin. A proportion of these were tested for susceptibility to penicillin, tetracycline and azithromycin. Between 2011 and 2015, the prevalence of high-level resistance increased from 31% to 57% for penicillin ( $p = 0.009$ ) and 73% to 91% for tetracycline ( $p = 0.009$ ). Between 2008 and 2015, the prevalence of high-level ciprofloxacin resistance rose exponentially from 24% to 67% ( $p < 0.001$ ). Decreased susceptibility (DS) to cefixime was not observed; however one isolate from 2013 exhibited DS to ceftriaxone. Trend analysis revealed MIC creep for cefixime. Elevated azithromycin MICs of  $> 0.5 \mu\text{g/ml}$  were identified only in 2015 (5/125; 4%).

**Conclusion** *Neisseria gonorrhoeae* resistance trends for Johannesburg reveal that high-prevalence resistance to penicillin, tetracycline and ciprofloxacin obviates their use for STI syndromic management. The prevalence of resistance to ESCs is  $< 1\%$  and to azithromycin  $< 5\%$ , validating their continued use in dual therapy. However, it is essential that ESC and azithromycin susceptibility trends are monitored to detect emerging resistance timeously.

P3.187

#### HIV AND STI PREVENTION AMONG YOUNG MEN WHO HAVE SEX WITH MEN (MSM) IN THE WESTERN REGION OF PUERTO RICO

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**Introduction** According to the HIV Surveillance System, there has been an increase in newly reported cases of HIV among young men who have sex with men (YMSM) in Puerto Rico when compared to intravenous drug users. The Youth Prevention Program (YPREV) which aims to monitor high-risk practices in young men (18–24 years old) and provide services for this population in the Western region of the island was developed between the academia and community-based organisations (CBOs) with the aim of decreasing health disparities in youth in universities and surrounding communities. This study presents data on the first year of the needs assessment concerning HIV testing and prevention methods as well as our ongoing efforts after gathering this data.

**Methods** To determine the needs and outline the strategic plan of YPREV, a mixed methods approach was used. The first phase consisted of developing and carrying out a needs assessment which was performed from March 2016 until September 2016. A total of 183 YMSM were recruited using a