2010 to 2015. Importantly, our last-line treatment (ceftriaxone) is used in first-line dual therapy. However, over half of tested isolates are still sensitive to older drugs, e.g. ciprofloxacin. Discriminatory point-of-care tests (POCT) to detect drug sensitivity are under development, enabling individualised treatment decisions.

Methods We developed an individual-based transmission model of gonorrhoea infection in MSM, incorporating ciprofloxacin-sensitive and resistant strains. The cumulative contact network is captured by periodically restricting active connexions to reflect the transience of high degree contacts. We explored different strategies to improve treatment selection including a) discriminatory POCT, and b) selecting partner treatment based on index case susceptibility. Outcomes included population prevalence and percentage reduction in ceftriaxone doses. Additional sensitivity analyses simulated the impact of reducing delays in the patient pathways on gonorrhoea prevalence.

Results The flexible model structure enabled us to efficiently explore a large region of parameter space, and credibly simulate London gonorrhoea transmission dynamics - assuming 2%–10% prevalence and 10–50 daily diagnoses per 100,000 MSM. Initial simulations show that a) using POCT to detect ciprofloxacin sensitive infections resulted in a 66% decrease in ceftriaxone doses, and b) using index case sensitivity profile to direct treatment of partners could reduce ceftriaxone use by 25%.

Conclusion POCT are likely to dramatically reduce reliance on ceftriaxone. In the meantime, we could use existing data more informatively. If lab turnaround times are fast enough, index case sensitivity profiles could be used to select effective treatments for partners. This new framework addresses limitations of previous models and provides a flexible platform for exploring control options for AMR gonorrhoea.

P2.02 **CLINICAL AND HISTOLOGICAL ASPECTS OF HPV-INDUCED LESION IN THE ORAL CAVITY OF A PATIENT GROUP FROM A PRIVATE UNIVERSITY OF RIO DE JANEIRO BETWEEN 1998 AND 2015**

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Introduction Bearing in mind that the diagnosis of oral lesions, particularly those induced by HPV, may influence therapeutic method choice, the goal of this study was to describe the clinical and histological characteristics of these lesions in the oral cavity.

Methods A sectional laboratory research based on the reports obtained from the oral pathology laboratory of a private university of Rio de Janeiro, between 1998 to 2015 was held, with the objective of assessing the profile of 104 individuals diagnosed with HPV-induced oral lesions.

Results The lesions found were oral squamous papilloma (83%), verruca vulgaris (11,3%) and condyloma acuminata (5,6%). The sites more commonly involved were the tongue (37 lesions, 33,9%), the palate (21 lesions, 19,8%) and lip mucosa (19 lesions, 17,9%). The oral squamous papilloma was diagnosed in 87 patients, with average age of 40.3 years, race-colour white (73%), being the tongue (39,8%) and the palate (22,7%) the more commonly described sites, with asymptomatic lesions of the type exophytic (15,9%) and pedunculated (13.6%) and had whitish colour, with an average size of about 0.55 cm in diameter. As for the 12 verruca vulgaris diagnosed, the individuals had an average age of 21.3 years, most of them affecting lip mucosa region with 7 lesions (to 58.3%). The condyloma acuminata lesions were found in only 5 individuals, with ages ranging from 25 to 51 years of age, with an average of 32.8 years. The site of greatest occurrence was the lip mucous membrane with 3 lesions (50%).

Conclusion In this study, it was possible to observe that women had more lesions in the oral cavity, being the tongue the most common site, and the oral squamous papilloma the most diagnosed lesion. The description of the histological and molecular aspects of these injuries becomes necessary so that there is an effective contribution to the knowledge of factors that may be associated with the development of these lesions in the oral cavity in the era of the quadrivalent/nonavalent vaccine.

P2.03 **ANTIBIOTIC TREATMENT FOR THE SEXUAL PARTNERS OF WOMEN WITH BACTERIAL VAGINOSIS**

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Introduction Microorganisms associated with Bacterial Vaginosis (BV) have been isolated from the normal flora of the male genital tract, and their presence could be related to the recurrence of BV in women after antibiotic treatment. Therefore, the treatment of sexual partners could decrease the recurrence of infection. To assess the effectiveness in women and the safety in men of concurrent antibiotic treatment for the sexual partners of women treated for BV.

Search methods We searched the Cochrane STI Specialised Register, CENTRAL, MEDLINE, Embase, LILACS, International Clinical Trials Registry Platform, ClinicalTrials and Web of Science. We also handsearched conference proceedings.

Selection criteria Randomised controlled trials that compared the concurrent use of any antibiotic treatment with placebo by the sexual partners of women treated for BV.

Data collection and analysis Authors independently assessed trials for inclusion, extracted data and assessed the risk of bias. Disagreements were resolved through consensus. Quality of the evidence were assessed using GRADE.

Results Five trials (854 patients) met our inclusion criteria. High quality evidence shows that antibiotic treatment does not increase the rate of clinical or symptomatic improvement in women during the first week (risk ratio (RR) 0.99, 95% confidence interval (CI) 0.96 to 1.03; RR 1.06, 95% CI 1.00 to

1.12; respectively) or between the first and fourth week (RR 1.02, 95% CI 0.94 to 1.11; RR 0.93, 95% CI 0.84 to 1.03; respectively). Antibiotic treatment does not led to a lower recurrence (RR 1.28, 95% CI 0.68 to 2.43) in women, but increases the frequency of adverse events reported by sexual partners (RR 2.55, 95% CI 1.55 to 4.18).

Conclusion High quality evidence shows that antibiotic treatment for sexual partners of women with BV, does not increase the rate of clinical or symptomatic improvement and does not led to a lower recurrence rate into the women, but increases the frequency of adverse events reported by sexual partners.

P2.04 TITLE A CLINICAL INVESTIGATION TO IMPROVE REPRODUCTIVE HEALTH SERVICE DELIVERY IN PRIMARY CARE TO REFUGEES FROM BURMA

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Introduction In 2014–2015, Australia granted over 2000 humanitarian visas to people from Burma. During initial refugee health assessments conducted at local health centres, primary care practitioners (PCP) observed that these refugees are quiet, modest and polite; rarely acknowledge sexual health problems and typically answer in the affirmative. Consequently, PCP found it challenging to understand their health needs. Our study aimed to gain insight into how migration affected the reproductive health needs of this group, their ability to access an unfamiliar health system, and to identify elements of a sexual health service model for adaptation to refugee communities.

Methods As we targeted the sensitive needs of a marginalised population we selected qualitative techniques, and conducted 27 semi-structured interviews on sexual health consultations with PCP involved with refugees from Burma. Interviews were audio-recorded and transcribed. Research team members reached consensus on coding, content and thematic analysis and key results.

Results Preliminary analysis suggested six consultation related themes: interpretation, language and euphemisms, culture and beliefs, power dynamics, role of family and low levels of health literacy. Overall, effective communication was the key to successful reproductive health consults. For instance, picture a genital examination with an interpreter on the speaker phone at a distance from the examining couch and practitioner interpreter and patient speaking loudly to communicate the steps of speculum examination. Secondly community leaders often serve as interpreters raising serious privacy concerns in sexual health related problems.

Conclusion The needs of the refugee patient cannot always be ascertained through the biomedical lens. PCP need assistance to contextualise 'behind the scene' communication dynamics involved in sexual health consults. Humanising perspectives can assist in overcoming barriers. Patient's must be given a choice of interpreter in sexual and reproductive health consultations in refugee settings.

P2.05 A SILENT EPIDEMIC: THE PREVALENCE, INCIDENCE AND PERSISTENCE OF MYCOPLASMA GENITALIUM IN YOUNG ASYMPTOMATIC WOMEN IN THE UNITED STATES

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Introduction: *Mycoplasma genitalium* (MG) is an emerging sexually transmitted infection (STI) associated with cervicitis, pelvic inflammatory disease, and adverse pregnancy outcomes in women, yet little is known regarding its natural history. We conducted a secondary analysis of specimens collected from young women enrolled in a multi-centre study of asymptomatic bacterial vaginosis (BV) in order to determine the natural history of MG and associated factors with infection.

Methods Sexually active women aged 15–25 years were recruited from 10 US clinical sites. Eligible women had asymptomatic BV at baseline, and >/=2 STI risk factors. Self-collected vaginal swabs were collected at enrollment, and by home-based testing at 2, 4, 6, 8, 10 and 12 months. MG nucleic acid amplification testing was performed using a transcription mediated assay (Hologic Inc, San Diego, California). Prevalent, incident and persistent MG were estimated with 95% confidence intervals (CI). Univariate analyses and logistic regression modelling were performed to assess associations between participants' baseline demographic, sexual, and clinical characteristics with prevalent MG infection.

Results Specimens were tested for MG from 1365 predominantly Black (85.4%) women. At baseline, 233 women were MG+ (prevalence 20.5% [95% CI: 18.2–22.9]); among 204 participants with follow-up specimens, 42 (20.6%) had persistent MG, remaining MG+ on all follow-up testing. Among 801 women who were MG negative at baseline with follow-up testing, 220 had at least one subsequent MG+ test for an incidence of 27.5% (95% CI: 24.4–30.7). Black race (adjusted odds ratio (AOR) 1.92, 95% CI: 1.09–3.38) and younger (15–21 years) age (AOR 1.40, 95% CI: 1.03–1.91) were significantly associated with prevalent MG infection.

Conclusions We identified high rates of prevalent, incident, and persistent MG infections among sexually active young women followed over 12 months. As national programs consider the impact of MG as an STI, the implications of asymptomatic infections should be considered among at-risk populations.

P2.06 TRENDS IN CD4 COUNT AND WHO STAGING AMONG NEWLY DIAGNOSED HIV PATIENTS ATTENDING AN ANTI-RETROVIRAL THERAPY CENTRE IN TERTIARY CARE HOSPITAL

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Introduction Patients diagnosed with HIV infection late in course of disease are usually more severely