

changes. Our objective is to report a case of *Rhodococcus* pneumonia in a HIV patient.

Methods 29 year old male, from Rio de Janeiro, cocaine user. Presented in Mar/16 with productive cough and hemoptysis, high fever, weight loss, sweating, right pleuritic pain and dyspnea. In Apr/16, he was treated for bacterial pneumonia. Symptoms persisted and by the end of May/16, pulmonary TB was suspected. AFB were detected in sputum. GeneXpert test was negative. Chest x-ray showed multiple cavitations in right upper lobe. In June/16 RHZE was started. Three days later, he presented with abdominal pain, vomiting and diarrhoea and was hospitalised. RHZE was suspended and HIV diagnosis was made at this time. On admission, he was febrile (38.1°C), tachypneic and pale; crackling rales in the upper 1/3 of the right lung. Liver function tests were normal. RHZE was reintroduced. FBC showed mild anaemia and leukocytosis; normal renal function. Chest x-ray revealed abscesses with thickened walls and an air-fluid level, and extensive consolidation in RUL. Because of the dissociation between sputum smear microscopy and GeneXpert results, rhodococcus infection was suspected and levofloxacin was started. Blood cultures showed growth in 3 samples and Gram stain was suggestive of corynebacteria. *Rhodococcus* was identified by Coryne API. Chest CT showed ground-glass infiltrate, and sulfamethoxazole-trimethoprim for PCP was initiated. The patient was afebrile after 72 hours of levofloxacin and rifampicin. He was discharged and is currently well, followed at the outpatient unit.

Discussion and conclusion The case was suggestive of TB but was confirmed as *Rhodococcus*. Because it is rare, it can lead to delayed diagnosis, inadequate therapy and increased mortality. It is important to investigate rhodococcosis in HIV patients with TB criteria, especially in case of dissociation between smear microscopy and GeneXpert.

P2.26

EXOTIC MYCOBACTERIA IN A PAKAREN MACHADO GOMESIENT WITH HIV IMMUNOSUPPRESSION

¹Marcos Davi Gomes de Sousa, ²Karen Machado Gomes, ¹Maria Cristina da Silva Lourenco, ¹Cristiane Lamas. ¹National Institute of Infectology Evandro Chagas, Rio de Janeiro – RJ, Brazil; ²Federal University of Rio De Janeiro, Rio de Janeiro – RJ, Brazil

10.1136/sextrans-2017-053264.202

Introduction: *Mycobacterium colombiense*, a slow-growing mycobacterium, belongs to the complex of *Mycobacterium avium* (MAC). It was isolated for the first time in Colombia, in 2006, in an HIV patient. To report the first case of a Brazilian HIV/AIDS patient in whom *M. colombiense* was identified.

Methods 51 year old male, heavy drinker and smoker, COPD, waste picker. HIV+, poorly adherent to ART, CD4 count of 14 and VL 3,960 in 2015. He was treated for *M. kansasii* infection from 2007 to 2009, when ART was also started. In 2015, he had several sputa collected, and results were intermittently positive for AFB testing. GeneXpert was negative in all of samples. He had a positive culture for *M. intracellulare* in January; but sputum culture was positive for atypical mycobacteria in September and November. BAL in November had a positive culture for MAC, later identified as *M. colombiense*. The clinical specimen was treated by the NALC-NaOH method, and was seeded in LJ medium. Growth of smooth, creamy colonies with yellow pigment was observed after 30

days of incubation. Sequencing of the *rpoB* gene for identification showed similarity of 99% with the CIP 108962 strain *M. colombiense*. The gene sequence was analysed by BLAST V2.0. All blood cultures for fungus, mycobacteria and bacteria were negative in the same time.

Discussion and conclusion This patient with advanced AIDS, COPD and alcoholism had been treated years before for *M. kansasii* and for *M. avium*. Six years later, due to respiratory and consumptive syndrome, he was hospitalised for investigation and there was growth of *M. colombiense* in bronchoalveolar lavage - BAL. To our knowledge, this is the first isolate of this species in Brazil. In 2015, *M. intracellulare* and MAC were grown in sputum culture; these mycobacteria, being closely related, are very difficult to distinguish, with the possibility that *M. colombiense* was the etiological agent early on. Due to the unavailability of modern molecular tools to describe emerging MAC species, the true prevalence of *M. colombiense* in Brazil is probably underestimated.

P2.27

HIGH SATISFACTION WITH AND LOYALTY TO GETCHECKEDONLINE.COM AMONG FIRST-TIME USERS OF AN ONLINE STI TESTING SERVICE IN BRITISH COLUMBIA, CANADA

¹Mark Gilbert, ¹Kimberly Thomson, ¹Travis Salway, ¹Devon Haag, ¹Troy Grennan, ²Chris Buchner, ¹Mark Tyndall, ¹Mel Krajden, ¹Gina Ogilvie, ³Jean Shoveller. ¹British Columbia Centre for Disease Control, Vancouver, Canada; ²Fraser Health Authority, Vancouver, Canada; ³University of British Columbia, Vancouver, Canada

10.1136/sextrans-2017-053264.203

Introduction Positive user experiences are key to trust and repeated use of online services (known as e-Loyalty). GetCheckedOnline (GCO) is an online testing service for HIV/STI where clients complete a risk assessment, print lab forms, submit specimens at a lab, and retrieve results online (if negative) or by phone. We surveyed GCO clients on their perceptions of using the service.

Methods We invited first-time GCO users (who consented to be contacted for research) to complete an anonymous online survey 2 weeks following reporting of test results. Survey questions were analysed descriptively and included demographics, reason for test, and how participants heard about GCO. Satisfaction, convenience, ease of use, and e-Loyalty (intention to use again, recommend to others) were measured using 5-point Likert scales and collapsed (low to neutral vs high responses).

Results Between July 2015-Sept 2016, 23% of 1099 first-time GCO users consented to be contacted for research and 136/208 (65%) of users contacted agreed to participate in the survey. Participants had a median age of 33 years, 80% were white, 67% male, 43% straight, and 43% men who have sex with men. The most common testing reasons were: routine test (64%), risk event/exposure (44%) and new relationship (22%). Participants heard about GCO from clinics/health providers (38%), campaigns (26%), social media (18%), and friends or partners (13%). Almost all participants were satisfied with GCO overall (93%) and with their experience of receiving results (96%), 92% agreed GCO was convenient, 87% found GCO easy to use, and 83% rated the experience of submitting specimens as good or excellent. E-Loyalty was also high: 97% intended to use GCO again and 96% would recommend GCO to others.