P2.47 PATIENT INITIATED PARTNER THERAPY FOR CHLAMYDIA: ATTITUDE OF PHYSICIANS AND NURSES WORKING IN SEXUAL HEALTH CENTRES IN THE NETHERLANDS

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10.1136/sextrans-2017-053264.223

Introduction Effective partner treatment (PT) is essential to interrupt transmission, prevent re-infections, and may reduce the prevalence of chlamydia. Dutch guidelines allow direct PT of current and most recent ex-partners of a chlamydia patient when they present for testing, but no prescriptions without contact with the partner. As part of a project concerning the potential of Patient Initiated PT (PIPT) for chlamydia (PICC-UP; Patient Initiated Contact treatment for Chlamydia), we investigated attitudes towards PIPT among health staff at sexual health centres (SHC).
Methods An online anonymous questionnaire was sent to all 73 physicians and 248 nurses employed at 25 Dutch SHCs. The questionnaire was based on focus groups conducted with health staff, and included Likert-scale questions on opinions and attitudes towards PIPT. Descriptive analyses were performed.
Results The overall response rate was 36%. In general, health staff was critical towards PIPT without counselling. 97% of respondents agreed that current steady partners should get treatment immediately, and 43% thought so for casual partners. However, a smaller proportion would give medication via the index patient: 51% for a steady and 8% for a casual partner. Respondents were more likely to apply PIPT if there was a high chance of infection but a small chance the partner would present for testing. Furthermore, checking allergies and contra-indications before antibiotic prescription was considered essential by 97%. Most (60%) preferred acquiring this information via direct contact with the partner; 30% favoured telephone or internet. Hardly any differences were seen between answers of physicians or nurses.
Conclusion Physicians and nurses from SHCs find PT for chlamydia important, but their attitude towards PIPT is reluctant. They would consider PIPT for current steady partners or for partners who may not present for testing, preferably after some form of contact with the partner. For further development of PIPT strategies, involvement of the implementing health professionals is essential.

P2.48 MOLECULAR SUBTYPING OF *TREPONEMA PALLIDUM* AND ASSOCIATED FACTORS OF SEROFAST STATUS IN EARLY SYPHILIS PATIENTS: IDENTIFIED NOVEL GENOTYPE AND CYTOKINE MARKER

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Introduction Serofast remains a concern of clinicians and syphilis patients. No consensus has been established, however, that defines an effective treatment strategy and clarifies the pathogenesis.
Methods Between August 2011 and July 2015, eligible patients visiting the STD Clinics in ten prefectural-level cities in Jiangsu Province, China, were referred to participate in this study.A total of 517 patients with early syphilis were enrolled and treated in this study.
Results Twelve months after treatment, 79.3% (410/517) of patients achieved serological cure, 20.1% (104/517) were serofast, and 0.6% (3/517) were serological failures. Multivariate analysis demonstrated that older age (>40 years) and lower baseline RPR titer (≤1:8) were associated with serofast status. We also identified 21 *T. pallidum* molecular subtypes among early syphilis patients and detected a new subtype, 14i/a.Levels of chemerin were higher in the serum of serofast cases than serological cure cases, potentially indicating a novel cytokine marker for serofast in early syphilis patients after therapy.
Conclusion Our data suggested that older age (>40 years) and lower baseline RPR titer (≤1:8) were associated with serofast status in patients with early syphilis. These results indicated that 14i/a type predicted an increasing risk of serofast status,as well as chemerin may be a novel cytokine marker of serofast outcome in early syphilis patients.

P2.49 PREVALENCE AND MOLECULAR CHARACTERISATION OF HEPATITIS B VIRUS IN BLOOD DONORS IN BOTSWANA

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10.1136/sextrans-2017-053264.225

Introduction Safe blood transfusions remain a challenge in Africa where sexually transmitted diseases (STIs) mainly hepatitis B virus (HBV), hepatitis C virus (HCV), syphilis and HIV are hyper-endemic. Amongst, HBV is ranked the 7th leading cause of annual global deaths. HBV has up to 10 genotypes (A-J) and all show uniqueness in prognosis, response to therapy and geographic distribution. In Africa, 30%. (A, D and E) of these genotypes have been identified circulating in different cohorts. Up to date, there is no data on the prevalence and molecular characterisation of HBV in blood donors in Botswana. The study aims to identify HBV genotypes circulating in Botswana blood donors and update its prevalence in comparison to other identified STIs in the cohort.
Methods A one-year cross-sectional study for consecutive hepatitis B surface antigen positive (HBsAg+) allogeneic blood donations confirmed using ELISA was done. HBV genome extraction was done using UltraSense DNA/RNA Kit followed by a 25 µl polymerase chain reaction (PCR) reaction made of master-mix containing SuperScript Platinum III polymerase and two primers Core-F and Werle-AS covering 2.1 kb region (PreS2, PreS1, S and part of Pol region). Big Dye sequencing chemistry was performed on 82% (41/50) successful PCR products of which 87.8% were successfully sequenced and genotyped.
Results Sub-genotype A1 (48%) serotype adw2 and D (52%) serotype ayw2 were confirmed in the cohort. Escape mutations **A120L** and **130R** in two genotype A samples were found associated with failure to vaccine and detection. Allogeneic donations at National Blood Transfusions Services in Botswana (NBTS) during study were 10 798. Prevalence of