

clinic, a clinic in Kampala for women at high-risk of HIV-infection. We included HIV positive women ≥ 18 years who initiated ART at GHWP between August 2014 and October 2017. We defined LTFU as not taking an ART refill for ≥ 3 months from the last clinic appointment and not classified as dead or transferred to another clinic. We used the Kaplan-Meier technique to estimate time to LTFU after ART initiation. Predictors of LTFU were assessed using a multivariable Cox proportional hazards model.

Results Of the 293 enrolled participants, 16% of the women were LTFU within the first year of ART initiation. The mean (\pm SD) age of study participants was 30.3 (± 6.5) years, with 274(94%) reporting paid sex while 38(13%) had never tested for HIV before enrolment into GHWP. LTFU in the cohort was estimated at 12.5 per 100 person-years (95%CI 9.8–16.0). In multivariable analysis, participants who reported sex work as their main job at ART initiation (Adjusted Hazards Ratio [aHR] = 1.98, 95%CI 1.12–3.52), having baseline WHO clinical stage III or IV (aHR = 2.65, 95% CI 1.26–5.60) were more likely to be LTFU.

Conclusion LTFU in this cohort is high. Follow up strategies are required to support women on Test and Treat to remain on treatment, especially those who engage in sex work and those who initiate ART at a later stage of disease.

Disclosure No significant relationships.

P038

COMPARISON OF ANYPLEX™II STI-7E V1.1 TO ALLPLEX™ CT/NG/MG/TV FOR THE DETECTION OF STI FROM URINE COLLECTED WITH URISPONGE™

¹Santina Castriciano*, ²Anna Archenti, ³Patrizia Biagiola, ²Debora Pasquali, ⁴Cristiano Sabelli, ²Marina Foti. ¹Copan Italia Spa, Scientific Affairs, Hamilton, Canada; ²ATS Città Metropolitana di Milano-Laboratorio di Prevenzione, Milano, Italy; ³ATS Città Metropolitana di Milano-Laboratorio di Prevenzione, Milano, Italy; ⁴Copan Italia Spa, Brescia, Italy

10.1136/sextrans-2019-sti.245

Background Sexual transmitted infections are playing an important role in genital infections. *Chlamydia trachomatis* (CT), *Neisseria gonorrhoeae* (NG), *Mycoplasma genitalium* (MG) and *Trichomonas vaginalis* (TV), have been associated to vaginal infections, cervicitis and urethritis and complications like pelvic inflammatory diseases. Pathogens like *Mycoplasma hominis* (MH), *Ureaplasma urealyticum* (UU) and *Ureaplasma parvum* (UP), residing in the genital tracts, are not always associated to active infections. Seegene introduced the Allplex™ CT/NG/MG/TV (STI-4) Assay. This study objective was to compare the performance of the Anyplex™II STI-7e v1.1 (STI-7) that detects CT, NG, TV, MG, MH, UU, and UP, to the Allplex™ CT/NG/MG/TV for the detection of STI from urines.

Methods Urines collected with UriSponge™ (Copan Italia, Brescia Italy) were tested with the STI-7: UriSpone™ samples were centrifuged 5min at 2500 RPM, tubes de-capped, sponges discarded, vortexed and loaded samples on the Nimbus for nucleic acids extraction. Extracted samples were analyzed with the STI-7 on the CFX96 system. Nucleic acids from 142 urine, already defined negative and positive, were analyzed with the Allplex™ CT/NG/MG/TV on the CFX96 system. Both assays were compared, concordant results

were considered negative or positive, discordant results were retested in duplicate.

Results In the 142 urines tested with STI-7 and STI-4 assays, concordant results were detected, 29 CT, 16 NG, 11 MG positives, 29 negatives and 5 discordant results, 2 STI-7 negative/STI4 positive (1MG and 1CT) and 3 STI-7 positive/STI-4 negative (1NG, 1CT,1TV). Results were not statistically significant ($P > 0.05$). Anyplex II STI-7 detected 22 MH, 25 UU and 45 UP.

Conclusion In this study an excellent agreement was demonstrated by the Seegene Anyplex™II STI-7e v1.1 and by Allplex™ CT/NG/MG/TV assays for the detection of *Chlamydia trachomatis*, *Neisseria gonorrhoeae*, *Mycoplasma genitalium* (MG) from urine collected with Copan UriSponge™. The Allplex™ CT/NG/MG/TV assays eliminate the detection of MH, UU, and UP.

Disclosure No significant relationships.

P039

A CENTRAL REFERENCE LABORATORY FOR ANTIMICROBIAL RESISTANT *NEISSERIA GONORRHOEAE* IN THE US DEPARTMENT OF DEFENSE

¹June Early*, ¹Adriana Le Van, ¹Nelson Dozier, ¹Sandra Waggoner, ²Eric Garges, ³Ann Jerse. ¹The Henry M. Jackson Foundation for the Advancement of Military Medicine, Inc., Bethesda, USA; ²Uniformed Services University of the Health Sciences, Department of Preventive Medicine and Biostatistics, Bethesda, USA; ³Uniformed Services University of the Health Sciences, Microbiology and Immunology, Bethesda, USA

10.1136/sextrans-2019-sti.246

Background Antimicrobial resistant (AMR) *Neisseria gonorrhoeae* has emerged as a global public health concern. Widespread resistance to all known antibiotics prescribed for treatment greatly hinders prevention, control, and management of gonorrhea. Misuse of antibiotics and substandard antibiotic quality and dosing have contributed to the threat of untreatable gonorrhea. As a globally deployed force, the U.S. military is vulnerable to diminished operational capability and readiness as this threat looms overhead.

Methods The need for rapid, timely, and actionable information for force health protection precipitated the establishment of the Department of Defense (DoD) Gonococcal (GC) Reference Laboratory and Repository in 2011. The aims of the Reference Laboratory are to monitor trends in AMR GC through confirmatory identification, antimicrobial susceptibility testing (AST) and advanced molecular characterization, and to improve *N. gonorrhoeae* culture capability at international DoD surveillance sites. To our knowledge, this is the only global AMR GC surveillance program led by a military organization.

Results Gonococcal surveillance at international DoD sites is conducted at partner military medical centers, private medical clinics, and U.S. government-sponsored care clinics. Laboratories currently submitting isolates include: AFRIMS (Bangkok, Thailand); NAMRU-3 (Accra, Ghana); NAMRU-6 (Lima, Peru); USAMRD-G (Tbilisi, Republic of Georgia); and USAMRD-A (Nairobi, Kenya). To date, 436 presumptive isolates have been shipped, from which 247 isolates were confirmed as *N. gonorrhoeae*. Resistance is commonly observed in these isolates, particularly with respect to tetracycline, penicillin, and ciprofloxacin. Of greater concern, reduced susceptibility to azithromycin (MIC ≥ 0.125 μ g/mL) and cefixime (MIC ≥ 0.06 μ g/mL) have been observed.

Conclusion The risk of AMR GC and the associated loss of convenient outpatient therapy is of great concern to the military medical community. Comparable data across geographically distinct regions is essential for monitoring AMR GC and implementing appropriate countermeasures in locations where service members are or could be deployed.

Disclosure No significant relationships.

P041 HOW IS THE VALUE OF POINT-OF-CARE TESTS FOR STIS NEGOTIATED IN THE CONTEXT OF A NATIONALISED HEALTH SYSTEM?

¹Agata Pachol*, ¹Emma Heming De-Allie, ¹Martina Furegato, ¹Emma Harding-Esch, ²S Tariq Sadiq, ¹Sebastian Fuller. ¹St George's, University of London, Applied Diagnostic Research and Evaluation Unit, Institute for Infection and Immunity, London, UK; ²St George's University of London, Applied Diagnostic Research and Evaluation Unit (ADREU), Institute for Infection and Immunity, London, UK

10.1136/sextrans-2019-sti.247

Background Affordability, ease-of-use, rapid turnaround times and laboratory-equivalent accuracy have been identified as essential characteristics for point-of-care tests (POCTs) for STIs. Yet meeting these benchmarks does not guarantee POCT adoption into sexual health services (SHSs). Qualitative research can provide contextual understanding for how POCT characteristics are valued in relation to structural and political processes within health systems.

Methods We invited England SHSs interested in adopting POCTs for STIs to participate in the *Facilitators to Adoption* study, focused on understanding key facilitators and barriers to technology adoption within their services. Within these SHSs, we conducted in-depth interviews with key stakeholders self-identified as integral to adoption of POCTs into their services. Interviews were thematically analysed in NVIVO 11 to examine 'appropriateness' and 'usefulness' of POCT characteristics in the context of participating SHSs and the overall priorities of the National Health Service (NHS) in England.

Results 31 healthcare professions from 6 SHSs were interviewed between April and November 2018. Interviewees identified cost-effectiveness and ease-of-use as important in assessing POCTs attractiveness to their services. POCTs were seen by service leads as cost saving only if they affect costs directly incurred by the service, while potential effectiveness of POCTs was assessed by clinicians in the context of their potential for improving appropriate and timely treatment and care to area-specific priority patient groups. In some SHSs, the potential for POCTs to be seen by commissioners as increasing the competitiveness of their service by meeting new policy targets was an important factor driving adoption.

Conclusion The need for POCTs and their desirable characteristics are negotiated within complex processes of funding constraints, service restructuring and political commitments to increasing inclusivity of care. Our findings suggest that service leaders may find areas to leverage adoption of POCTs by focusing on the tests' potential to increase service relevance and competitiveness.

Disclosure No significant relationships.

P043 REGIONAL DIFFERENCES IN STI TESTING BARRIERS AMONG ONLINE TESTERS IN BRITISH COLUMBIA, CANADA

¹Aidan Ablona, ¹Troy Grennan, ¹Travis Salway, ²Jean Shoveller, ³Christopher Fairley, ⁴Mel Krajden, ⁵Maja Karlsson, ⁵Lorena Hiscoe, ⁶Sophie Bannar-Martin, ⁶Dee Hoyano, ¹Oralia Gomez-Ramirez, ¹Hsiu-Ju Chang, ²Kimberly Thomson, ¹Devon Haag, ¹Mark Gilbert*. ¹BC Centre for Disease Control, Clinical Prevention Services, Vancouver, Canada; ²University of British Columbia, School of Population and Public Health, Vancouver, Canada; ³Monash University, Central Clinical School, Carlton, Australia; ⁴BC Centre for Disease Control, Public Health Laboratory, Vancouver, Canada; ⁵Interior Health Authority, Kelowna, Canada; ⁶Island Health Authority, Victoria, Canada

10.1136/sextrans-2019-sti.248

Background GetCheckedOnline (GCO), an online sexually-transmitted infection (STI) testing service in British Columbia, launched in Vancouver, then expanded to two health regions (Island and Interior), including smaller urban and rural communities. We hypothesized that barriers to STI testing among GCO clients would be greater outside of Vancouver, due to a lower availability of existing STI services regionally.

Methods In 2015–2018, GCO clients were invited to participate in an online survey about STI testing barriers and facilitators at individual (e.g., embarrassment), healthcare provider (e.g., comfort discussing sexual health), clinic (e.g., distance, hours), and social levels (e.g., peer norms). We conducted Chi-squared, Fisher's exact, and t-tests for bivariate analyses (Vancouver vs. Interior, Vancouver vs. Island); significant results ($p < 0.01$) are shown.

Results 583 GCO clients completed surveys: 299 (51%) Vancouver, 203 (35%) Island, and 81 (14%) Interior. Vancouver respondents included proportionately more men who have sex with men, racialized minorities, and immigrants. A higher proportion of Interior (24%) and Island respondents (18%) reported testing for the first time compared to Vancouver (8%). More Vancouver respondents reported testing through GCO for routine testing (possible other reasons: symptoms, new relationship). We found no regional differences in other barriers at individual or provider levels. Fewer Island respondents reported delaying testing in the past year due to access issues compared to Vancouver respondents (57% vs 69%), which was not explained by differences in testing history. At a social level, fewer Interior respondents reported regular STI testing as a peer norm (31% vs 58% Vancouver).

Conclusion Our findings suggest that testing barriers generally may be more universal than region-specific among users of an online STI testing service. Moreover, despite the apparently wider availability of in-person sexual health services in Vancouver, barriers in accessing these services may persist. Future socio-demographic analyses and additional research (e.g., community surveys) may help to contextualize these findings.

Disclosure No significant relationships.