

CD4/CD8 ratios decreased over the course of clinical observation. HIV viral load was at the highest on the 1st visit and declined afterwards. The HIV virus had a genotype of CRF 01_AE.

Conclusion In clinical practice, a combination of HIV antigen-antibody tests is required for early detection of HIV infections.

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P07.18 EASE AND COMFORT OF A NOVEL HERSWAB™ VAGINAL SELF-SAMPLING DEVICE FOR THE DETECTION OF SEXUALLY TRANSMITTED INFECTIONS

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Introduction Eve Medical Inc. (Toronto, Canada) has developed a novel HerSwab™ device for self-collection of vaginal samples for STI screening. The objective of this study was to survey opinions on ease and comfort from women using the HerSwab™.

Methods A total of 189 women with infection prevalence of 10.6% for *C. trachomatis* and 2.6% for *N. gonorrhoeae* by Aptima Combo 2 assay testing signed consent for a physician-collected sample with a vaginal swab and a self-obtained vaginal sample using the HerSwab™ device. The order of collection was randomised. A research coordinator demonstrated steps for proper self-sampling following instructions in the HerSwab™ package. Following self-collection, each participant completed a 5-point Likert Scale questionnaire indicating ease (5 steps) and comfort (3 steps) of self-collection. Additional questions included: whether the instructions were easy to follow; whether there was anything that participants would change about the device; whether participants preferred physician or self-collection and why; and whether participants would consider self-sampling at home.

Results The majority of women experienced high levels of ease and comfort. Instructions were easy to follow for 97.1% (169/175); 80.9% (140/173) preferred self-collection over physician-collection; and 79.7% (137/172) would consider self-collection at home. Reasons for preferring self-collection included convenience, privacy, confidentiality, an opportunity for self-education of own body, greater access for people with disabilities, comfort, and a reduction of physical and psychological stress. Suggestions to improve ease and comfort included making the brush bristles softer and including arrows on the handle of the device to better indicate the direction of turning.

Conclusion Vaginal self-sampling with the HerSwab™ device demonstrated high levels of ease and comfort. The majority of women found the instructions easy to follow, preferred self-sampling over physician sampling and would consider self-collection at home. Organisers of STI screening programs should benefit from this personal feedback on vaginal self-collection.

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P07.19 ADDED VALUE OF A NOVEL DUAL TREPONEMAL/NONTREPONEMAL RAPID DIAGNOSTIC TEST FOR SYPHILIS AMONG PREGNANT WOMEN

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Introduction In resource-limited settings, syphilis rapid diagnostic tests (RDTs) aide in the prevention of congenital syphilis. However, most syphilis RDTs detect only treponemal antibodies which persist after treatment. Consequently, treatment may be provided unnecessarily to pregnant women with past infection. We estimated the potential reduction of over-treatment by comparing a new RDT detecting both treponemal and non-treponemal antibodies, with a treponemal RDT (T-RDT).

Methods A prospective descriptive study among pregnant women in antenatal care was conducted in Déou, Burkina Faso. The women were included if they were eligible for routine syphilis screening and provided informed consent. *DPP Screen and Confirm assay* (Chembio) and T-RDT (SD Bioline) were performed on whole blood specimens by a trained laboratory technician. Plasma was tested in an international reference laboratory by *T. Pallidum* Particle Agglutination (TPPA) and quantitative Rapid Plasma Reagin, (RPR). Presumptive active syphilis was defined as both TPPA and RPR were reactive.

Results A total of 242 pregnant women were included: 91 (37.6%) had a presumptive active syphilis and one-in-five (19.8%) had high RPR titres $\geq 1:8$. The DPP did not reduce the number of incorrectly treated cases (over-treatment) compared to the T-RDT (0.0% vs. 2.5%; $p = 0.218$). In addition, the DPP led to a higher proportion of under-treatment compared to the T-RDT (18.2% vs. 0.8%; $p < 0.001$). Therefore, 48.4% of women requiring treatment (including 16% with high RPR titres) would not have been treated using DPP against 2.2% using T-RDT.

Conclusion This study was the first evaluation of DPP in pregnant women. DPP showed no added value in reducing the proportion of women unnecessarily treated. Conversely, it underestimated women needing treatment. Our study population may not have been representative as the surprising high seroprevalence may suggest presence of other treponemal infections in the area. Accordingly, additional studies are required to evaluate the potential benefits of DPP.

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P07.20 FIELD EVALUATION OF A DUAL RAPID DIAGNOSTIC TEST FOR HIV INFECTION AND SYPHILIS IN PORT-AU-PRINCE, HAITI

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Introduction Congenital syphilis is responsible for over 500,000 adverse pregnancy outcomes globally every year, including