P09.16 ISOLATION OF NEISSERIA MENINGITIDIS DURING A GONORRHOEA TREATMENT TRIAL

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Introduction *Neisseria meningitidis* (NM) urethritis presenting clinically as *Neisseria gonorrhoeae* (NG) urethritis and other NG urogenital infections have been described. NM was isolated from participants in a multi-site gonorrhoea treatment trial.

Methods From February 2014 through November 2014, ninety-two men were enrolled at the LSU site in New Orleans, LA. Urethral and pharyngeal swabs for culture and GenProbe[®] CT/GC were collected from all participants and rectal swabs if receptive anal intercourse was reported. There were 424 culture isolates from the trial, 107 of those from LSU. Preliminary isolate NG identification, confirmatory NG/NM identification and NM serotyping were performed at the LSU, UAB and LA OPH Laboratories, respectively. Urethral NG cultures collected in New Orleans from 2013 were reviewed.

Results Eighty-seven (95%), 8 (9%) and 4 (4%) men at the LSU site had positive NG cultures at the urethra, pharynx and rectal sites, respectively. Eight (2%) isolates from the trial were NM and all were from LSU. Eight (8%) LSU isolates were NM from 5 (5%) men. Three (3%) isolates were urethral (Group C-2/Group B-1), 1 (1%) was rectal (Group B-1) and 4 (4%) were pharyngeal isolates (Group B-1/Non-typable-3). One heterosexual and two homosexual men with NM urethritis had purulent discharge and urethral smears identical to gonorrhoea. All Group B isolates were from a vaccinated college student. No NM isolates (0/192) were found in urethral cultures collected in New Orleans in 2013.

Conclusion Reports of urogenital NM infections clinically indistinguishable from NG have increased with changes in sexual practices, particularly increase in oral sex. All men with NM urethritis in this report received oral sex. In most clinical settings NM infection will not be recognised because NAAT testing has replaced culture and Gram stains are seldom performed. In addition, sexually transmitted NM infections may also cluster geographically and in time periods.

Disclosure of interest This study was funded by Melinta Therapeutics.

P09.17 RECTAL INFECTION WITH *N. GONORRHOEA* AND *C. TRACHOMATIS* IN MEN IN THE UNITED STATES

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Background US guidelines recommend at least annual rectal chlamydia and gonorrhoea screening in men who have receptive anal intercourse. Data on rectal infection with chlamydia and gonorrhoea in men at the US national level are limited.

Methods In an ongoing collaboration with LabCorp, a large commercial laboratory corporation with a substantial share of the US market, we estimated rectal chlamydia and gonorrhoea positivity in male rectal specimens tested in 2014. Rectal specimens have unique test codes that are consistent among all

LabCorp laboratories. LabCorp had previously validated rectal specimens in collaborative studies.

Results Of 38,411 rectal specimens for chlamydia or gonorrhoea, 96.8% (37,170) from 28,945 men aged 15–60 years were tested for both chlamydia and gonorrhoea with nucleic acid amplification tests (NAAT). Of these men, 90.0% had private insurance and 5.0% had Medicaid; 15.4% were aged 15–24 years, 36.4% 25–34 years, and 22.5% 35–44 years. Of these 37,170 specimens, 11.0% were positive for chlamydia, 8.3% gonorrhoea, and 2.4% both. Chlamydia and gonorrhoea positivity varied significantly ($p < 0.01$) by age (14.9% and 14.5% 15–24 years, 12.2% and 10.0% 25–34 years, 10.5% and 6.2% 35–44 years, and 7.7% and 4.2% >44 years, respectively). Of these specimens, 71.6% were collected by infectious disease doctors, 9.4% internists, 6.7% family doctors, and 2.6% public health providers.

Conclusions This study represents the largest analysis of rectal testing for chlamydial and gonococcal infection in the US. Almost all men who receive rectal testing are tested for both chlamydia and gonorrhoea; most rectal testing is performed by infectious disease doctors. NAATs are not FDA cleared for rectal specimens, but many clinical laboratories have validated NAATs under CLIA guidelines and can perform rectal testing. The LabCorp dataset might be the best available source for estimating male rectal infection with chlamydia and gonorrhoea.

P09.18 SUBOPTIMAL PRENATAL TESTING FOR SYPHILIS AND OTHER STDs AMONG COMMERCIALY-INSURED WOMEN IN THE UNITED STATES, 2013

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Background Prenatal syphilis screening is a critical step in the prevention of congenital syphilis infection. US guidelines recommend universal syphilis screening of all pregnant women at the first prenatal visit and again early in the third trimester and at delivery for at risk women.

Methodology We analysed a large commercial claims database to estimate prenatal testing coverage for syphilis among pregnant women aged 15–44 in 2012–2013. We used procedural and diagnostic codes to identify pregnant women with a live birth in 2013. Pregnant women were included if they were enrolled in health plans at least 210 days prior to the date of delivery. Procedural codes were used to identify syphilis, HIV, and other STD testing during prenatal period, defined as 40 weeks before and on the date of delivery.

Results Among 346,811 pregnant women, 82.4% had syphilis testing before the 28th week of pregnancy or before the third trimester, 84.3% before the 37th week of pregnancy, and 85.3% at any point during the prenatal period. Of these 346,811 women, 71.2% also had testing for HIV, 83.7% hepatitis B, 68.0% chlamydia, and 67.3% gonorrhoea during the prenatal period. Of 61,112 pregnant women without prenatal syphilis testing before the third trimester, only 16.6% had any syphilis testing in the third trimester or on the date of delivery. Of 285,699 pregnant women with prenatal syphilis testing before the third trimester, only 22.5% had any syphilis testing in the third trimester or on the date of delivery.

Conclusions Prenatal screening for syphilis, HIV, and other STDs was suboptimal. Low syphilis testing during the third

trimester or on the date of delivery among all pregnant women, especially among pregnant women without syphilis testing before the third trimester, leaves a critical gap in the prevention of congenital syphilis infection. Interventions should be developed to increase prenatal syphilis testing as recommended.

P09.19 RESULTS FROM A PREVALENCE STUDY OF NEISSERIA GONORRHOEA AND CHLAMYDIA TRACHOMATIS IN A COMMUNITY-BASED, PEER-LED HIV TESTING SERVICE

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Introduction PRONTO!, Victoria's community based rapid point of care (RPOC) testing service, opened in August 2013. RPOC syphilis testing was introduced in June 2014. To assess the need and feasibility of comprehensive STI testing at PRONTO! a *Neisseria gonorrhoea* (NG) and *Chlamydia trachomatis* (CT) testing trial was conducted in November–December 2014. We describe site specific positivity of NG and CT infection and the characteristics of gay, bisexual and other men who have sex with men (GBM) testing positive.

Methods All GBM testing for HIV between November 7–December 23 2014 were offered NG and CT testing, with clients instructed in the self-collection of anal, genital and throat swabs. Client characteristics were collected using standard PRONTO! client surveys and matched to test results. All clients with an infection were notified by telephone and referred to a high case-load clinic for treatment.

Results Among 239 clients, 186 (78%) opted to receive NG and CT tests and 35 (18.8%) tested positive for at least one of NG or CT. Of the 22 (11.8%) positive NG results, there were nine anal (5.0%), two urethral (1.1%), and 15 throat (8.2%) infections. Of the 17 (9.1%) positive CT results, there were 12 anal (6.6%), eight urethral (4.3%), and three throat (1.6%) infections. Twelve men (6.4%) tested positive for more than one STI or at multiple sites. Demographic and risk characteristics were largely similar between men testing positive or negative for NG and/or CT with the exception that group sex in the previous six months was associated with both CT (OR = 4.65; 95% CI = 0.96–7.3) and NG (OR = 2.54; 95% CI = 1.02–6.33) positivity.

Conclusion STI testing using self-collected samples is a feasible model for screening in a community-based RPOC testing service. The high prevalence of infections and acceptability testing for bacterial STIs supports the introduction of comprehensive STI screening at PRONTO!.

Disclosure of interest statement All authors have no conflicts to declare. The Victorian Department of Health funds the PRONTO! service which is run by the Victorian AIDS Council. The authors would like to acknowledge the NHMRC who provide funding to Kathleen Ryan as a public health scholarship recipient and Mark Stoo[#] through a Career Development Fellowship. The authors gratefully acknowledge the contribution to this work of Victorian Operational Infrastructure Support Program received by the Burnet Institute.

P09.20 TREND OF STIS PREVALENCE AMONG WOMEN AND MEN IN MOROCCO BETWEEN 1999 TO 2011

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Background The Ministry of Health in Morocco conducted several studies to determine the prevalence of STIs in the Moroccan population. Two studies in 1999 and 2011, among women consultants in family planning units (FPU) for studied the aetiology and for follow the trends of genital tract infections and two studies in 2001 and 2009 to determine the aetiological profile of urethral discharge (UD).

Methods A samples of 760 (1999) and 256 (2011) women who consult in the maternal and infant health units (MIHU) and in the FPU were recruited and samples of 422 (2001) and 171 (2009) men complaining of UD were recruited in basic health services. *Neisseria gonorrhoeae* (GC) identification was performed by culture and PCR and *Chlamydia trachomatis* (CT) was detected by PCR. HIV and Syphilis status was determined for all the patients.

Results Results showed that cervical infection due to GC and CT increased respectively from 0,7% to 0,9% and 4,02% to 4,4% from 1999 to 2011. Urethral discharge caused by GC and CT extend respectively from 41,6% in 2001 to 62,8% in 2009 and from 6,3% in 2001 to 10,4% in 2009. Syphilis serology decreased in women and men and no case for the HIV was detected.

Conclusion The increase of cervical infections and urethral discharges with GC and CT showed that the asymptomatic infections in women and the UD are a serious problem for the Moroccan population. These studies has allowed the Ministry of Health (MOH) to update the data on the aetiology of STIs in women and men and therefore to strengthen primary prevention of STIs and regularly monitor trends in prevalence of these infections among the general population and also among vulnerable groups in particular.

Disclosure of interest statement We declare that none of the authors has conflicts of interest relevant to this work and no pharmaceutical grants were received in the development of these studies.

P09.21 PERFORMANCE OF GENEXPERT® CT/NG IN THE DIAGNOSIS OF NEISSERIA GONORRHOEA AND CHLAMYDIA TRACHOMATIS AMONG MEN AND WOMEN WITH GENITAL DISCHARGE SYNDROME IN ZIMBABWE

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Background In many countries, patients with genital discharge syndrome (GDS) are treated syndromically with antibiotics that