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 of care (RPOC) testing service, opened in August 2013. RPOC
months was associated with both CT (OR = 4.65; 95% CI =
and/or CT with the exception that group sex in the previous six
largely similar between men testing positive or negative for NG
or at multiple sites. Demographic and risk characteristics were
12 men (6.4%) tested positive for more than one STI
tions. T welve men (6.4%) tested positive for more than one STI
anal (5.0%), two urethral (1.1%), and 15 throat (8.2%) infec-
tions. Of the 17 (9.1%) positive CT results, there were 12 anal
anal (5.0%), two urethral (1.1%), and 15 throat (8.2%) infec-
tions. Of the 22 (11.8%) positive NG results, there were nine
CT tests and 35 (18.8%) tested positive for at least one of NG
and CT. Of the 22 (11.8%) positive NG results, there were nine anal (5.0%), two urethral (1.1%), and 15 throat (8.2%) infec-
tions. Of the 17 (9.1%) positive CT results, there were 12 anal
(6.6%), eight urethral (4.3%), and three throat (1.6%) infec-
tions. Twelve men (6.4%) tested positive for more than one STI
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
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Background The Ministry of Health in Morocco conducted sev-
eral studies to determine the prevalence of STIs in the Moroccan
population. Two studies in 1999 and 2011, among women consult-
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 per-
formed 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 dis-
charges with GC and CT showed that the asymptomatic infec-
tions 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 vulner-
able 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.

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

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cover both Neisseria gonorrhoeae (NG) and Chlamydia trachomatis (CT). The syndromic approach leads to both over-treatment (as most patients are not dually infected) and under-treatment (as asymptomatic infections are not detected). We studied the performance of the GeneXpert® nucleic acid amplification test (NAAT) as a testing platform for NG and CT in a study of the aetiology of GDS in Zimbabwe.

Materials and methods In an ongoing study, we enrolled 400 patients with GDS in 6 regionally diverse clinics in Zimbabwe serving high numbers of STI cases. Urine (men) and vaginal (women) specimens were taken for testing on 3 NAAT platforms: GeneXpert®, Probetec™ and multiplex polymerase chain reaction (M-PCR), conducted in different laboratories. We analysed overall concordance of results between platforms and assessed the performance of the GeneXpert® test compared to a gold standard comprised of concordant results on both Probetec™ and M-PCR platforms.

Results To date, a total of 197 men and 200 women with GDS have been enrolled. Testing on all 3 platforms is complete for the 136 GDS patients enrolled in Harare. Concordance of positive or negative results for all 3 platforms was 133/136 (97.8%) for NG and 132/136 (97.0%) for CT. Sensitivity of the GeneXpert® platform compared to the Probetec™/M-PCR combined gold standard was 100% for both NG and CT; specificity was 98.8% for NG and 100% for CT.

Conclusions Aetiologic diagnosis has long been out of reach for many countries. However, the increasing presence of nucleic acid amplification test (NAAT) devices in many countries, such as GeneXpert®, for the diagnosis of tuberculosis and other infections, opens the possibility to use them for the diagnosis of other pathogens including NG and CT as an alternative or adjunct to syndromic management.

Disclosure of interest statement Nothing to declare.

P09.22 THE AETIOLOGY OF GENITAL DISCHARGE SYNDROMES IN ZIMBABWE

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Background In many countries, sexually transmitted infections (STI) are treated syndromically. Thus, male and female patients with genital discharge syndromes (GDS) receive antimicrobials covering Chlamydia trachomatis (CT), Neisseria Gonorrhoeae (NG) and Trichomonas vaginalis (TV) infections and bacterial vaginosis (BV) among women. However, periodic surveys into the aetiology of GDS are necessary to inform treatment guidelines.

Methods For this study, we enrolled 400 patients with GDS at 6 regionally diverse clinics in Zimbabwe. To date, test procedures have been completed for patients enrolled at the Harare study sites (N = 137). Sites were visited sequentially by a mobile unit of 3 trained nurses to enrol patients with STI syndromes, including GDS. STI history and risk data were collected by questionnaire and uploaded to a web-based database. Urine and vaginal specimens were taken for testing with a validated multiplex polymerase chain reaction assay (M-PCR, National Institute of Communicable Diseases, Johannesburg) for CT, NG, TV and Mycoplasma genitalium (MG). Smears for Gram stain and subsequent assessment using Nugent criteria for the diagnosis of BV were obtained from all women with vaginal discharge.

Results M-PCR testing is complete for all GDS patients enrolled in Harare; 68 men and 69 women. Positivity rates were as follows. Men: NG = 60.3%, CT = 13.2%, TV = 4.4%, MG = 2.9%. Women: NG = 18.8%, CT = 8.7%, TV = 14.5%, MG = 7.3%. Among women, 31.9% met Nugent criteria for BV and 20.0% had yeast infection identified on Gram stain.

Conclusion In this preliminary analysis, gonorrhoea was the most common cause of GDS among both men and women, but much more common among men. Chlamydia infections were substantially less common among both men and women and trichomoniasis was more common than chlamydia infections among women. Regardless of investigated microbiologic causes, many women met criteria for BV. M. genitalium infections were uncommon overall. These findings will inform development of future syndromic STI management guidelines.

P09.23 HIGH PREVALENCE OF HIV INFECTION AMONG PATIENTS WITH STI SYNDROMES IN ZIMBABWE: IMPLICATIONS FOR PREVENTION

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Introduction The occurrence of sexually transmitted infection (STI) syndromes among persons with HIV infection indicates the presence of high-risk behaviours and biological co-factors favouring HIV transmission. We determined HIV prevalence among patients enrolled in a study of the aetiology of STI syndromes in Zimbabwe.

Methods In an ongoing study, we enrolled men and women with genital discharge syndrome (GDS) or genital ulcer disease (GUD) at 6 geographically diverse clinics in Zimbabwe. We used Xpert® CT/NG to determine the presence of Neisseria gonorrhoeae (NG) and Chlamydia trachomatis (CT) in urethral or vaginal smears from all study participants. Blood samples were collected for HIV testing by a standard rapid HIV test algorithm (First Response™ followed by Alere HIV 1/2™) and considered positive when reactive on both. Blood samples were also tested for treponemal antibodies (SD Bioline HIV/syphilis DUO™).

Results To date we completed laboratory test on 371 patients. Of these, 150 (40.4%) were HIV-infected. HIV rates were as follows. Female GUD: 35/62 (56.5%) vs. female GDS: 46/116 (39.7%, p = 0.05) and male GUD: 32/72 (44.4%) vs. male GDS: 37/121 (30.6%, p < 0.05). HIV-infected GDS/GUD patients were significantly more likely to have positive treponemal tests compared to HIV uninfected (10.3% vs. 4.8%; p < 0.05). They were also more likely to test positive for NG (40.0% vs. 29.4%; p = 0.07), but less likely to test positive for CT (12.2% vs. 20.3%; p = 0.07).

Conclusion In our study, HIV prevalence was high among patients with STI syndromes and higher among patients with GUD than patients with GDS. The high prevalence of NG infections and evidence for recent syphilis infection among persons