

whites and economically active age group), except for the treatment result (the cure rate for coinfecting patients is predominant, Which does not reflect the country profile, however, the death rate remains an alarming situation, as well as the hospitalisation rate for associated complications).

**Conclusion** The interaction of diseases requires the need for coordinated work developed by TB and HIV/AIDS programs to reduce the burden of both diseases and promote more favourable outcomes.

**P3.81** **LATIN AMERICA PROFICIENCY TESTING PROGRAM FOR DIAGNOSIS AND ANTIMICROBIAL SUSCEPTIBILITY OF NEISSERIA GONORRHOEA**

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**Introduction** Since 2013 an ongoing international inter-laboratory quality control program (NGQCP) has analysed the capability of 16 national reference laboratories to diagnose and perform antimicrobial susceptibility testing (AST) for *Neisseria gonorrhoeae* in Latin America. The program is supported by PAHO/WHO for the GASP-RELAVRA network and coordinated by the Sexually Transmitted Disease Reference Laboratory (LC) - INEI from Argentina. Results of the 2016 fourth round of the NGQCP are presented.

**Methods** A panel with 5 isolates belong to *Neisseriaceae* family, is envoyed once by year. A questionnaire is attached to collect information from each codified laboratory (lab). The 2008 WHO panel and ATCC 49226 reference strains were distributed. NGQCP evaluate: presumptive and confirmatory identification and, AST by disk diffusion and Minimum inhibitory concentrations (MICs) determination by either agar dilution or Etest methods. MIC interpretations were based on the criteria of the Clinical Laboratory Standards Institute (CLSI).

**Results** Fifteen labs recovered isolates. Complete conventional presumptive and confirmatory identification was made by 73% and 87% of labs, respectively. Only 3 labs introduced a different confirmatory methodology. The 97.3% (72/74) of diagnostics were included in the category genus and species correct. Three (3/15) labs not realised  $\beta$ -lactamase detection. Disk diffusion assessment showed 31 minor, 2 major and 3 very major discrepancies. The overall agreement of MIC results (MICs $\pm$ 1 log<sub>2</sub> dilutions) between 8 labs, including the LC, compared to the modal MICs was 90% (277/307). Percentage agreements by antibiotics was: penicillin 83% (49/59); tetracycline 89% (64/72); ciprofloxacin 93% (53/57); ceftriaxone 90% (53/59); cefixime 88% (7/8) and azithromycin 98% (51/52)

**Conclusion** NGQCP is an essential pillar for an effective surveillance program in order to ensure that their data are reliable. We expect more labs in the Region realise MIC determination by agar dilution methods and improve level of concordance for AST.

**P3.82** **AN UPWARD TREND IN OCULAR SYPHILIS CASES IN BRITISH COLUMBIA, CANADA, 2013–2016: A DESCRIPTIVE ANALYSIS**

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**Introduction** HIV-positive individuals are generally considered higher risk for early and more serious neurologic complications related to syphilis. In 2014–2015, clusters of ocular syphilis cases were reported in the US. Simultaneously, the Canadian province of British Columbia (BC) saw a dramatic rise in infectious syphilis cases by 40%. Here, we describe ocular syphilis cases diagnosed in BC.

**Methods** All neurosyphilis cases diagnosed in BC since 2013 were reviewed to identify ocular cases. Ocular syphilis was defined as having signs/symptoms of ocular disease (e.g. uveitis, blurred vision) and syphilis of any stage, as defined by the Centres for Disease Control and Prevention.

**Results** Between January 1<sup>st</sup>, 2013 and October 31<sup>st</sup>, 2016, 35 cases of ocular syphilis were recorded in BC. Most were male (32/35; 91.4%) and identified as white (20/35; 57.1%). The mean age was 49.7 years. A majority (18/35; 51.4%) were living with HIV. The most frequent ophthalmologic diagnoses were uveitis (41.9%), optic neuritis (12.9%), and retinitis (9.7%). Twenty-three cases had lumbar puncture data available: 13 (56.5%) had elevated cerebrospinal fluid (CSF) protein, 15 (65.2%) had elevated CSF cell count, and 6 (26.1%) had positive CSF VDRL. As a proportion of all syphilis cases, ocular syphilis accounted for 0.80% of all cases during the 2013–2015 period, versus 1.54% for 2016 (p=0.05). Stratified by HIV serostatus, there was a significant increase in the proportion of ocular syphilis cases in those living with HIV between the 2013–2015 and 2016 time periods (1.17% vs. 3.21%, p=0.03).

**Conclusion** Paralleling trends observed in some US jurisdictions, BC is experiencing an increase in ocular syphilis cases, and an increasing proportion of syphilis cases in those living with HIV are being diagnosed with ocular findings. These results further highlight the importance of continuing efforts to respond to the syphilis epidemic, and focused screening for ocular symptoms, particularly in those at highest risk.

**P3.83** **ANTIMICROBIAL RESISTANCE OF UREAPLASMA UREALYTICUM AND MYCOPLASMA HOMINIS RESEARCHED AT A REFERENCE CENTRE IN SALVADOR, BAHIA**

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**Introduction:** *Ureaplasma urealyticum* (UU) and *Mycoplasma hominis* (MH) are potentially pathogenic organisms commonly found in the urogenital tract, with colonisation rates up to 80% and 40% worldwide, respectively. The aim of this study was to estimate antimicrobial resistance by UU and MH, and