products indicated that A2071G and A2072G transitions in the 23S rRNA gene was the major mutations. No mutation was found in gyrA QRDR. Three patients (13.6%), including 1 couple, carried G248T (S83I) mutation in parC QRDR. The female of the couple also carried a parC G259C (D87H) mutant group. Two individuals (a couple) carried organisms that had markers for both macrolide and fluoroquinolone resistance.

**Conclusion** This is the first study based in the USA to document both fluoroquinolone and macrolide resistance in MG using a molecular-based assay. We plan to genotype MG directly from the clinical specimens to investigate the genetic relatedness of antimicrobial-susceptible and resistant-MG, as well as the concordance of MG in couples.

**P3.139 ENHANCED SURVEILLANCE OF INFECTIOUS SYPHILIS AND THE CASCADE-OF-CARE AMONG HIV-POSITIVE AND HIV-NEGATIVE MEN WHO HAVE SEX WITH MEN IN BRITISH COLUMBIA, CANADA**

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**Introduction** From 2010 to 2015, the incidence of infectious syphilis (primary, secondary, and early-latent) has increased 5-fold in British Columbia (BC). In response, the BC Centre for Disease Control (BCCDC) enhanced surveillance for syphilis to characterise sexual/social networks driving the epidemic, and to monitor the risk of HIV transmission. Here we communicate indicators developed from the provincial enhanced surveillance system.

**Methods** In BC, management of syphilis – including partner notification – is centralised, and coordinated by the BCCDC. In January 2016, a new workflow was implemented to systematically collect and analyse data on HIV co-infection, viral-load and partners. New indicators were developed along a cascade-of-care framework for case and partner care.

**Results** From January to September 2016, 581 syphilis cases were diagnosed in BC; 491 (84%) were among men who have sex with men (MSM). Of these, 201 (41%) were HIV-positive and 268 (55%) were HIV-negative. Three-quarters of HIV-positive MSM had undetectable viral loads. 149 (74%) of HIV-positive MSM and 137 (51%) of HIV-negative MSM were diagnosed during the early-latent stage. For both groups, 96% of cases were treated within 30 days of syphilis testing. Of the 201 HIV-positive MSM, 141 (70%) discussed partners with public health nurses and together reported 1270 partners (65% anonymous, 35% notifiable) or 9.0 partners/case (range:0–214). Of the 268 HIV-negative MSM, 215 (80%) discussed partners and reported 1806 partners (51% anonymous, 49% notifiable), or 8.4 partners/case (range:1–200).

**Conclusion** A greater proportion of HIV-positive MSM were diagnosed with syphilis during the asymptomatic early-latent stage, which may be due to routine syphilis screening. However, a lower proportion of HIV-positive MSM with syphilis co-infection were engaged with public health for partner notification, and report a lower proportion of notifiable partners, compared to MSM with syphilis only. Strategies to engage HIV-positive MSM in partner care would strengthen the public health response to syphilis.

**P3.140 HIGH PREVALENCE OF ASYMPTOMATIC SEXUALLY TRANSMITTED INFECTIONS AMONG HIV-INFECTED PREVENTIVE WOMEN IN SOUTH AFRICA**

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**Introduction** Chlamydia trachomatis (CT), Neisseria gonorrhoea (NG) and Trichomonas vaginalis (TV) are major contributors to the global burden of disease. During pregnancy, these Sexually Transmitted Infections (STIs) may lead to complications including intrauterine death and preterm delivery, and may facilitate mother-to-child-transmission (MTCT) of HIV. Treatment of these infections is suboptimal due to the syndromic approach to diagnosis and management. We conducted an analysis to determine the prevalence of CT, NG and TV among HIV infected pregnant women and prevalence of symptoms among those infected.

**Methods** HIV-infected pregnant women accessing antenatal care (ANC) services for the first time for their current pregnancy were invited to take part in the study. Participants were interviewed using a questionnaire and asked to self-collect two vaginal swab specimens to test for CT, NG and TV. Tests were done by nurses in the clinic using the Xpert CT/NG and Xpert TV [Cepheid, Sunnyvale, CA].

**Results** Overall 192 women were tested for CT, NG and TV, of whom 52.1% (100/192) were had at least one infection. CT had the highest prevalence (40.6%), followed by TV (26.6%), while NG had the lowest prevalence (7.3%). Based on self-reported symptoms, 78% of infected individuals were asymptomatic; 68% were asymptomatic when using clinician-observed symptoms. Using a combination of both, 58% were asymptomatic. Individuals infected with NG were most likely to be symptomatic (73.3%), followed by TV (51.9%), then CT (43.1%) using self-report and clinician observation.

**Conclusion** This analysis shows that HIV-infected pregnant women have a high burden of three curable STIs that are associated with adverse pregnancy outcomes and may have links to HIV MTCT. Most infected women were asymptomatic when using either symptom self-reporting or clinician observation or a combination of both, highlighting the limitations of the symptoms-based approach to STI diagnosis. Therefore, the use of definitive POC tests for routine STI screening must be considered in this setting.

**P3.141 CHLAMYDIA TRACHOMATIS, NEISSERIA GONORRHOEAE AND TRICHOMONAS VAGINALIS COLONISATION AMONG HIV-EXPOSED NEONATES IN SOUTH AFRICA**

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**Introduction** Sexually transmitted infections (STIs) such as Chlamydia trachomatis (CT), Neisseria gonorrhoeae (NG) and Trichomonas vaginalis (TV) are associated with adverse...
pregnancy and infant outcomes and may also increase the risk of HIV mother-to-child-transmission. Additionally, these infections may be vertically transmitted to neonates, resulting in colonisation, conjunctivitis, and pneumonia. There is a lack of data on the neonatal incidence of CT, NG and TV due to lack of systematic screening of mothers and neonates and reliance on STI syndromic management. We conducted an analysis to determine rates of vertical transmission of CT, NG and TV from HIV-infected women to their neonates.

Methods We tested HIV-infected pregnant women for CT, NG and TV on vulvo-vaginal swab specimens during their first clinic visit post-delivery. Neonates of all women who tested positive for an STI were also evaluated for these STIs using nasopharyngeal swab specimens collected the same day. Testing was done using the Xpert CT/NG and Xpert TV (Cepheid, Sunnyvale, CA).

Results Of the 54 women tested for CT, NG and TV postnaturally, 27 (50%) had at least one STI. Twenty-three (85.2%) of the 27 neonates born to women with STIs were evaluated for STI colonisation. Overall, 18 (78.3%) neonates tested positive for at least one STI; 77.3% (17/22) neonates born to mothers with CT infection, 50% (2/4) with TV, and none with NG tested positive for those respective infections. STI colonisation rates also differed by birth weight with 100% of low birth weight, 77.8% (14/18) with normal birth weight, and 50% (1/2) of high birth weight neonates testing positive for at least one of those infections. Rates of neonatal STI colonisation (83.3%) were also high among the six infants delivered by C-section.

Conclusion Our analysis revealed high rates of STIs among postpartum HIV-infected women, coupled with high rates of neonatal STI colonisation, particularly among low birth weight neonates.

P3.142 EPIDEMIOLOGICAL AND CLINICAL PROFILE OF HIV PATIENTS OF A PUBLIC HEALTH UNIT FROM BELO HORIZONTE, MINAS GERAIS

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Introduction More than 8,000,000 individuals are HIV-infected in Brazil and a small increase of new infections (4%) was observed in past years. Nowadays, more than half (64%) of people living with HIV in Brazil are receiving antiretroviral treatment (ARTV). The epidemiological and clinical profiles of HIV patients in medium-sized Brazilian cities are unknown, and it is necessary to study them to allow comparisons. The present study aims to identify the profile of HIV-infected individuals in a public health unit, from 2013 to 2016.

Methods A descriptive study was carried out in a public health care unit, which has specialised care for HIV-infected and sexually transmitted infections (STIs). The population of interest in this study was patients (319 patients) infected with HIV and under ARTV. Individuals whose registry was in duplicate (n=1), whose ARTV started before 2013 (n=8), and those who abandoned ARTV (n=26) were excluded. Demographic data (age, sex and self-identified sexual identity) and information on the patients’ clinical situation (HIV diagnosis year, ARTV start date, presence of undetectable viral load (VL) and time to undetectable VL) were obtained. Descriptive analysis of quantitative variables was performed using the Stata software, version 12.0.

Results Among the 285 patients included in the study, most of them were male (89.44%), aged 20–29 years (47.35%) and self-identified their sexual identity as homosexual (69.01%). Most of the diagnoses were performed in the year 2015 (39.08%) and the majority of the patients had an undetectable VL (78.95%). The mean time for VL to become and remain undetectable after starting ARTV was 7.49 (+6.74) months.

Conclusion The present study reflects the epidemiology of HIV infection in Brazil, with concentration of the disease in young adults and men who have sex with men. The virological response to ARTV is directly related to adherence to regular treatment and should be the target investment of health services specialised to people with HIV/AIDS.