Conclusion Acceptability and feasibility of STI screening among pregnant women in Vietnam was very high. The prevalence of CT was much higher than the mean prevalence of CT among low and middle income countries in Asia. Study findings support policy to incorporate routine screening for STIs during pregnancy to improve maternal and infant health.

**P3.160**

OPTIMISING EXISTING SEXUAL HEALTH CLINICS INCREASES HIV TESTING AMONG GAY AND BISEXUAL MEN AT HIGHER RISK OF INFECTION

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Introduction Globally, community-based HIV testing models are recommended to improve access to testing with less focus on optimising existing clinical services. In the past 5 years, public-funded sexual health clinics (SHCs) in New South Wales (NSW, Australia) have taken a range of initiatives to improve efficiencies such as triage to divert low-risk heterosexuals, express clinics, online booking, self-registration and SMS reminders. We analysed temporal trends in HIV testing among gay and bisexual men (GBM) attending SHCs in this period and assessed if testing was targeted to high-risk GBM.

Methods We used retrospective data from 32 SHCs in NSW participating in a surveillance network. HIV-negative GBM were categorised based on client type (new or existing), risk status (using partner numbers and/or recent rectal sexually transmitted infection), and recent HIV testing (past 6 months for high-risk, past 12 months for low-risk GBM). We used repeated measures Poisson regression to assess trends in testing by GBM categories.

Results From 2009–2015, unique GBM attending increased by 82% (5,477 to 9,983), and HIV tests increased by 155% (4,779 to 12,173) with significant increase in all categories and greatest increase in existing high-risk clients. Of 58,377 HIV tests done, 74% were in existing and 34% in new clients. Over time, existing high-risk clients with recent testing had an increasingly larger contribution to total tests (13% annual increase, 95% CI:8%–18%, p<0.001). There was a simultaneous annual decline in contribution by these low-risk categories: new clients (5% decline, 95% CI:2%–7%, p<0.001); existing clients with no recent testing (6% decline, 95% CI:1%–7%, p<0.001). There were no changes in contribution by any other categories (new high-risk clients; existing high-risk clients with no recent testing; existing low-risk clients with recent testing).

Conclusion SHCs in NSW have successfully increased HIV testing among GBM, with greatest increase in high-risk men. The strategies adopted could be translated to other settings.

**P3.161**

FACTORS ASSOCIATED WITH POSITIVE TESTS FOR HIV E SYPHILIS CENTRE AND ADVICE

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Introduction Faced with rapid evolution of sexually transmitted infections (STIs), especially HIV/AIDS, as well as the impacts on society, this study aimed to analyse the factors associated with seropositivity TR for HIV and syphilis in people served in the Testing Centre and counselling - CTA Fortaleza, Ceará.

Methods A cross-sectional study that analysed data from Forms Customer Information System of people who performed the rapid test (RT) in the months of June and July 2015. We analysed sociodemographic, behavioural and epidemiological variables. The data were entered into the Statistical Package for the Social Sciences and were analysed using frequency distributions, measures of central tendency and dispersion.

Results Were analysed 882 forms. The research result shows that 622 (70.5%) were males and 414 (46.9%) were aged between 19 and 29 years, with a predominance of non-white people, without a partner, with more than four years of study, coming from Fortaleza. Of the 875 tests for HIV and 648 tests for syphilis desteço, 49 (5.3%) and 72 (8.1%) showed reagent test result, respectively. Cases of HIV reagent were associated with the identification of the service by friend/service user (p=0.013), male gender (p=0.006), non-Caucasians (p=0.045), lower education of four years of study (p=0.045) and working (p=0.009). There was statistical association in positive cases of syphilis and present IST (p<0.001) and homosexuality sexual partner and women (p=0.012).

Conclusion These findings suggest the need for effective measures for control and prevention of STIs aimed at young adults, male and more than one sexual partner.

**P3.162**

DEVELOPING A CLINICAL PREDICTION RULE TO TARGET STI TESTING AND CONTRACEPTION TO WOMEN IN COMMUNITY SETTINGS: IMPLICATIONS FOR SEXUAL HEALTH SURVEYS

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Introduction Applied sexual health surveys investigate associations between psychosocial and demographic factors, sexual risk behaviour, uptake of interventions and sexual morbidity. This work improves clinical and public health understandings of sexual morbidity but may not be easily translated into practice. We seek to identify key features of research surveys that would make them more relevant to the development and use of risk assessment and targeting tools.

Methods To support the development of clinically-embedded risk assessment tools we undertook a systematic review of population surveys reporting on sexual risk and morbidity. We identified aspects of sexual health research questionnaire items and their reporting which could be adapted to better serve public health and clinical services to identify patients for targeted intervention.

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Introduction In Britain sexual health interventions are increasingly provided in community settings such as General Practices (GPs), while Genito-Urinary Medicine clinics have largely been replaced by Sexual Health and for Contraception clinics (SHACs). This study compared women attending GPs with those attending SHAC in an urban setting to investigate how much these populations differ and to assess the extent of sex-rigid symptom presentation in SHAC vs GPs. Survey analyses should investigate which sexual risk behaviours warrant different sexual health interventions, and use measures of absolute risk. Researchers should favour questionnaire items that are concise and easy to score, and should report on item non-response and prevalence of exposures. These steps would facilitate the development of brief, acceptable and adequately predictive tools.

Results Four key deficiencies were identified: 1. The degree to which sexual risk behaviours such as multiple partnerships and inconsistent contraception use predict adverse outcomes remains under-investigated; 2. Surveys frequently use composite measures with complex scoring systems; 3. Analyses often fail to report on non-response to individual items and the prevalence of exposures; 4. Sexual risk behaviours and morbidity are often reported without measures of absolute risk.

Conclusion There is a strategic need to exploit survey research better in order to embed investigation of risk factors in clinical risk prediction tools. Survey analyses should investigate which sexual risk behaviours warrant different sexual health interventions, and use measures of absolute risk. Researchers should favour questionnaire items that are concise and easy to score, and should report on item non-response and prevalence of exposures. These steps would facilitate the development of brief, acceptable and adequately predictive tools.

Abstracts

P3.164 ANTIBIOTIC RESISTANCE AND MOLECULAR TYPING OF NEISSERIA GONORRHOEAE ISOLATED FROM THE THREE OVERSEAS SITES THROUGH THE GLOBAL EMERGING INFECTIONS SURVEILLANCE AND RESPONSE SYSTEM (GEIS)

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Introduction Increasing antibiotic resistance in Neisseria gonorrhoeae (GC) threatens treatment and control measures for gonorrhoea and can affect military readiness. The Global Emerging Infectious Surveillance and Response System of the US Armed Forces Health Surveillance Branch supports a repository for GC isolated at US military treatment facilities in the continental US (CONUS) and at several overseas (OCONUS) labs. Here we report the antibiotic susceptibility and N. gonorrhoeae multi-antigen sequence types (NG-MAST) of isolates collected from three OCONUS sites: Republic of Georgia, Peru and Ghana in 2012–2016.

Methods GC was identified using standard biochemical and serological methods. Susceptibility to ceftriaxone, cefixime (Cfx), azithromycin (Az), gentamicin, penicillin (Pen), tetracycline (Tet), ciprofloxacin (Cip) and spectinomycin was determined by Etest. β-lactamase (BL) activity was determined by nitrocefin hydrolysis. NG-MAST was performed using standard methods.

Results Fifty-seven confirmed GC isolates were obtained from the three OCONUS sites. Cip resistance occurred in 74% (Ghana) and 89% (Peru) of isolates, with 63.2% (Ghana) and 28.6% (Peru) of isolates resistant to Pen and Tet. Two isolates with reduced susceptibility to Cfx were identified among isolates from Ghana and Georgia and 18 isolates with reduced susceptibility to Az were identified across 3 sites. Over 65% of isolates from Ghana and Peru produced BL. Cip strains primarily encoded S91D95A or S91E95G substitutions in gyrA, combined with S87R (Peru) or S87N (Ghana) substitutions in parC. Interestingly, a high proportion of isolates from Ghana (36.8%) and Peru (85.7%) were of unique NG-MAST types.

Conclusion Multidrug resistant GC and BL production are common in these OCONUS sites. Several previously undescribed NG-MAST sequence types were identified in Peru and Ghana, suggesting the GC strains circulating in these countries are different from those in North America, Australia, and Europe. Further surveillance is needed to inform treatment recommendations in OCONUS sites.

P3.165 QUALITY OF LIFE IN WOMEN WITH GENITAL TRACT INFECTIONS BY HUMAN Papillomavirus (HPV)

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Introduction Human papillomavirus is sexually transmitted diseases (STDs) are among the most common public health issues