transient infections. We aimed to identify the population of adolescents infected with HPV and risk factors associated.

Methods A cross-sectional study evaluating adolescents (from 10 to 19 years of age) carried out from January to August 2012 at the major Sexually Transmitted Infections (STI) Reference Centre in Bahia, Brazil. Sociodemographic and clinical data were obtained by reviewing charts and analysed through SPSS 20.0.

Results Of the adolescents evaluated, 324 had the diagnosis of HPV, evidencing an HPV prevalence of 62.5%. Among those, the mean age was 16.8 (±1.5) years and the sexual debut occurred at 13.2 (±3.5) years of age. There was an association between the female gender and the diagnosis of HPV (p<0.01; OR 3.22, 95% CI 2.18–4.77), as well as to being 16 years old or older (p<0.01; OR 3.44, 95% CI 2.28–5.19). Regarding lifestyle, 25.6% (42/164) of HPV patients reported alcohol use, 8.1% (16/197) illicit drugs use and 2.2% (3/138) were smokers. There was a statistical correlation between having ≥8 years of schooling and HPV (p=0.02; OR 1.76, 95% CI 1.10–2.79), as well as working and the infection (p=0.01; OR 2.54, 95% CI 1.17–5.53). As for clinical characteristics, 15.8% (40/253) of HPV patients were pregnant during the study, with a significant association between pregnancy and the virus (p=0.02; OR 2.69, 95% CI 1.10–6.58). There was 91.9% (295/321) of clinical diagnosis of HPV, and 61.9% (199/321) of genital warts among the infected population. 90.9% (280/308) of the infected adolescents underwent treatment for HPV.

Conclusion The clinical and epidemiological profile of these adolescents revealed the need for prevention campaigns against STIs with accessible language, promoting access to information. Access to HPV vaccine is now possible, and it is still necessary to stimulate follow-up and treatment in order to reduce this infection and its associated diseases.

P3.186 *NEISSERIA GONORRHOEAE* ANTIMICROBIAL RESISTANCE SURVEILLANCE IN JOHANNESBURG, SOUTH AFRICA

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Introduction Gonorrhoea is the predominant cause of symptomatic male urethritis in South Africa. *Neisseria gonorrhoeae* has displayed an alarming propensity to acquire resistance to all sequential first-line antimicrobial agents used over the years. The National Institute for Communicable Diseases has co-ordinated STI microbiological surveillance since 2005 in order to validate existing national syndromic management guidelines. We describe *Neisseria gonorrhoeae* antimicrobial resistance patterns and trends from Johannesburg surveillance, spanning a period of eight years from 2008 to 2015.

Methods *Neisseria gonorrhoeae* was cultured from swab specimens of genital discharge (endocervical and endourethral) from consenting adult patients presenting to a community-based primary healthcare facility in Johannesburg. The minimum inhibitory concentrations (MICs) of antimicrobials were determined using Etest (cefixime, ceftriaxone, ciprofloxacin) or agar dilution (azithromycin, penicillin, tetracycline). Clinical Laboratory Standards Institute (CLSI) criteria, where applicable, were used for interpretation of results. Descriptive statistics and likelihood-ratio tests in STATA 14 were used for data analysis.

Results A total of 2,112 *Neisseria gonorrhoeae* isolates were tested for susceptibility to the extended-spectrum cephalosporins (ESCs) and ciprofloxacin. A proportion of these were tested for susceptibility to penicillin, tetracycline and azithromycin. Between 2011 and 2015, the prevalence of high-level resistance increased from 31% to 57% for penicillin (p=0.009) and 73% to 91% for tetracycline (p=0.009). Between 2008 and 2015, the prevalence of high-level ciprofloxacin resistance rose exponentially from 24% to 67% (p<0.001). Decreased susceptibility (DS) to cefixime was not observed; however one isolate from 2013 exhibited DS to ceftriaxone. Trend analysis revealed MIC creep for cefixime. Elevated azithromycin MICs of >0.5 µg/ml were identified only in 2015 (5/125; 4%).

Conclusion *Neisseria gonorrhoeae* resistance trends for Johannesburg reveal that high-prevalence resistance to penicillin, tetracycline and ciprofloxacin obviates their use for STI syndromic management. The prevalence of resistance to ESCs is <1% and to azithromycin <5%, validating their continued use in dual therapy. However, it is essential that ESC and azithromycin susceptibility trends are monitored to detect emerging resistance timeously.

P3.187 HIV AND STI PREVENTION AMONG YOUNG MEN WHO HAVE SEX WITH MEN (MSM) IN THE WESTERN REGION OF PUERTO RICO

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Introduction According to the HIV Surveillance System, there has been an increase in newly reported cases of HIV among young men who have sex with men (YMSM) in Puerto Rico when compared to intravenous drug users. The Youth Prevention Program (YPREV) which aims to monitor high-risk practices in young men (18–24 years old) and provide services for this population in the Western region of the island was developed between the academia and community-based organisations (CBOs) with the aim of decreasing health disparities in youth in universities and surrounding communities. This study presents data on the first year of the needs assessment concerning HIV testing and prevention methods as well as our ongoing efforts after gathering this data.

Methods To determine the needs and outline the strategic plan of YPREV, a mixed methods approach was used. The first phase consisted of developing and carrying out a needs assessment which was performed from March 2016 until September 2016. A total of 183 YMSM were recruited using a