P060

PERFORMANCE OF 3-IN-1 POOLED SAMPLES FROM ANAL, RECTAL, AND THROAT OF GENEXPERT® CT/NG IN BALI, INDONESIA

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Background Nucleic Acid Amplification Testing (NAT) assay is the new tool that may diagnose gonorrhoea and or chlamydia more sensitive and specific. The test, however, is not widely used in Indonesia, time consuming and expensive. Pooling of samples may significantly reduce the cost while maintaining the effectiveness of the test with high specificity and sensitivity rate for the detection of CT/NG infections. This study aimed to examine the effectiveness of 3-in-1 pooled samples from anal, rectal and throat of GenXpert CT/NG among MSM in Bali, Indonesia

Methods A quantitative study was conducted between July 2017 and July 2018 in an MSM clinic in Bali. Xpert CT/NG samples were collected from throat, anal swab and first pass urine which then pooled into one cartridge. The pooled samples results were compared with each site results by CT/NG GeneXpert® assay.

Results A total of 502 swabs were collected from 251 participants, comprises 251 pharyngeal and rectal swabs respectively, along with 251 First Pass Urine. Sensitivities and specificities of the GeneXpert® CT/NG assay was calculated using the pooled 3-in-1 sites compare to each site result as standard. 4/251 (1.5%) of rectal swab samples invalid and/or error by CT/NG GeneXpert® assay that most likely due to contamination with stools. The study shown the performance of 3-in-1 pooled samples (from anal, rectal and throat) of GeneXpert® CT/NG was highly effective due to the high rate of sensitivity and specificity, particularly from anal site as shown in *table 1*.

Conclusion This is the first study ever conducted to report data on the performance of pooled samples of GeneXpert® CT/NG among MSM in Indonesia. Consistent with similar study in other countries using other NAT platform, this study found the high rate of sensitivity and specificity for CT/NG detection. To be concluded, pooled samples among MSM can be considered in the resource-constraint setting.

Disclosure No significant relationships.

P066

A MOBILE CLINIC MODEL TO CARE FOR WOMEN ENGAGING IN EXCHANGE SEX WHO ARE OPIATE DEPENDENT AND LIVING UNHOUSED IN SEATTLE

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Background In 2018, new HIV diagnoses among heterosexual persons who inject drugs (PWID) in King County, WA increased over 300%, from 7 to 30 cases. A cluster of 15 related cases were identified among persons living unhoused in a 3-mile radius in north Seattle, including 10 women who

used drugs and exchanged sex. Here we describe a mobile outreach clinic designed to serve women in this community.

Methods The SHE (Safe. Healthy. Empowered.) Clinic mobile unit began in July 2018. SHE provides weekly walk-in medical care and harm reduction services, including low-barrier buprenorphine-naloxone, contraceptives, sexually transmitted infection (STI) testing and treatment, and HIV pre-exposure prophylaxis (PrEP). The mobile clinic parks in front of a support center for women living with various combinations of homelessness, opioid addiction, and exchange sex. A retrospective chart review of the initial clinic visits of the first 50 women describes this high-risk population.

Results None of the SHE Clinic patients had been screened for STI in the 3 months prior to clinic enrollment. Combined STI prevalence was high (44.5%); 48% of tested women had *Trichomonas vaginalis* (11/23), 18% had *Chlamydia trachomatis* (5/28) and 18% *Neisseria gonorrhoeae* (5/27). Only 29% of women reported condom use with all sex. No women reported planning for pregnancy; however, only 31% were using contraceptives and 10% (4/39) had new diagnosis of pregnancy. Forty-two patients tested for HIV, and 17 (44.7%) HIV-negative women initiated PrEP at their initial visit. Four women (8.5%) were HIV-positive, all were referred for treatment and are receiving some HIV care in the SHE clinic.

Conclusion A mobile clinic affiliated with a well-established community-based organization has successfully provided limited primary medical care – including HIV testing, treatment and PrEP – to a homeless population of women who inject drugs and exchange sex in the epicenter of an HIV outbreak.

Disclosure No significant relationships.

P067

DRUG USE DURING SEX AMONG DUTCH SWINGERS AND ASSOCIATED SEXUAL RISK BEHAVIOR: A HIDDEN PHENOMENON?

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Background Combining drugs and sex has been associated with an increased risk for sexually transmitted infections. Recently, there has been considerable interest in drug use during sex among men who have sex with men ('chemsex') in STI clinical practice, but data in swingers are lacking. Our study assessed the types of drugs used, and associated sexual risk behaviour, in swingers who are either bisexual male, heterosexual male or female.

Methods In 2018, 1005 participants completed an online questionnaire that was advertised at Dutch swinger-websites. Inclusion criteria were: swinging (heterosexual couples having sex with others or singles having sex with other heterosexual couples) and being aged ≥18 years. Drug use during sex was assessed and compared between heterosexual male, bisexual