

**P242 CO-INFECTIONS WITH CYTOMEGALOVIRUS (CMV) AND SEXUALLY TRANSMITTED INFECTIONS (STIS) IN PREGNANT WOMEN**

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**Background** Congenital cytomegalovirus infection (cCMV) is a leading cause of hearing loss and neurodevelopmental disabilities. An association between STIs and CMV including higher rates of CMV acquisition and reinfections in women with STIs has been shown in studies of selected populations of women attending STI clinics. However, the interaction between CMV and STIs in the genital tract and whether CMV and STI co-infection increases the risk of intrauterine transmission of CMV remains unclear. The objective of this study is to determine STI prevalence and CMV shedding rates in a cohort of unselected pregnant women.

**Methods** Vaginal swabs from a cohort of CMV seropositive women in labor from a multi-center study were analyzed. After DNA extraction from vaginal swabs, PCR was performed for detection of CMV, *Neisseria gonorrhoeae* (GC), *Chlamydia trachomatis* (CT) and *Trichomonas vaginalis* (TV). CMV genital shedding rates were compared between groups with and without STIs.

**Results** Approximately 11% (11/101) of pregnant women in this cohort tested positive for STIs (10 with TV and 1 with TV and GC co-infection). None of the women with STIs were shedding CMV in the genital tract during labor compared to 24% (22/90) of women without STIs. No significant difference in racial distribution was noted between the groups with and without STIs (82% Black vs 58% Black respectively;  $p = 0.19$ ). Among women shedding CMV in the genital tract, CMV viral load levels ranged from  $1.2 \times 10^2$  IU/ml –  $2.3 \times 10^4$  IU/ml.

**Conclusion** In a cohort of unselected pregnant women, none of the CMV seropositive pregnant women with STIs were shedding CMV in the genital tract. Our preliminary findings suggest CMV shedding is not associated with STIs detected late in pregnancy. A larger study is needed to confirm these findings and to define the relationship between STIs and cCMV.

**Disclosure** No significant relationships.

**P243 HIGH PREVALENCE OF UREAPLASMA SPP. IN WOMEN VISITING AN STI CLINIC ALTHOUGH NO AZITHROMYCIN RESISTANCE WAS DISCOVERED**

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**Background** *Ureaplasma* spp. are known to reside in the urogenital tract in adults and newborn children. In most cases, *Ureaplasma* spp. colonization is not harmful to the host. However, *Ureaplasma* spp. are also known to be involved in non-gonococcal urethritis (NGU) in adults and may also be

connected to infertility. In pregnant women, there is speculation that *Ureaplasma* spp. may cause complications in pregnancy and lead to preterm labor. In preterm newborns *Ureaplasma* spp. colonization is associated with bronchopulmonary dysplasia. As azithromycin is first choice treatment either in adult as well as in newborn infections resistance to macrolides affects successful therapy. However, little is known about the susceptibility of *Ureaplasma* spp. In this study we assessed the prevalence of genital *Ureaplasma* spp. colonization and the prevalence of resistance associated mutations to macrolides.

**Methods** Genital samples of 512 women visiting our Dutch STI clinic who were routinely screened for *Chlamydia trachomatis* (CT) and *Neisseria gonorrhoeae* (NG) were retrospectively tested with *Ureaplasma* spp. PCR (Amplisens). Of these patients 13% (66/512) were positive for CT and 1% (5/512) for NG. Forty five *Ureaplasma* positive samples were selected to determine mutations that could confer macrolide resistance by sequencing domain V of the 23S RNA gene.

**Results** In total 78% (401/512) samples were positive for *Ureaplasma* spp. Prevalence of *Ureaplasma* spp. was significantly higher ( $p < 0.05$ ) among the CT positive samples 88% (58/66) and the NG positive samples 80% (4/5). None of the 45 samples contained mutations associated with macrolide resistance.

**Conclusion** We found a higher prevalence of *Ureaplasma* spp. in a female patient cohort visiting an STI clinic compared to other studies. However, no resistance associated mutations to macrolides were detected. Higher prevalence of *Ureaplasma* spp. in STI positive samples underscores its sexually transmitting potential.

**Disclosure** No significant relationships.

**P245 INTEGRATION OF HIV TESTING WITH TUBERCULOSIS AND SEXUALLY TRANSMITTED INFECTIONS AT A TERTIARY CARE HOSPITAL IN DELHI**

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**Background** The National AIDS Control Program (NACP)-IV has been endorsed by our hospital since 2013. Tuberculosis (TB) and Sexually Transmitted Infections (STI) increase the risk of HIV acquisition and vice versa, therefore, NACP-IV, Revised National Tuberculosis Control Program (RNTCP) and National STD control programs were linked in India for better patient outcome.

**Methods** This is a 3-year retrospective study conducted at Integrated Counseling and Testing Centre (ICTC) of our tertiary care hospital from January 2016 to December 2018. HIV seropositivity among ICTC attendees; HIV-TB and HIV-STI co-infection rates were tested and analyzed as per the National guidelines.

**Results** A total of 44738 ICTC attendees were tested for HIV, of which 1347 were positive (approximately 3%). Seropositivity was found to be highest in the reproductive age group (25–49 years). A decline in HIV seropositivity rate was seen, though the number of clients increased by approximately 20% each year. HIV-TB co-infection rate was found to be 0.18% in 2016, 0.15% in 2017 and 0.17% in 2018 among patients attending DOTS (Directly Observed Treatment Short-Course) centre. HIV positivity among patients referred from STI clinic showed a declining trend from 2.5% in 2016 to 1.35% in 2017 and 0.6% in 2018.

**Conclusion** It is pertinent to point out the role of counseling, both pretest and posttest, in the National AIDS Control Program, India. ICTC provides comprehensive services, for identification and documentation of HIV related co-infections including TB and STIs. Very few studies have been conducted in our country analysing the outcome of linkage between National programs (NACP-IV, RNTCP and National STD control programs). Our centre took the initiative to study this linkage to aid in better patient outcome.

**Disclosure** No significant relationships.

**P246 COMMUNITY PERCEPTIONS, EXPERIENCES AND PREFERENCES FOR PARTNER NOTIFICATION SERVICES IN NORTH CAROLINA**

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**Background** Men who have sex with men (MSM) and transgender women (TGW) have increased risk for syphilis and HIV. Partner notification (PN) is an effective strategy to provide early diagnosis and improve treatment outcomes among sexual partners of individuals diagnosed with an STI. We conducted a qualitative study to examine perceptions, experiences, and preferences for PN among Black and Latino MSM and TGW in North Carolina (NC).

**Methods** We conducted seven focus groups (FG) with 50 purposively sampled participants across four NC counties with high rates of HIV and syphilis. Eligible participants were aged 18–44, identified as Black and/or Latino, had ever had sex with men, and identified as male or a TGW. We used a semi-structured guide to facilitate five groups in English and two in Spanish. We inductively analyzed data after each FG via field notes and team debriefs, organizing field notes in a matrix to identify crosscutting themes, and double-coding transcripts to systematically examine differences and similarities across salient themes.

**Results** Black males reported more familiarity and experiences with PN than Latino males and Black and Latino TGW. Generally, participants familiar with PN perceived the approach to locating clients as aggressive, while participants unfamiliar with PN viewed its theoretical application positively. All participants worried about personal privacy and stigma, on the part of PN staff or others. Poor communication and feeling harassed by staff during PN characterized negative experiences while empathy, privacy, choice and autonomy, and support with navigating services characterized positive experiences. Participants preferred using PN to notify casual partners but worried PN could antagonize relationships with steady partners.

**Conclusion** Participants prefer more choice, support and sensitivity in PN. The systematic integration of shared-decision making and service navigation into PN could transform community perceptions and improve the quality and success of PN.

**Disclosure** No significant relationships.

**P247 PARTNER NOTIFICATION FOR SYPHILIS IN CHILE: REALITIES FROM TWO REGIONAL HEALTH SERVICES – A QUALITATIVE CASE STUDY**

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**Background** Partner Notification (PN) has long been considered essential for sexually transmissible infection (STI) control, but both policies and methods of implementation vary between countries. Although the provision of sexual health services has improved in Chile, syphilis is one of the most commonly reported STIs. This is the first study to explore the role of PN in syphilis control in public health services in Chile.

**Methods** A qualitative multiple case study was designed, using two regional Health Services as cases. Different data collection methods were used: a qualitative document analysis, a syphilis management clinic review in 20 health services, and semi-structured interviews with 48 healthcare providers (HCPs) and 10 key informants. The data was analysed using an inductive approach, with both within-case and cross-case thematic analysis. Selected quotes were translated from Spanish-English.

**Results** Findings revealed that syphilis management has a well-organised approach in public health services, but little knowledge or understanding of the infection among patients leads to a lack of recognition of the importance of informing sexual partners. The management of partner(s) was acknowledged as critical for syphilis control in the guidelines and by HCPs, but no document provides comprehensive information about delivering PN. Patient referral was used most commonly; however, interviewees commented that index cases do not discuss their partners easily and PN delivery is further impacted by gender and the socio-cultural context. PN was perceived by HCPs as an exhausting, difficult and challenging process due to poor public understanding of syphilis, absence of practical recommendations and health system limitations.

**Conclusion** Understanding the state of current policies and practices are important for improving PN in Chile and Latin America. Lack of clear guidelines and resources, as well as the impact that gender and socio-cultural aspects have on STI risk perceptions, should be considered to strengthen STI control at the population level.

**Disclosure** No significant relationships.

**P248 STI RISK REDUCTION STRATEGIES AMONG INDIVIDUALS WITH MULTIPLE SEX PARTNERS AND PERCEIVED PARTNER NON-MONOGRAMY IN THE US**

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**Background** Network position contributes to STI risk because of broad sexual network connectivity. Relationship types (i.e., exclusive dating, hook ups) also influence STI risk. Few studies examine how sexual network position and relationship