volume of 50 μL of semen could be chosen for the diagnostic of these bacteria with Aptima assays. In ESwab medium, the LODs of CT, NG and MG were equivalent (between 1 and 10 IFU, CFU or CCU/mL) whatever the volume of ESwab added in the APTIMA® specimen transfer tubes. A volume of 200 μL of ESwab allowed performing several different Aptima assays and the LOD of bacteria remained low whatever the storage conditions.

Conclusion Aptima Combo 2 for CT/NG and Aptima Mycoplasma genitalium assays can be used to detect these three sexually transmitted pathogens in semen and in clinical specimens preserved in ESwab medium.

Disclosure No significant relationships.

P600 MYCOPLASMA GENITALIUM POSITIVITY RATES IN THE US
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Background Mycoplasma genitalium (MG) has been associated with nongonococcal urethritis among men and cervicitis among women. Infection with MG has been linked to increase risk of HIV infection and potentially with adverse reproductive health outcomes. We currently have limited data regarding the positivity rates for this organism in different locations in the U.S. Typically, chlamydia, gonorrhea and trichomaoas rates are highest in the Deep South compared to ther regions of the country, but we do know if this is the case for MG. We took advantage of a multi-site, MG-focused clinical study being conducted in the US to assess the positivity rates, a reflection of prevalence from a convenience sample, at different collection sites.

Methods Symptomatic men and women were recruited from 8 sites in the US. Sites were located in the Deep South (Alabama, Louisiana, Mississippi, and Texas) and other regions (California, Connecticut, Indiana, and Maryland). Participants reporting dysuria, abnorma discharge, genital itching/pain, pelvic pain, or pain/bleeding during intercourse were considered symptomatic. MG status was determined by a combination of results from MG assays since.

Results 24/173 (13.9%) men and 21/219 (11.0%) women were MG-infected. The positivity rates were 13/129 (10.1%) and 11/44 (25.0%) for men recruited in the Deep South and other regions, respectively (p=0.013). Among women the rates were 21/184 (11.4%) and 3/35 (8.57%) (p=0.624).

Conclusion While the sample size is small since the study is ongoing, it is interesting to note that the majority of participants have been enrolled in Deep South and these positivity estimates are likely fairly robust. This is an important lesson given the disparity in described MG rates around the world. Rates have been reported to be high among symptomatic men in Western Europe and Australia, but lower in other settings. Investigation into the causes for differential distribution may be important to designing appropriate control strategies.

Disclosure No significant relationships.