provide equitable services that are people-centered, accessible, acceptable and affordable.

It is essential to address the barriers, improve the quality of care and provide continuous training for health professionals. Moreover, women living with HIV need to be made aware of their rights and empowered to benefit themselves of these offered services and health professionals should help them understand their reproductive goals, while safeguarding their human rights.

Disclosure No significant relationships.

S18.4 ENGAGING CULTURALLY AND LINGUISTICALLY DIVERSE POPULATIONS IN HIV/STI SERVICES: CHALLENGES AND OPPORTUNITIES

Shailendra Sawleshwarkar*. *University of Sydney, Australia, Faculty of Medicine and Health, Parramatta, Australia*

10.1136/sextrans-2019-sti.84

Cultural and linguistic diversity in many high-income countries including Australia is increasing, with more than one in four Australians being born overseas. Culturally and linguistically diverse populations (CALD) or ethnic minorities are disproportionately affected by HIV and sexually transmitted infections (STIs) in many countries with universal access to healthcare. Studies from the Australia, UK, USA and Canada suggest disparities in sexual health outcomes in CALD populations which persist even when controlling for sexual behaviour. Understanding service delivery issues for CALD populations is critical to the development and implementation of effective public health policy and health services. Enhanced HIV testing, HIV pre-exposure prophylaxis and treatment as prevention have been very effective in interrupting HIV transmission but people from CALD backgrounds especially men who have sex with men (MSM) continue to face difficulties in accessing these interventions. Lower knowledge of HIV risk factors, low perception of risk, stigma, and risky sexual risk behaviors may increase risk of HIV and STIs among CALD populations. Lack of awareness among healthcare workers regarding issues affecting CALD population also contributes to the challenges in providing effective health services. In the context of changes in HIV prevention landscape from condom promotion to biomedical approaches, sexual health services will benefit from taking culturally and linguistically sensitive approach in engaging and delivering HIV and STI care. Tailored approaches that effectively address cultural, language and gender issues to address inequalities in access and improve linkage, engagement and retention in care are needed for several CALD sub-populations, including MSM, sex workers, people who inject drugs, international students, refugees, and women. Failing to address these issues may lead to ongoing high rates of HIV transmission in these CALD subpopulations and have significant impact on achieving the goal of ending the AIDS epidemic by 2030.

Disclosure No significant relationships.

S19 – GLOBAL PUBLIC HEALTH APPROACHES TO GONORRHEA PREVENTION AND THE THREAT OF ANTIBIOTIC RESISTANCE

Wednesday, July 17, 2019

1:45 PM – 3:15 PM

S19.1 PERSPECTIVES FROM NORTH AMERICA

Karen Schlanger*. *Centers for Disease Control and Prevention, Atlanta, USA*

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Background As in other regions, rates of gonorrhea in North America continue to rise, while *Neisseria gonorrhoeae* (Ng) antimicrobial susceptibility, and particularly macrolide susceptibility, has declined. These patterns have heightened concerns about emerging resistance to the only remaining recommended treatment regimen and the prospect of untreatable gonorrhea.

Methods In this session, available data on Ng antimicrobial susceptibility trends in North America will be reviewed, with a focus on recent trends in cephalosporin, macrolide, and fluoroquinolone susceptibility. Public health responses, such as United States outbreak preparedness and response activities, will be explored.

Results Although the percentage of Ng isolates with reduced cephalosporin susceptibility has declined in recent years in the United States and Canada, the percentage with reduced azithromycin susceptibility has increased in both countries. High-level azithromycin resistant strains have been identified in the United States, and an isolate with a high ceftriaxone minimum inhibitory concentration (1 µg/ml) was identified in Canada (2017). Data from Mexico are limited. In addition to robust surveillance in the United States and Canada, the United States has implemented efforts to enhance rapid detection and response to Ng resistance.

Conclusions Robust surveillance and public health engagement are critical to address the growing threat of Ng resistance.

S19.2 PERSPECTIVES FROM BRAZIL AND LATIN AMERICA

Adele Benzaken*. *Fundação de Medicina Tropical Doutor Heitor Vieira Dourado, Manaus, Brazil*

10.1136/sextrans-2019-sti.86

Global emergence of resistance to extended-spectrum cephalosporins (ESCs) cefixime and ceftriaxone is alarming scientific and healthcare communities. Following cases in Japan, a case was reported last year in England - and a Ceftriaxone-Resistant Multidrug-Resistant *Neisseria gonorrhoeae* (NG) was reported in Singapore in 2019. In Latin America, first isolates with reduced sensitivity to ceftriaxone were reported in

Argentina, Brazil, Cuba, Chile and Uruguay (GASP Latin America). Most were observed in 2012 (12 isolates). After four unsuccessful attempts to implement national gonococcal antimicrobial surveillance, in 2016/2017 Brazil established a first national surveillance system with 550 isolates from seven sites across the country. Minimal inhibitory concentration (MIC), determined by agar dilution, revealed 42% to 79% of isolates resistant to ciprofloxacin, and 4% to 9.9% resistant to azithromycin, along with expected high rates of resistance to penicillin and tetracycline. Regarding resistance to ESCs, isolates with cefixime MIC bordering resistance (MIC=0.125 mg/L) were observed according to European cefixime resistance breakpoint, and were found in all five regions of Brazil (3.1 to 10.8%). This result led to revision of the Brazilian Guidelines for STI Treatment; current recommendation is intramuscular (IM) ceftriaxone 500 mg associated with azithromycin 1g (VO) in a single dose. The rates of resistance have concerned Brazil's Ministry of Health and led to a new surveillance study including new collection sites (12), further epidemiological data, and samples from different anatomic sites, so as to monitor the spread of isolates and increase national representativeness. Challenges are to improve etiological diagnostics among PrEP users and PLHIV as well as in STI clinics; moreover, systematic surveillance of *Neisseria gonorrhoeae* antimicrobial resistance in Brazil and many Latin American countries is related to the organization of health systems, which do not require notification and often treat STI through a syndromic approach.

Disclosure No significant relationships.

S19.3 PERSPECTIVES FROM THAILAND

Pachara Sirivongrangson*. *Thailand Ministry of Public Health, Department of Disease Control, Nonthaburi, Thailand*

10.1136/sextrans-2019-sti.87

Gonorrhea is a major public health concern in South East Asia including Thailand. In 2016, 9434 (14.3/100,000 population) of gonorrhea cases were reported. Complications including pelvic inflammatory disease, ectopic pregnancy and infertility compound the disease burden. Antimicrobial resistance (AMR) in *Neisseria gonorrhoeae* (NG) has been monitored. In addition, the novel Enhanced Gonococcal Antimicrobial Surveillance Program (EGASP) was initiated in 2015. Review the approach of public health on prevention, surveillance data and responses to the treat of AMR in NG including the EGASP in Thailand. This presentation will include the burden of gonorrhea, gonococcal antimicrobial susceptibilities to the drugs currently recommended for the treatment of gonorrhea (ceftriaxone, cefixime, and azithromycin), development of prevention strategies and responses to the threat of AMR gonorrhea and challenges. Public health approach on gonorrhea prevention is crucial and the threat of AMR in NG driven the urgent need to strengthen Gonococcal

Antimicrobial Surveillance Program and rapid response to treatment failure gonorrhea cases and control the spreading of AMR NG. Effective and combination prevention strategies at country and global level is needed.

Disclosure No significant relationships.

S19.4 PUBLIC HEALTH APPROACHES TO GONORRHOEA PREVENTION AND THE THREAT OF ANTIBIOTIC RESISTANCE – PERSPECTIVES FROM EUROPE

Otilia Mårdh*. *European Centre for Disease Prevention and Control (ECDC), Solna, Sweden*

10.1136/sextrans-2019-sti.88

Background Gonorrhoea is the second most frequently reported STI in the European Union and European Economic Area (EU/EEA). Detection of multi- or extensively-drug resistant *Neisseria gonorrhoeae* isolates and cases of treatment failure to the first-line recommended therapy have been reported in the region. We present main epidemiological trends and implications for gonorrhoea prevention and control.

Methods The European Centre for Disease Prevention and Control (ECDC) collects data from EU/EEA countries on gonorrhoea diagnoses through the European Surveillance System and monitors antimicrobial resistance through the European Gonococcal Antimicrobial Surveillance Programme (Euro-GASP). Annual ECDC reports on gonorrhoea epidemiology and gonococcal antimicrobial susceptibility aim to inform public health control efforts and evidence-based clinical guidelines in the EU/EEA. Most recent surveillance and Euro-GASP data are summarised.

Results In 2017, 89,239 gonorrhoea cases were reported by 27 EU/EEA countries, a 17% increase compared to 2016. The EU/EEA notification rate was 22/100,000 population, but national rates varied between 0.2 and 74.7. Of cases with available information, 76% were males, 62% aged 20–34 years, 52% MSM, 24% heterosexual men and 24% women. HIV-positivity was 13.6% overall, 22.2% for MSM, 1.4% for heterosexual men and 0.6% for women. Between 2013–2017, gonorrhoea diagnoses increased by 67%, 31% and 13% among MSM, women and heterosexual men, respectively. The 2017 Euro-GASP data reported by 27 EU/EEA countries indicate stable levels of resistance to cefixime (1.9% vs 2.1%), azithromycin (7.5 vs 7.5%) and ciprofloxacin (46.5% vs 46.5%) and no resistance to ceftriaxone, compared to 2016.

Conclusions, recommendations Enhanced testing of populations at high-risk, appropriate treatment of cases and partner notification can facilitate prevention and control of gonorrhoea and should be optimally complemented with novel technology approaches adapted to deliver prevention interventions among MSM, a population that displays the highest burden and most accelerated increase in recent years. New therapeutic drugs and ideally a vaccine are needed.

Disclosure No significant relationships.