Conclusion Based on our E-test results, all of the baseline GC isolates appear to be susceptible to gentamicin. However, at one-week follow-up, ~11% continued to be infected with GC. Determining if these are treatment failures, re-infections or new infections is a challenge. Laboratory comparisons of matched isolates are planned to help categorize these concerning results. Study enrollment continues.

Disclosure No significant relationships.

Background In-vitro susceptibility distributions to antibiotics can evolve over time because of emerging resistance determinants. This can affect clinical drug efficacy and interpretation of laboratory susceptibility tests. In January 2019, the Clinical Laboratory Standards Institute (CLSI) analyzed Neisseria gonorrhoeae (Ng) susceptibility parameters for ceftriaxone (CRO), cefixime (CFX) and azithromycin (AZI) to review interpretive criteria for laboratory tests.

Methods GISP (Gonococcal Isolate Surveillance Project) is a United States national surveillance project at approximately 25 sentinel STD clinics, collecting about 5,000 yearly urethral isolates from symptomatic men. From 1987–2017, minimal inhibitory drug concentrations (MIC) of 164,306 isolates were determined by agar dilution using CLSI-recommended protocols. Susceptibility parameters were calculated with R software, and included mean MIC, 98.5% MIC indicating end of wild-type distribution, and percent isolates meeting 2019 CLSI susceptibility (S) criteria (CRO, CFX, AZI ≤ 0.25, 0.25, 1 µg/mL, respectively) or current GISP alert definitions (CRO, CFX, AZI ≥ 0.125, 0.25, 2 µg/mL, respectively).

Results Since 1987, only 5 isolates did not meet CRO S criteria. CRO alerts peaked at 1.05% in 1991. Mean MICs were highest in 2016 (0.013 ± 0.125, 0.25, 2 µg/mL; 95% CI: 0.013–0.13), but compared to the mean MIC when GISP began (0.011 ± 0.010–0.011) the difference was less than a full drug dilution. Isolates not meeting CFX S criteria, 76 since 1987, were at a 0.17% peak in 1992, as were mean MICs. Isolates not meeting AZI S criteria were highest at 3.6% and 4.4% in 2016 and 2017, respectively, as were mean MICs.

Conclusion Ng CRO and CFX in-vitro susceptibilities have not uniformly decreased since GISP began, while most indicators suggest declining AZI in-vitro susceptibility. CLSI reviewed these data in conjunction with clinical, pharmacokinetic/dynamic and other international susceptibility data and kept steady (CRO, CFX) or established new (AZI) 2019 laboratory testing susceptibility criteria.

Disclosure No significant relationships.
HIV AMONG FEMALE SEX WORKERS AND CLIENTS IN THE MIDDLE EAST AND NORTH AFRICA (MENA), a neglected research area.

Methods Literature was systematically reviewed, with findings reported following PRISMA guidelines. Pooled prevalences of current and/or lifetime infection for each STI were estimated using random-effects meta-analyses. Sources of between-study heterogeneity were determined through meta-regressions.

Results One T. pallidum incidence study and 144 STI prevalence studies were identified for 45,812 FSWs in 13 MENA countries. Pooled prevalence of current infection was 12.7% (95% confidence interval: 8.5–17.7%) for T. pallidum, 14.4% (95% CI: 8.2–22.0%) for C. trachomatis, 5.7% (95% CI: 3.5–8.4%) for N. gonorrhoeae, and 7.1% (95% CI: 4.3–10.5%) for T. vaginalis. Pooled prevalence of lifetime infection was 12.8% (95% CI: 9.4–16.6%) for T. pallidum, 80.3% (95% CI: 53.2–97.6%) for C. trachomatis, and 23.7% (95% CI: 10.2–40.4%) for HSV-2. The multi-variable meta-regression for T. pallidum prevalence demonstrated strong subregional differences, with the Horn of Africa and North Africa showing, respectively, six-fold (adjusted odds ratio (AOR): 6.4; 95% CI: 2.5–16.8) and five-fold (AOR: 5.0; 95% CI: 2.4–10.6) higher odds for prevalence than Eastern MENA. There was also strong evidence for a declining T. pallidum prevalence at a rate of 7% per year (AOR: 0.93; 95% CI: 0.88–0.98). Study-specific factors including diagnostic method, sample size, sampling methodology, and response rate, were not associated with syphilis prevalence.

Conclusion STI infection levels among FSWs in MENA are considerable, supporting a key role for commercial heterosexual sex networks in transmission dynamics, and highlighting the health needs of this neglected and vulnerable population. Syphilis prevalence in FSWs appears to be declining for at least three decades. Gaps in evidence persist for multiple countries.

Disclosure No significant relationships.

Background HPV self-collection is a promising approach to improve uptake of cervical screening in under-screened women. The aim of this feasibility study was to measure uptake of HPV self-collection, HPV positivity, and screening history of street entrenched women in a rural region centre.

Methods Women 30–69 years of age, attending drop-in community-based primary care and integrative reproductive health clinics in Northern British Columbia (BC), Canada and self-reported not having received cervical screening in the last 3 years, were offered self-collection for HPV testing. A convenience sample of all comers was administered a questionnaire and underwent a medical chart review, including the provincial cervix screening registry. Demographics, HIV status, and cervical screening history were collected. All women who tested HPV16/18 positive were referred for colposcopy.

Results A total of 66 eligible women were analyzed (mean age 43.3 years), with population saturation reached after 3 months recruitment. An additional 11 women were deemed ineligible due to age or prior hysterectomy. 83% self-reported as Indigenous. Based on the provincial cervix screening registry, 48% of women were up-to-date on cervical screening based on

Disclosure No significant relationships.