clinic, a clinic in Kampala for women at high-risk of HIV-infection. We included HIV positive women ≥ 18 years who initiated ART at GHWP between August 2014 and October 2017. We defined LTFU as not taking an ART refill for ≥3 months from the last clinic appointment and not classified as dead or transferred to another clinic. We used the Kaplan-Meier technique to estimate time to LTFU after ART initiation. Predictors of LTFU were assessed using a multivariable Cox proportional hazards model.

**Results** Of the 293 enrolled participants, 16% of the women were LTFU within the first year of ART initiation. The mean (±SD) age of study participants was 30.3 (± 6.5) years, with 274(94%) reporting paid sex while 38(13%) had never tested for HIV before enrolment into GHWP. LTFU in the cohort was estimated at 12.5 per 100 person-years (95%CI 9.8–16.0). In multivariable analysis, participants who reported sex work as their main job at ART initiation (Adjusted Hazards Ratio [aHR] =1.98, 95%CI 1.12–3.52), having baseline WHO clinical stage III or IV (aHR= 2.65, 95% CI 1.26–5.60) were more likely to be LTFU.

**Conclusion** LTFU in this cohort is high. Follow up strategies are required to support women on Test and Treat to remain on treatment, especially those who engage in sex work and those who initiate ART at a later stage of disease.

**Disclosure** No significant relationships.

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**P038** COMPARISON OF ANYPLEX™III STI-7E V1.1 TO ALLPLEX™ CT/NG/MG/TV FOR THE DETECTION OF STI FROM URINE COLLECTED WITH URISPONGE™

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**Background** Sexual transmitted infections are playing an important role in genital infections. *Chlamydia trachomatis* (CT), *Neisseria gonorrhoeae* (NG), *Mycoplasma genitalium* (MG) and *Trichomonas vaginalis* (TV), have been associated to vaginal infections, cervicitis and urethritis and complications like pelvic inflammatory diseases. Pathogens like *Mycoplasma hominis* (MH), *Ureaplasma urealyticum* (UU) and *Ureaplasma parvum* (UP), residing in the genital tracts, are not always associated to active infections. Seegene introduced the Allplex™ CT/NG/MG/TV (STI-4) Assay. This study objective was to compare the performance of the Anyplex™III STI-7e v1.1 (STI-7) that detects CT, NG, TV), MG, MH, UU), and UP, to the Allplex™ CT/NG/MG/TV for the detection of STI from urines.

**Methods** Urines collected with UriSponge™ (Cowan Italia, Brescia Italy) were tested with the STI-7: UriSponge™ samples were centrifuged 5min at 2500 RPM, tubes de-capped, sponges discarded, vortexed and loaded samples on the Nimbus for nucleic acids extraction. Extracted samples were analyzed with the STI-7 on the CFX96 system. Nucleic acids from 142 urine, already defined negative and positive, were analyzed with the Allplex™ CT/NG/MG/TV on the CFX96 system. Both assays were compared, concordant results were considered negative or positive, discordant results were retested in duplicate.

**Results** In the 142 urines tested with STI-7 and STI-4 assays, concordant results were detected, 29 CT, 16 NG, 11 MG positives, 29 negatives and 5 discordant results, 2 STI-7 negative/STI4 positive (1MG and 1CT) and 3 STI-7 positive/STI-4 negative (1NG, 1CT,1TV). Results were not statistically significant (P >0.05). Anyplex II STI-7 detected 22 MH, 25 UU and 45 UP.

**Conclusion** In this study an excellent agreement was demonstrated by the Seegene Anyplex™II STI-7e v1.1 and by Allplex™ CT/NG/MG/TV assays for the detection of Chlamydia trachomatis, Neisseria gonorrhoeae, Mycoplasma genitalium (MG) from urine collected with Copan UriSponge™. The Allplex™ CT/NG/MG/TV assays eliminate the detection of MH, UU, and UP.

**Disclosure** No significant relationships.

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**P039** A CENTRAL REFERENCE LABORATORY FOR ANTIMICROBIAL RESISTANT NEISSERIA GONORRHOEA IN THE US DEPARTMENT OF DEFENSE

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**Background** Antimicrobial resistant (AMR) *Neisseria gonorrhoeae* has emerged as a global public health concern. Widespread resistance to all known antibiotics prescribed for treatment greatly hinders prevention, control, and management of gonorrhoea. Misuse of antibiotics and substandard antibiotic quality and dosing have contributed to the threat of untreatable gonorrhoea. As a globally deployed force, the U.S. military is vulnerable to diminished operational capability and readiness as this threat looms overhead.

**Methods** The need for rapid, timely, and actionable information for force health protection precipitated the establishment of the Department of Defense (DoD) Gonococcal (GC) Reference Laboratory and Repository in 2011. The aims of the Reference Laboratory are to monitor trends in AMR GC through confirmatory identification, antimicrobial susceptibility testing (AST) and advanced molecular characterization, and to improve *N. gonorrhoeae* culture capability at international DoD surveillance sites. To our knowledge, this is the only global AMR GC surveillance program led by a military organization.

**Results** Gonococcal surveillance at international DoD sites is conducted at partner military medical centers, private medical clinics, and U.S. government-sponsored care clinics. Laboratories currently submitting isolates include: AFRIMS (Bangkok, Thailand); NAMRU-3 (Accra, Ghana); NAMRU-6 (Lima, Peru); USAMRD-G (Tsili, Republic of Georgia); and USAMRD-A (Nairobi, Kenya). To date, 436 presumptive isolates have been shipped, from which 247 isolates were confirmed as *N. gonorrhoeae*. Resistance is commonly observed in these isolates, particularly with respect to tetracycline, penicillin, and ciprofloxacin. Of greater concern, reduced susceptibility to azithromycin (MIC ≥ 0.125 µg/mL) and cefixime (MIC ≥ 0.06 µg/mL) have been observed.
Conclusion The risk of AMR GC and the associated loss of convenient outpatient therapy is of great concern to the military medical community. Comparable data across geographically distinct regions is essential for monitoring AMR GC and implementing appropriate countermeasures in locations where service members are or could be deployed.

Disclosure No significant relationships.

P041 HOW IS THE VALUE OF POINT-OF-CARE TESTS FOR STIS NEGOTIATED IN THE CONTEXT OF A NATIONALISED HEALTH SYSTEM?

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Background Affordability, ease-of-use, rapid turnaround times and laboratory-equivalent accuracy have been identified as essential characteristics for point-of-care tests (POCTs) for STIs. Yet meeting these benchmarks does not guarantee POCT adoption into sexual health services (SHSs). Qualitative research can provide contextual understanding for how POCT characteristics are valued in relation to structural and political processes within health systems.

Methods We invited England SHSs interested in adopting POCTs for STIs to participate in the Facilitators to Adoption study, focused on understanding key facilitators and barriers to technology adoption within their services. Within these SHSs, we conducted in-depth interviews with key stakeholders self-identified as integral to adoption of POCTs into their services. Interviews were thematically analysed in NVIVO 11 to examine ‘appropriateness’ and ‘usefulness’ of POCT characteristics in the context of participating SHSs and the overall priorities of the National Health Service (NHS) in England.

Results 31 healthcare professions from 6 SHSs were interviewed between April and November 2018. Interviewees identified cost-effectiveness and ease-of-use as important in assessing POCTs attractiveness to their services. POCTs were seen by service leads as cost saving only if they affect costs directly incurred by the service, while potential effectiveness of POCTs was assessed by clinicians in the context of their potential for improving appropriate and timely treatment and care to area-specific priority patient groups. In some SHSs, the potential for POCTs to be seen by commissioners as increasing the competitiveness of their service by meeting new policy targets was an important factor driving adoption.

Conclusion The need for POCTs and their desirable characteristics are negotiated within complex processes of funding constraints, service restructuring and political commitments to increasing inclusivity of care. Our findings suggest that service leaders may find areas to leverage adoption of POCTs by focusing on the tests’ potential to increase service relevance and competitiveness.

Disclosure No significant relationships.