Abstracts

P2.37 PRESENCE OF GENITAL CHLAMYDIA TRACHOMATIS SEROTYPE L2 INFECTION IN SOUTH AFRICAN WOMEN

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Abstract: Chlamydia trachomatis, lymphogranuloma venereum (LGV), is a well-recognised infection among men who have sex with men in developed nations. In Africa, LGV is an uncommon but recognised cause of genital ulcer disease in men and women. The presence of genital infection in African women is unknown.

Introduction: A national survey of pregnant women attending antenatal clinics in Kenya conducted in 2015-2016 showed 3% of 1897 women were infected with C. trachomatis.

Methods In this study we evaluated the presence of C. trachomatis infection in women with LGV symptoms. LGV screening was performed using a lateral flow test and by the nucleic acid amplification test (NAAT).

Results: A total of 30 women were screened for LGV, of which 2 were positive. One woman had a positive lateral flow test and one had a positive NAAT.

Conclusion: The presence of C. trachomatis infection in women with LGV symptoms was confirmed in this study. Further studies are needed to determine the prevalence of LGV in women in Africa.

P2.38 MICROBIOLOGICAL ANALYSIS FROM A PHASE II STUDY IN ADULTS EVALUATING SINGLE DOSES OF GEPOTIDACIN (GSK2140944) IN THE TREATMENT OF UNCOMPLICATED UROGENITAL GONORRHOEA CAUSED BY NEISSERIA GONORRHOEA

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Introduction: Gepotidacin (GEP), a novel triazacenaaphenylene antibacterial, inhibits bacterial DNA replication. A Phase 2 study evaluated GEP as a single oral dose (1.5 or 3g) in subjects with urogenital gonorrhea.

Methods: Pre-dose specimens were obtained for culture and susceptibility testing by agar dilution. Microbiological success (MS), was culture confirmed eradication of N. gonorrhoeae (GC) at test-of-cure (TOC), 3–7 days post dose, in the microbiological evaluable (ME) population which consisted of all randomised subjects with culture confirmed urogenital gonorrhea at baseline, who received any dose of GEP and returned for TOC.

Results: Of 69 GC isolates recovered from baseline urogenital specimens in the ME population, GEP minimum inhibitory concentration [MIC (µg/mL)] range was ≤0.06–1 and MIC90 was 0.5. Resistance (R) to comparators were 33%, 28%, 20%, 0%, 0% and 0% for ciprofloxacin (CIP), penicillin, tetracycline, ceftriaxone, cefixime and spectinomycin, respectively. 2 isolates had elevated azithromycin MICs (MICs=2). Overall MS was 96% (66/69) in the ME population.

Conclusion: GEP demonstrated high microbiological success in the treatment of urogenital gonorrhea. Further study of GEP in the treatment of gonorrhea is warranted, including demonstrating that higher exposures suppress R in key isolate subsets.

therapy (ART). Our hypothesis is that any association between STIs and VF would be confounded by drug use.

Methods: The OHTN Cohort Study follows people receiving HIV care in Ontario. STI results and viral load (VL) data were retrieved via linkage with the provincial laboratory. We restricted analyses to 2610 MSM who completed ≥1 annual questionnaire in 2008–2014 and had two consecutive VL <50 within a six-month period on ART. VF was defined as a single VL ≥1000 or two consecutive VLs ≥200. Periods of STI exposure were set around the diagnosis dates for each STI. We modelled STI diagnosis exposures and drug use as time-varying covariates on risk of VF using Cox regression adjusting for age, region and income as confounders. Our model allowed for repeat STI exposures and repeated VF events using the marginal means/rates model.

Results: There were 472 VFs with a 24 month cumulative incidence of 12.1% (95%CI 11.1, 13.1). VFs at time of a new STI diagnosis and increased risk of VF by drug use.

Conclusion: Regardless of drug use, we did not find an association between a new STI diagnosis and increased risk of VF among men on suppressive ART. Our data are limited by possible misclassification of STI exposures, because not all men were tested, and among those diagnosed, exact dates of acquisition were unknown.

Conclusion: This pilot study demonstrates the presence of symptomatic cervical infection by C. trachomatis of serotype L2 in African women. This confirms one report of (chronic) genital infection in African women from more than two decades ago. The significance of this observation is to be determined with regards to virulence, morbidity, distribution across the population and clinical management in the current context of the syndromic approach.

gonorrhoea, two with Mycoplasma genitalium and two with Trichomonas vaginalis. WGS of 5 specimens confirmed the presence of the L2 serovar. Also, one mixed infection of serovars L2 and E (minority) was observed.

Conclusion: This pilot study demonstrates the presence of symptomatic cervical infection by C. trachomatis of serotype L2 in African women. This confirms one report of (chronic) genital infection in African women from more than two decades ago. The significance of this observation is to be determined with regards to virulence, morbidity, distribution across the population and clinical management in the current context of the syndromic approach.