**Abstract P228 Table 1**

| Variable | STI positive | Control | p-value |
|---|---|---|---|
| Non-consensual intercourse | 9.62% | 11.43% | 0.7606 |
| Other agencies involved | 46.15% | 40.00% | 0.4622 |
| School issues | 15.38% | 14.29% | 0.8546 |
| DSH/ED | 3.85% | 10.47% | 0.2611 |
| Alcohol misuse | 23.08% | 16.19% | 0.3073 |
| Drug misuse | 17.31% | 13.33% | 0.6069 |

## P229 ARE CASES OF GONORRHOEA RISING IN VERY YOUNG PATIENTS IN SOUTH WEST LONDON? A RETROSPECTIVE CASE REVIEW OF PATIENTS AGED 18 YEARS AND YOUNGER DIAGNOSED WITH GONORRHOEA IN A LONDON TEACHING HOSPITAL GUM SERVICE

Rachel Hill-Tout*, Katia Prime. *St Georges NHS Trust, London, UK*

10.1136/sextrans-2015-052126.273

**Background** Cases of Gonorrhoea continue to rise in the UK and young people (YP) remain disproportionally affected despite efforts to reduce infection rates.
**Aim** To identify if there been a true rise in Gonorrhoea cases in very YP (≤18 years) attending our GUM service.
**Methods** We identified all GUM (New and Rebook) attendances and Gonorrhoea diagnoses from 01/01/2011–31/12/2014 in patients ≤18 from MILLCARE. Electronic records were reviewed for demographics, infection site (s), antimicrobial resistance, re-infection and Chlamydia co-infection.
**Results**

| | Number of GUM attendances (% of total annual GUM attendances) | | | Number of Gonorrhoea diagnoses (% of annual GUM attendances by gender and total) | | |
|---|---|---|---|---|---|---|
| | **Male** | **Female** | **Total** | **Male** | **Female** | **Total** |
| **2011** | 111 (22.0%) | 393 (78.0%) | 504 | 0 (0%) | 5 (1.3%) | **5 (1.0%)** |
| **2012** | 135 (21.0%) | 508 (79.0%) | 643 | 1 (0.7%) | 16 (3.1%) | **17 (2.6%)** |
| **2013** | 482 (21.5%) | 1764 (78.5%) | 2246 | 7 (1.5%) | 33 (1.9%) | **40 (1.8%)** |
| **2014** | 237 (19.5%) | 980 (80.5%) | 1217 | 7 (3.0%) | 30 (3.1%) | **37 (3.0%)** |
| **Total** | 965 (20.9%) | 3645 (79.1%) | 4610 | 15 (1.6%) | 84 (2.3%) | **99 (2.1%)** |

There were 99 Gonorrhoea diagnoses in 84 patients, 94/99 (84.4%) in females and 15/99 (15.2%) in males (5/15 (33.3%) MSM). 1/84 (1.2%) was HIV+ (MSM). 26/99 (26.2%) infections were in White, 19/99 (19.2%) in Caribbean/Mixed-Caribbean, 11/99 (11.1%) in African/Mixed-African and 7/99 (7.1%) in Other-Mixed ethnicities. 80/84 (95.2%) were UK born. Age range was 15–18.

83/99 (83.8%) were genital and 12/99 (12.1%) were multiple site infections. We found concurrent Chlamydia in 53/99 (53.3%). Antimicrobial resistance was detected in 15/68 (22%) culture+ cases, 13/15 (86.7%) in females and 2/15 (13.3%) in MSM. 11/84 (13.1%) patients had ≥1 re-infection (positive test at ≥3 months), 10/11 (90.9%) females and 1/11 (9.1%) MSM. Mean time to re-infection was 5.1 months.
**Discussion** NAAT testing was introduced into our service preceding the study period. We found Gonorrhoea diagnoses in patients ≤18 have increased three-fold in 4 years in our clinic with high rates of Chlamydia co-infection, antimicrobial resistance and re-infection. MSM, females and patients of Black/Mixed ethnicity are disproportionally affected. Further work is required to investigate factors contributing to the observed rise in Gonorrhoea in YP, and strategies to reduce infection rates.

# Category: Viral sexually transmitted infections

## P230 WITHDRAWN

## P231 WITHDRAWN

## P232 CASE REPORT: AN HIV POSITIVE PATIENT WHO HAS TWICE SPONTANEOUSLY CLEARED HEPATITIS C INFECTION

Pippa Green*, S Ahmad. *University Hospital of South Manchester, Manchester, UK*

10.1136/sextrans-2015-052126.274

**Introduction** A 26% spontaneous clearance rate of Hepatitis C (HCV) in HIV negative populations is estimated, although the extent may be higher. Spontaneous clearance rates in HIV/HCV co-infected populations are lower. We report an HIV positive patient who has twice spontaneously cleared acute HCV infection.
**Case report** A 43 year old MSM diagnosed HIV positive in 1999 (WT virus, Nadir CD4 300) had evidence of past resolved Hepatitis A and B at time of HIV diagnosis. He commenced antiretroviral therapy (ARVs) in 2001 achieving virological suppression (VL ≤40). Hepatitis C was diagnosed in 2008 on tests prompted by raised LFTs: HCV antibody positive, HCV RNA 55 iu/ml, genotype not available. HCV antibody was negative 12 weeks earlier. Seroconversion was asymptomatic and associated with a transient rise in serum alanine transaminase (peak 189). HCV RNA was undetectable 2 weeks later and remained so for 5 years. He re-presented with symptomatic acute Hepatitis C in 2013: HCV RNA 59258 iu/ml, genotype 1, ALT 519. ALT normalised and HCV RNA fell to the limit of sensitivity of the assay (12 iu/ml) within 2 weeks. HCV RNA remained negative 1 year later. Re-infection occurred during a self imposed ARV treatment interruption and was associated with injecting drug use, high sexual risk taking behaviour and co-infection with bacterial STIs. Acute HCV was diagnosed within 4 weeks of restarting ARVs.
**Discussion** As spontaneous clearance of HCV in HIV/HCV co-infected individuals is less common than those mono-infected, it is of interest that this patient has twice spontaneously cleared HCV.

## P233 IS ROUTINE BLOOD MONITORING FOR SUPPRESSIVE HERPES TREATMENT NECESSARY?

Bridie Howe, Mei Liew, Stephen Bushby*, Robert Lapham, Jane Hussey. *Department of Genito-Urinary Medicine, City Hospitals Sunderland, Sunderland, Tyne and Wear, UK*

10.1136/sextrans-2015-052126.275

**Background** There is no published evidence on the need for routine blood monitoring for people requiring daily oral acyclovir. Locally clinical practice differred between services. Dose reduction in moderate to severe renal impairment is recommended. Guidance for intravenous administration recommends measuring full blood count (FBC), renal (U&E) and liver function (LFTs) periodically.

**Methods** In 2013 we reviewed clinical notes coded for herpes suppression to establish whether BASHH and local standards were met for management of herpes suppression and routine blood monitoring.
**Results** 41 cases were reviewed. 32 (73%) had baseline blood tests. Of these 6/32 (19%) had abnormal results: 2 raised LFTS, 2 low estimated Glomerular Filtration Rate (eGFR), 2 low neutrophils – all resolved on repeating except one with fluctuating neutropenia. 19/32 (47%) had bloods repeated at our service and additional 16% advised to attend GP. Only 1/19 (5%) had normal baseline bloods, low eGFR at one month, but normal at 2 months.

**Abstract P233 Table 1** Auditable standard results

| Standards (Target: BASHH or *local) | Achieved |
|---|---|
| Virological confirmation (100%) | 98% |
| Viral typing (100%) | 90% |
| Baseline FBC, U&E, LFT (*100%) | 73% |
| Offer letter to GP (*100%) | 78% |
| Letter to obstetrics if pregnant (*100%) | 100% |

**Discussion** 19% of those tested had blood abnormalities at baseline, but only 3% had on-going abnormalities likely affected by acyclovir. We recommend checking U&E, LFT and FBC at baseline. If normal no further monitoring is needed. If mildy abnormal repeat but continue aciclovir. If significantly low eGFR, leucopenia or elevated LFTs either dose reduce or stop acyclovir and investigate.

## P234 GLOBAL ESTIMATES OF PREVALENT AND INCIDENT HERPES SIMPLEX VIRUS TYPE 2 INFECTIONS IN 2012

[1]Katharine Looker*, [2]Amalia Magaret, [1]Katherine Turner, [1]Peter Vickerman, [3]Sami Gottlieb, [3]Lori Newman. *[1]University of Bristol, Bristol, UK; [2]University of Washington, Seattle, USA; [3]World Health Organization, Geneva, Switzerland*

10.1136/sextrans-2015-052126.276

**Background/introduction** Genital herpes, usually caused by infection with herpes simplex virus type 2 (HSV-2), can cause substantial morbidity in the form of painful genital ulcers in infected adults and adolescents, as well as significant psychosocial morbidity. Neonatal herpes, acquired during delivery from mothers with genital herpes, is rare but often fatal. Additionally, HSV-2 increases susceptibility to, and transmissibility of, HIV. The global burden of HSV-2 was last estimated for 2003.
**Aim(s)/objectives** To present new global HSV-2 estimates for 2012 for females and males aged 15–49 years.
**Methods** Literature review of HSV-2 prevalence studies worldwide since 2000, followed by fitting of a model with constant HSV-2 incidence by age to pooled HSV-2 prevalence values by WHO region, age and sex. Prevalence values were adjusted for test sensitivity and specificity.
**Results** In 2012, we estimate that 417 million people aged 15–49 years (range: 274–678 million) had existing HSV-2 infection world-wide: a global prevalence of 11.3%. Of those infected, 267 million were women. Also in 2012, we estimate that 19.2 million (range: 13.0–28.6 million) individuals aged 15–49 years were newly-infected with HSV-2: 0.5% of all individuals globally. Prevalence was highest in Africa (31.5%), followed by the Americas (14.4%). Burden of numbers infected was highest in Africa. However, despite lower prevalence, South-East Asia and Western Pacific regions also contributed large numbers to the global totals because of large population sizes.
**Discussion/conclusion** The global burden of HSV-2 infection is large, highlighting the critical need for development of vaccines, microbicides and other prevention strategies against HSV-2.

## P235 PREVALENCE AND RISK FACTORS ASSOCIATED WITH ORAL HPV AMONG STI CLINIC ATTENDEES

[1]Karly Louie, [1]Lesley Ashdown-Barr, [1]Caroline Reuter, [1]Attila Lorincz, [1]Peter Sasieni, [2]Jill Zelin*. *[1]Centre for Cancer Prevention, Wolfson Institute of Preventive Medicine, Queen Mary University of London, London, UK; [2]St Bartholomew's Hospital, London, UK*

10.1136/sextrans-2015-052126.277

**Background** Oral human papillomavirus (HPV) infection increases the risk of a sub-set of head and neck cancers. The epidemiology of oral HPV infection is not well understood.
**Aim** To describe the prevalence and risk factors for oral HPV infection amongst STI clinic attendees.
**Methods** Participants were recruited from a STI clinic, completed a risk factor questionnaire and provided oral samples for HPV DNA testing by a highly sensitive PCR using the SPF-10 broad spectrum primers. Overall positivity (prevalence) for any HPV was calculated. Chi-square test was used to determine the association between risk factors and oral HPV-positivity.
**Results** Ninety-eight participants (50 men and 48 women) with a median age of 29 (range 20–52 years) were recruited. Overall, 67.4% (66 of 98) participants were positive. All participants reported a history of oral sex. Participants from a non-White ethnic group were more likely to be oral HPV-positive than Whites (63.1% vs. 92.9%, $p = 0.03$) and those who engaged in open mouth/deep kissing in the last 24 h were also more likely to be oral HPV-positive than those who did not (86.2% vs. 59.7%, $p = 0.01$). No statistically significant associations were found with recent history of oral sex, smoking, alcohol and cannabis use, or lifetime number of sexual partners.
**Conclusion** Oral HPV infection is common among STI clinic attendees. It is unclear whether these are transient oral HPV infections or true persistent infections with oncogenic potential. Our limited data suggest that recent open mouth/deep kissing behaviour is associated with transmission of oral HPV.

## P236 IS ANNUAL CERVICAL CYTOLOGY IN HIV POSITIVE WOMEN JUSTIFIED IN THE ERA OF HPV TESTING? A 2-YEAR STUDY IN A DISTRICT GENERAL HOSPITAL

Nisha Pal, Mamatha Odhuru*, Noreen Desmond. *Berkshire Healthcare Foundation Trust, Garden Clinic, Slough, Berkshire, UK*

10.1136/sextrans-2015-052126.278

**Background/introduction** As per guidelines all HIV positive women have annual cytology irrespective of their CD4 count, viral load, and antiretroviral therapy. Smear tests are often cumbersome and most patients dislike annual smears. There is a lot of administration and cost involved in screening these women on an annual basis.
**Aim(s)/objectives** We looked at cervical cytology results of our HIV positive cohort for 2 years in the era of HPV testing and found some interesting results.
**Methods** Data collected on excel sheet and analysed.
**Results** Total of 153 cases was reviewed for over 2 years. 123/153 had negative HPV test. 30/153 had positive HPV test.