McNemar test showed no difference between clinician-taken and self-taken rectal or pharyngeal samples, or between self-taken samples analysed separately or pooled.
Conclusion This on-going work is the first randomised study showing women's self-taken extra-genital samples are comparable to clinician-taken and can be analysed accurately as a pooled sample. High levels of extra-genital infections were found with 12.7% of CT infections being missed on VVS. Trebling diagnostic costs with rectal, pharyngeal, and VVS samples would be unaffordable for many health systems but a pooled sample has the same laboratory cost as the current VVS.
Disclosure of interest statement Dr Janet Wilson has received honoraria and travel and accommodation expenses from BD Diagnostics, and research grants in the form of diagnostic kits from Hologic/Gen-Probe.

O03.6 TIMING OF TEST OF CURE FOR ANOGENITAL *NEISSERIA GONORRHOEAE* INFECTIONS - A PROSPECTIVE COHORT STUDY USING NUCLEIC ACID AMPLIFICATION TESTS

[1,2]CM Wind*, [3,4]MF Schim van der Loeff, [5]M Unemo, [6]R Schuurman, [7,8]AP van Dam, [1,2,4]HJC de Vries. *[1]STI Outpatient Clinic, Department of Infectious Diseases, Public Health Service Amsterdam, Amsterdam, The Netherlands*; *[2]Department of Dermatology, Academic Medical Center, University of Amsterdam, Amsterdam, The Netherlands*; *[3]Department of Infectious Diseases, Public Health Service Amsterdam, Amsterdam, The Netherlands*; *[4]Center for Infection and Immunity Amsterdam (CINIMA), Academic Medical Center (AMC), Amsterdam, The Netherlands*; *[5]WHO Collaborating Centre for Gonorrhoea & Other STIs, National Reference Laboratory for Pathogenic Neisseria, Department of Laboratory Medicine, Microbiology, Örebro University Hospital, Örebro, Sweden*; *[6]Department of Medical Microbiology, University Medical Centre Utrecht, Utrecht, The Netherlands*; *[7]Public Health Laboratory, Department of Infectious Diseases, Public Health Service Amsterdam, Amsterdam, The Netherlands*; *[8]Department of Medical Microbiology, Onze Lieve Vrouwe Gasthuis General Hospital, Amsterdam, The Netherlands*

10.1136/sextrans-2015-052270.96

Introduction The use of nucleic acid amplification tests (NAATs) to diagnose *Neisseria gonorrhoeae* (Ng) infections has rapidly replaced culture. This complicates performance of test of cure (TOC) to monitor treatment failure. As evidence for the timing of TOC using modern Ng NAATs is highly limited, we assessed the time to Ng-clearance when using modern NAATs.
Methods We included patients attending the STI Clinic Amsterdam from March–October 2014 with anogenital Ng. We collected swabs or urine for RNA-based NAAT (Aptima Combo 2 assay [AC2], Hologic) and DNA-based NAAT (Cobas 4800 NG/CT assay [C4800], Roche). Treatment for Ng was ceftriaxone 500 mg. Upon treatment, patients self-collected daily samples for both NAATs for 28 days, and recorded sexual contact in a diary. After 28 days, patients returned to the clinic with their samples, and we collected final samples for culture and NAAT. Clearance was defined as two consecutive negative results. Reinfection was defined as >2 positive results after clearance, with at least one result positive in both DNA and RNA-based NAAT. A blip was defined as a positive RNA or DNA result after clearance without reinfection.
Results We included 77 patients of whom 62 completed the study. The median number of self-collected samples was 27. Anatomical locations were distributed evenly (urethra: 20, vagina: 21, rectum: 21). 23 (37%) patients had a *Chlamydia trachomatis* co-infection. All patients cleared Ng during the study and median time to clearance was 2 days (range: 1–9) for both NAATs. 95% of patients cleared before day 6 (AC2) and day 7 (C4800). Reinfection was observed in one patient. Blips occured in 6 (AC2) and 15 (C4800) patients, respectively.
Conclusion With modern RNA- or DNA-based NAATs, a TOC of anogenital gonorrhoea can be performed after 7–9 days. However, intermittent positive test results after clearance occurred in 10–25% of patients.
Disclosure of interest statement This study was funded by the Public Health Service Amsterdam. Aptima products and test kits were provided by Hologic. Roche PCR products and Cobas 4800 test kits were provided by Roche.

O04 - Adolescent sexual health

O04.1 LONGITUDINAL EXPERIENCES OF SOCIAL SUPPORT AND SEXUAL RISK IN A SAMPLE OF YOUNG BLACK GAY AND BISEXUAL MALES

[1]Renata Arrington-Sanders*, [1]Anthony Morgan, [2]Gary Harper, [2]Jessica Oidtman, [3]Dennis Fortenberry. *[1]Johns Hopkins School of Medicine, Division of General Pediatrics & Adolescent Medicine*; *[2]University of Michigan School of Public Health, Department of Health Behavior and Health Education*; *[3]Indiana University, Department of Pediatrics, Adolescent Medicine*

10.1136/sextrans-2015-052270.97

Introduction Social support is key to the development of young gay and bisexual men's positive health outcomes. Little work has explored how contextual factors of social support during first same-sex promote sexual health behaviours in young Black gay and bisexual men (YBGBM).
Methods 50 YBGM aged 15–19 were recruited to complete an ACASI survey, baseline in-depth and 3 follow up qualitative interviews over the course of 1 year about the context of lived experiences (Black and gay), social support, recent sex, and sexual health experiences. 42 (84%) YBGBM completed all 4 interviews. Data were analysed to explore constructs and definitions that emerged from the data over multiple time points and then categorised into themes that emerged.
Results At baseline, participant's mean age was 17.6 years (SD = 1.3). Participants mostly self-identified as gay (62%, N = 31) or bisexual (34%, N = 17) bisexual, and reported a mean number of lifetime sexual partners at time of baseline interview as 13.3 (SD = 14.5, Median 8.5) and mean age at first sex of 13.9 (SD = 2.6). Participants reported an average number of partners in the last 4 months of 4.4 (SD = 5.7), 2.1 (SD = 2.0), and 1.4 (SD = 1.7) partners at first, second, and third follow-up, respectively. All participants were able to describe some level of social support; but experiences of social support were inconsistent. Social support varied within economic, geographic, and racial contexts. Participants with consistent social support over follow-up were more likely to report: 1) recent STI/HIV screening; 2) condom-use with partner; and 3) overall fewer partners than youth experiencing inconsistent social support.
Conclusions Intersecting social contexts impact social support during sexual development and this may be critical to promoting positive sexual health in YBGBM.
Disclosure of interest statement The study is funded by ASTDA and NICHD K-23 HD074470–02, USA. No pharmaceutical grants were received in the development of this study.