Methods All cases of positive pharyngeal NAATs dating from 1st July 2014, to 1st August 2016, were identified from the clinical records portal and a case-note review completed.
Results 219 cases were included in the final data analysis - median age 33 (range 19–58). 131/219 (60%) lone pharyngeal gonorrhoea cases were identified. 194/219 (95%) were MSM. 89/131 (67%) pharyngeal cultures were obtained: (16%) positive for *Neisseria gonorrhoea* – 9/16 demonstrated some antimicrobial resistance. Only 8/131 (6%) had a sore throat documented at screening. 205/219 (94%) received treatments in clinic (14 patients lost to follow up). Of those treated 113/205 (55%) received a test of cure with 100% negative NAATs. All patients receiving 2nd line treatments were clinically justified. 1 patient was diagnosed HIV+ within 6 months of pharyngeal gonorrhoea treatment.
Discussion The majority of infections were asymptomatic (94%) demonstrating validity of on-going triple site screening. The low sensitivity of positive pharyngeal *N.gonorrhoea* cultures (16%) reinforces importance of pharyngeal NAATs for detection of infection and review of culture sampling techniques. A low rate of TOC reflected the difficulties in completing patient follow up seen in our clinic population

P023 INVESTIGATING THE CLINICAL VALUE OF TREPONEMA PALLIDUM PCR WITHIN A UK GUM CLINIC

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Introduction Syphilis is a multistage STI caused by Treponema pallidum. The classic lesion of primary syphilis is a chancre – a single, painless, indurated ulcer with a clean base. The number of cases is on the rise, and it has been historically difficult to diagnose due to its variable presentation, requiring clinical correlation and multiple investigations. PCR use has increased recently in investigation of these ulcers. However, how crucial is PCR testing in primary syphilis, when cheaper investigations can lead to a diagnosis?
Methods Investigation results were collected from 58 patients presenting between January and December 2015 who were treated for primary syphilis, including presentation, serology and PCR status. How they were diagnosed as having primary syphilis was noted and whether this was on presentation, follow up or via PCR.
Results 47 patients had a positive PCR, 11 patients had a negative PCR but were treated for primary syphilis. We found 3 patients would have not been picked up as having primary syphilis if there was no PCR performed. The sensitivity and specificity of Treponema pallidum PCR was 81% and 100% respectively.
Discussion PCR was essential in diagnosing 3 patients with syphilis who would have been missed, therefore PCR is a crucial tool in contributing to the diagnosis of primary syphilis. The potential implications of missing syphilis diagnosis are serious, as patients can develop progressive disease and unknowingly affect sexual partners.

P024 REDUCING REPEATED CHLAMYDIA AND GONORRHOEA INFECTIONS

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Introduction The role of Sexual Health Services (SHS) is not only to treat sexually transmitted infections (STIs) but also to reduce repeat infection through appropriate antimicrobials, health education and partner notification (PN). We reviewed the management of patients with repeat infections.
Methods A retrospective case-note review of patients attending the SHS with more than one episode of chlamydia and/or gonorrhoea, July 2015 – June 2016.
Results 156 patients were identified of which a random sample of 30 (20%) were reviewed. All were male; median age 29.5 (range 21-58). 70% (21) were MSM, 23% (7) heterosexual, 7% (2) bisexual. 30% (9) were HIV positive. Risk-factors for unsafe sex (e.g. substance misuse/sex-work/mental-health diagnosis) were noted in 77% (23). 77% (23) had 2 infective episodes; 23% (7) had 3 episodes. Of the 67 infective episodes all were treated appropriately; 40% (27) were treated the same day, 9% (6) within 1-week, 24% (16) within 2-weeks, and 22% (15) within 2–4 weeks. Patients reported 1–100 partners in the 6-months prior to review. 73% (48) saw a health advisor (HA); in the remaining 28% the most common reason for not seeing a HA was being managed in non-sexual health clinics e.g. PEP/HIV-research/general HIV. PN was undertaken in 82% (55) of episodes although only completed in 52% (35) largely due to untraceable partners.
Discussion Focusing on addressing risk factors for unsafe sex may facilitate a reduction in repeat STIs. While most patients were able to access HA support, referral pathways from non-SHS clinics need improving. PN remains challenging in the context of multiple casual partners and novel strategies such as electronic PN should be urgently explored.

P025 ACCURATE CULTURES FOR GONORRHOEA. HOW DO COMMUNITY SERVICES AND SECONDARY CARE COMPARE?

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Introduction BASHH guidelines emphasise the importance of accurate cultures in the diagnosis and management of gonorrhoea. This audit's aim was to establish if there was a measurable difference in the positive culture yield between community and secondary care services in the months following a change in contract which has moved a proportion of walk in patients from secondary care to the community setting.
Methods Relevant databases were searched for gonorrhoea patients after 1st October 2017 when the service was changed. A retrospective audit of the notes was then carried out to establish the rates of positive NAATS tests and positive culture yield and compared the two services.