Conclusions Equivocal reports introduce delays to patient management while the risk of unnecessary antibiotic therapy appears acceptable to most patients. The cobas 4800 CT/NG PCR screening assay can achieve UK testing standards (PPV >90%) in extragenital swabs and low prevalence gonorrhoea population without supplementary tests. A patient-led confirmation algorithm is proposed.

P54 OCULAR SYPHILIS: LESSONS FROM 4 DECADES OF EXPERIENCE

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Background Ocular syphilis can affect most eye structures and can be the result of congenital and acquired infection. Many ocular signs are not specific to syphilis and it can be difficult to make the diagnosis.
Aim This study aims to investigate the epidemiology of ocular syphilis presenting to an oculogenital clinic.
Method Retrospective case notes review of ocular syphilis cases seen between 1965 and 2011. Of 307 cases with ocular signs and positive treponemal serology, 85 cases with a history of yaws were excluded, leaving 222.
Results Of the 222 cases, 93 (42%) were late congenital (CS), and 129 (58%) were acquired (AS). Of the CS cases, the mean age was 47.5 (range 7–86), 37 (40%) were male, of whom 1 was MSM. 55 (59%) were from the UK, 19 (20%) from the Caribbean, 9 (10%) from Europe. Eye signs were as follows: interstitial keratitis 73, anterior uveitis 23, posterior uveitis 10, panuveitis 3, Argyll-Robertson pupils (ARP) 1 and optic neuritis (ON) 1. Of the AS cases, the mean age was 50.9 (range 17–85), 99 (77%) were male, of whom 15 were MSM. 31 (24%) were from the UK, 15 (12%) from Europe, 51 (40%) from the Caribbean and 16 (12%) from Africa. 17 (13%) were early syphilis (secondary/early latent) and 112 (87%) were late latent or tertiary syphilis. Eye signs were as follows: anterior uveitis 63, posterior uveitis 21, panuveitis 13, optic atrophy 9, ON 8 and ARP 5. 35 (38%) of CS cases and 8 (6%) of the AS cases had extra-ocular signs of syphilis. Treatment was with a neurosyphilis regimen. STI screen were offered to all patients. Concomitant STIs are shown in the abstract P54 table 1.

Abstract P54 Table 1 Number of patients presenting with concomitant STIs

	Congenital	Acquired-early	Acquired-late
Gonorrhoea	2	3	9
Chlamydia	2	2	7
NSU	1	0	3
PID	6	0	0
Herpes	2	1	4
HIV	0	1	1
TV	2	1	5
Scabies	3	0	1
Warts	0	4	1
Any STI	17	7	25

Conclusions (1) Ocular syphilis has varied presentations. (2) Screening for other STIs is important even in late CS and AS. (3) Ocular syphilis can be the only sign of syphilis: clinicians should consider syphilis as a cause of undiagnosed eye signs.

P55 EVALUATION OF NAAT AND POCT FOR DETECTING *TRICHOMONAS VAGINALIS* INFECTION IN WOMEN AT A LONDON SEXUAL HEALTH CLINIC

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Background TV is a common infection in our clinic, but the true prevalence is likely to be higher since microscopy-the current diagnostic test has a low sensitivity. Nucleic Acid Amplification (NAAT) and Point of Care Tests (POCT) are commercially available and are reported to have much higher sensitivities. To our knowledge this is the first study to evaluate four different tests for TV in a London Clinic.
Aim To evaluate the clinical utility of NAAT and POCT compared to microscopy and culture.
Methods All symptomatic women who presented to the clinic on Monday and Tuesday from September 2011 were invited to participate in the study. Swabs for a validated in-house NAAT, POCT (*OSOM Genzyme Diagnostics*) and culture using *TV In-pouch* culture system were taken. Technicians processing the POCT, NAAT and cultures were blinded to all other results.
Results A total of 247 symptomatic women were recruited over a 6-month period. 21 (8.5%) tested positive on culture, 22 (9%) on POCT and NAAT, 9 (3.6%) on microscopy. Using culture as the reference standard the sensitivities/specificities were: POCT 100% [95% CI 84 to 100]/99.6% [95% CI 97.5 to 99.9], NAAT 95.2% [95% CI 76 to 99.9]/99.1% [95% CI 96.8 to 99.9], microscopy 42.9% [95% CI 22 to 56]/100% [95% CI 98.4 to 100] and prevalence 8.5% [95% CI 5.4 to 12.8]. Using NAAT as the reference standard the sensitivities were: culture 90.9% [95% CI 71 to 98.9], POCT 95.5% [95% CI 77 to 99.9], microscopy 36.4% [95% CI 17 to 59] and prevalence 8.9% [95% CI 5.7 to 13.2].
Conclusions The sensitivity of POCT and NAAT were as anticipated much greater than microscopy alone, resulting in a prevalence over double than previously estimated. Molecular methods for detecting TV infection in this population would diagnose a significantly greater number of women with TV. Clinics with high rates of TV may benefit from using POCT with the advantage of a rapid turn-around result over NAAT.

P56 DOES CEFTRIAXONE PLUS AZITHROMYCIN REDUCE GONORRHOEA RETREATMENT COMPARED TO CEFTRIAXONE PLUS DOXYCYCLINE? A RETROSPECTIVE COMPARISON

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Background Currently, the combination of Ceftriaxone (CTX) and Azithromycin (AZM) is favoured over CTX and Doxycycline (DOXY) for treatment of uncomplicated *Neisseria gonorrhoeae* infections (GC) in both the UK and the USA.
Aims/Objectives To retrospectively compare retreatment rates between patients receiving CTX + AZM and those receiving CTX + DOXY.
Methods We analysed clinic records for all patients treated for GC at either of Baltimore's public STD clinics between January 2004 and June 2011 and measured time to retreatment from the date when the CTX regimen was administered. Patients were censored 2 years after treatment was received or on 30 September 2011, whichever came first. Kaplan–Meier curves and Cox Proportional Hazards models were used to compare retreatment rates.