likely to have a successful response by 6 months in primary syphilis. This study also demonstrates the need for strategies to address the large number of patients lost to follow-up.

P66 TESTING FOR *TRICHOMONAS VAGINALIS* (TV) BY TRANSCRIPTION MEDIATED AMPLIFICATION (TMA). AN EVALUATION IN A LARGE CITY CLINIC

doi:10.1136/sextrans-2012-050601c.66

M Lawton,* G Schembri, M Kingston. *Manchester Royal Infirmary, Manchester, UK*

Background Trichomonas is worldwide, the commonest curable STI. While it's prevalence in the UK is less than other areas of the world, it remains a common cause of vaginal symptoms in women. Although not routinely tested in men it can be a cause of discharge and dysuria. It may be asymptomatic in both sexes. There is debate about the significance of TV infection, over and above it's symptomatology. The majority of centres use wet-film microscopy and/or culture for the detection of TV. The sensitivity of wet-film is recognised to be low. Culture has been considered the gold standard for TV detection, but is slow and costly.
Methods Symptomatic female patients and men with recurrent/persistent NSU were tested for TV using the same sample as the Chlamydia/gonorrhoea specimen. They were analysed using the Gen-Probe APTIMA TV assay in addition to the usual Chlamydia/gonorrhoea AC2 assay. Patients symptomatic of discharge had wet-film microscopy done as per standard clinical practice. Demographic data and symptomatology were recorded. Comparison was made between results from TMA and wet-film.
Results 1457 patients were tested for TV using TMA. Almost all (97%) were women. The overall prevalence for Trichomonas, Chlamydia and gonorrhoea via TMA was 3%, 8%, 1% respectively. TMA identified significantly more cases of TV compared to wet-film (41 vs 20, p=0.009). The prevalence of TV was significantly higher than gonorrhoea (p=0.002). Subset analysis will be done prior to presentation.
Conclusion Testing for TV via TMA identified significantly more infections compared with the current method of detection. It's overall prevalence was much higher than gonorrhoea which is routinely screened for in asymptomatic patients. Given the same sample is used for analysis, it does not add any additional clinic time or discomfort to the patient. Cost effectiveness of using TV TMA, particularly in asymptomatic patients has not yet been evaluated.

P67 ESTIMATION OF POPULATION COVERAGE OF CHLAMYDIA TESTING AMONG YOUNG ADULTS IN ENGLAND IN 2010

doi:10.1136/sextrans-2012-050601c.67

[1]A Nardone,* [2]C Robinson, [2]R Craig, [3]S Woodhall, [3]A Talebi, [4]C Mercer, [4]A M Johnson. *[1]Health Protection Agency; [2]National Centre for Social Research; [3]National Chlamydia Screening Programme, Health Protection Agency, London, UK; [4]Centre for Sexual Health & HIV Research, University College London, London, UK*

Background The National Chlamydia Screening Programme (NCSP), established nationally in England in 2008, aims to prevent and control chlamydia infection in young adults under 25 years of age through opportunistic community based testing.
Aim We wished to validate the NCSP estimates of chlamydia screening coverage in the target population of young adults by comparing to self-reported chlamydia testing among participants to the Health Survey for England (HSE).
Methods Chlamydia screening coverage is calculated centrally by combining the number of tests reported from three sources of data: NCSP; sexual health clinics; and laboratories. All three sources provide data by age and sex. HSE is an annual general health survey of a nationally representative selection of households in England. In 2010, questions on previous history of testing for chlamydia were asked of all 4259 individuals aged 16–54 who were interviewed. Analyses presented here are limited to the 725 young adults aged 16–24 years old.
Results In 2010, NCSP estimated that 2.2 million chlamydia tests were performed in England among young adults aged 15–24 years old, representing up to 33% of the target population (43% of females and 24% of males). In HSE 2010, 44% of females (177/402) and 27% of males (87/323) reported having ever had a chlamydia test. The proportion who reported having had chlamydia test in the last year was lower for both females (27%; 109/402) and males (17%; 55/323).
Conclusion We have demonstrated the progress made by NCSP in achieving high national levels of coverage. Estimated coverage rates in 2010 reported by NCSP were slightly higher than those recorded by HSE which may be in part due to the inclusion of those who have had repeat chlamydia tests. The data collected by HSE has proved a valuable source of data with which to monitor the progress of NCSP in achieving national targets for testing coverage and improve the delivery of the programme.

P68 IMPROVING THE MANAGEMENT OF CHLAMYDIA IN NON-GUM SETTINGS: IT TO THE RESCUE!

doi:10.1136/sextrans-2012-050601c.68

C N C Zhou,* J Roberts, J Davies, M Longbone, G Dean. *Brighton and Sussex University Hospitals, Brighton, UK*

Background BASHH guidelines recommend all patients diagnosed with *Chlamydia trachomatis* (CT) should be given a detailed explanation of the condition, managed with appropriate antibiotics and have effective partner notification (PN). Patients tested in non-GUM settings may receive sub-optimal management. Following a 2008 audit highlighting several untreated CT cases in the Gynaecology Department (GD) we introduced a bespoke IT lab-link allowing daily downloads of results to GUM health advisers (HA).
Objectives To re-audit the management of females tested for CT in GD.
Methods We performed a retrospective database analysis of all CT tests requested by any of the 11 Gynaecology consultants from June 11 to January 12. Demographic and clinical details were extracted from a prospectively collected lab. database and clinic records. Results were compared with the 2008 audit. Fisher's exact test was used to compare differences between proportions.
Results 889 tests {864 (97.2%) negative, 16 (1.8%) positive, 9 (1%) not tested—incorrect swab} were requested by GD over 29 weeks. HAs were notified of 100% of results in real time. Median time from notification of positive results to patient contact was 1 day (range 1–60). Median time from positive result to treatment was 7 days (range 1–70). This compares to an upper limit of 168 days in the 2008 audit. Recommended antibiotics were used in all cases. PN outcomes improved from 31% to 75% (p=0.02) and untreated cases decreased from 38% to 18.7% (p=0.2) (see abstract P68 table 1).
Discussion Since the introduction of a referral pathway and automated IT lab-link, management of CT positive patients from GD has improved, in particular PN and proportion left untreated. GUM departments should have a clear pathway for the management of patients diagnosed with STIs in non-GUM settings.

Abstract P68 Table 1 Management of chlamydia positive patients

Year	Site 1/2 (%)	Age: median (range) years	CT positive (%)	PN complete (%)	Untreated (%)
2008	80/20	22 (19–40)	13/647 (2)	4/13 (31)	5/13 (38)
2011/2012	79/22	33 (14–84)	16/889 (1.8)	12/16 (75)	3/16 (18.7)

P69 IN THOSE WITH HIGH WHITE CELL COUNTS PER HIGH POWERED FIELD DOES EXTENDED AZITHROMYCIN AFFECT PERSISTENCE/RECURRENCE

doi:10.1136/sextrans-2012-050601c.69

A de Burgh-Thomas,* A Ross Russell, K Maple, I Karunaratne. *Gloucestershire Care Services, Gloucestershire Royal Hospital, Gloucester, UK*

Aims We will compare the effect of an extended azithromycin (2 g of over several days) vs 1 g stat for those where >50 WCs per hi power field were found.
Methods We have reviewed all cases of NSU over a 3-month period following the introduction of extended treatment with azithromycin for those with hi levels of WCs per hpf. We will review the records of those patients diagnosed with NSU in previous years (over the same months) who were treated with regimes of either doxycycline 100 mg twice daily for 7 days or azithromycin 1 g stat.
Results Following the change in policy half of all patients treated for NSU received an extended course. In the group who had hi levels of WC's 13% were subsequently found to be chlamydia positive by PCR and 87% were chlamydia negative. In the group with low levels of WC's 10% were chlamydia PCR positive and 90% were chlamydia negative. Of those with hi levels of WCs per HPF treated with a total of 2 g of azithromycin 18% returned to clinic complaining of continuing symptoms. This compares to 20% with low levels of WCs per hi powered treated with the standard 1 g of azithromycin who suffered persistence/recurrence following treatment We will present data on those patient treated in previous years with both doxycycline and azithromycin at a dose of 1 g.
Discussion So far we have analysed only those cases following the change in policy. We will present data that will demonstrate any change in response to extended azithromycin. The results will demonstrate whether the extended course has any benefits and at what cost.

P70 *NEISSERIA GONORRHOEAE* ST26; EMERGENCE OF AN MSM ASSOCIATED STRAIN WITHIN A HETEROSEXUAL POPULATION DURING AN OUTBREAK

doi:10.1136/sextrans-2012-050601c.70

[1]J Shone,* [1]G Orange, [1]S Allstaff, [1]C Cunningham, [1]D Yirrell, [2]K Eastick. *[1]Ninewells Hospital & Medical School, Dundee, UK; [2]Scottish Bacterial Sexually Transmitted Infections Reference Laboratory, RIE, Edinburgh, UK*

Background *Neisseria gonorrhoeae* sequence type (ST) 26 has been documented across Scotland since the introduction of *N gonorrhoeae* multi-antigen sequence typing (NG-MAST) in 2004. Scottish incidents of ST26 have historically been associated with men who have sex with men (MSM). In November 2010, it was noted that an increased proportion of ST26 isolates were documented among women within our local Health Board area.
Aims To explore the epidemiology of Scottish *N gonorrhoeae* ST26 strains, with reference to a rising incidence of gonococcal (GC) diagnoses within our local area.
Methods All Scottish GC isolates (2004–2011), and nucleic acid amplification positive specimens where no isolate was available (2009–2011), were analysed by NG-MAST.

Results

Abstract P70 Table 1 Scottish incidences of *Neisseria gonorrhoeae* ST26 strains

	Local health board	Local health board	Non-local health boards	Non-local health boards
Time period	Total isolates	Male isolates (%)	Total isolates	Male isolates (%)
2004–2007	0	–	45	91.1
2008	0	–	0	–
2009	20	100	6	100
January 2010–April 2010	3	100	6	83.3
May 2010–October 2010	0	–	0	–
November 2010–September 2011	32	56.3	2	50
Total	55		59	

Discussion These data describe that up until November 2010, *N gonorrhoeae* ST26 in Scotland was predominantly found in men, indicating its association with MSM networks. The spike of ST26 strains in 2010/2011 in both men and women within our local Health Board area imply its introduction to a heterosexual network. These data demonstrate the utility of NG-MAST for the epidemiological study of GC infection. In particular, the data describe the manner in which gonococcal STs can become established and transferred between different regions and population groups, which may be assumed to have separate sexual networks.

P71 VALIDATION OF AN IN HOUSE NUCLEIC ACID AMPLIFICATION (NAATS) PCR TEST FOR *TRICHOMONAS VAGINALIS*

doi:10.1136/sextrans-2012-050601c.71

[1]J Appiah,* [2]P Saunders, [3]M Yapa, [3]C Y W Tong, [3]J White, [2]C Ison, [2]S Alexander. *[1]Sexually Transmitted Bacteria Reference Laboratory, Health Protection Agency, London, UK; [2]Health Protection Agency; [3]Guys and St. Thomas Hospital NHS Trust, London, UK*

Background *Trichomonas vaginalis*, a flagellated protozoan, is transmitted through sexual contact that commonly manifests itself as symptomatic in more women than men. However, the true prevalence of infection and the proportion that is asymptomatic is not known because of the lack of good diagnostic tests. Microscopy is the most common method of detection used but this is known to have a low sensitivity. Other methods include culture, which is considered the gold standard, a point of care test and molecular methods, which have increased sensitivity but are more time consuming or expensive.
Aim To validate an in-house nucleic acid amplification test (NAAT) test for the detection of *T vaginalis*.
Method Two methods were established In-house. The first NAATs detected *T vaginalis* by amplification of a 92 bp segment of the *T vaginalis*-specific repeat DNA fragment and the second amplified a segment of the â-tubulin gene, and was used to confirm the positive results. A further control ran alongside the first NAATs to identify inhibition by targeting the ribonuclease P gene. Sensitivity was initially validated with a positive control *T vaginalis* strain S1 and then validated against anonimised clinical samples previously tested using the APTIMA *T vaginalis* (ATV) transcription mediated amplification (TMA) kit and an in-house real-time TV PCR (see abstract P71 table 1).
Results A total of 96 samples were tested. 17 (17.9%) of the specimens tested resulted in positive *T vaginalis* NAATs using both *T vaginalis* real-time PCR and the TV confirmatory real-time PCR.
Conclusions These in house NAATs gave good concordance with the commercial assay. It would be useful to further compare detection between this and other methods including the culture and POCT in