

Discussion The number of cases cured by first line therapy improved by 20% between 2007 and 2011, but had decreased by 3% from 2009 to 2011 (CR1). The percentage of patients seeing a health advisor remains the same as in 2009 at 92% (CR3). Supply of written documentation dropped by 20% since 2009 (CR4). Chlamydia screening or treatment decreased by 1.4% from 2009 due to one case (CR2). TOC was poor at 36% but this was due to the guidelines during the data collection time period not requiring a TOC (CR5). Sexual partner notification was still below the expected 0.6 (CR6).

Conclusions Current BASHH targets were missed in all six criterion. In criterion 1, first line treatment was not prescribed with explanatory documentation in two cases. However in both these two cases the culture proved to be sensitive to the antibiotics used. In criterion 2, one case resulted in the target being missed. This patient had refused all tests, but presumptive treatment was not prescribed. Poor written documentation accounts for the failings in criteria 3 and 4. This may have been due to the recent introduction of electronic patient records. It is hoped that recent improvements to the system may improve these figures. Future audits should show an improvement in TOC as the new guidelines are adopted. Finally although criterion 6 has not met the BASHH target this year, it is a significant improvement on previous years results.

P130 ANTIBIOTIC RESISTANCE PROFILES OF NEISSERIA GONORRHOEAE (GC): A COMPARISON OF DATA 2007–2011

doi:10.1136/sextrans-2012-050601c.130

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Objectives This was a retrospective analysis of antibiotic use and resistance profiles of GC at a UK GU clinic.

Methods All GC cases at our clinic between 1 January to 1 June in 2007, 2009, and 2011 were identified. The case notes were assessed for antibiotic resistance. The number of cases identified was 41, 78 and 75 for these respective years. Data on diagnostic method was also collected last two cohorts.

Results 63%, 56%, and 69% of patients diagnosed with GC were male in 2007, 2009, 2011 respectively. In 2011 the mean age of patients was 26, and the median 23. 19.5%, 8% and 12% were men who have sex with men (MSM) in 2007, 2009, 2011 respectively. First line antibiotics each year were as per BASHH guidelines (see abstract P130 table 1).

Discussion In 2011 the antibiotic sensitivity was unknown in 41%, it was 35% of cases in 2009. In 2011 27% of all cases were culture negative despite positive NAAT test. In 15% of all cases no culture was performed. Those without positive culture were diagnosed by NAAT, and in one case microscopy. Of those positive by NAAT alone 52% were female, compared to 75% in 2009. In 2011 54% with positive NAAT alone had co-current *Chlamydia trachomatis* infection, compared with 40% of all GC patients. 100% of females with GC in 2011 were NAAT positive, compared with 69% in 2009. 83% of males with GC in 2011 were NAAT positive compared with 80% in 2009.

Conclusions This data suggests that the levels of resistant gonorrhoea within our clinic reduced between 2007 and 2009, but has since risen in the last 2 years. This would indicate the need for the recent change in first line antibiotics. This could be a reflection of the changing percentages of MSM in the cohorts, which have altered in line with our antibiotic sensitivity. A large number of patients diagnosed with GC are culture negative. This may reflect the high sensitivity of NAAT or a high rate of false positive NAAT. It is interesting that a large proportion of those positive by NAAT alone are co-infected.

Abstract P130 Table1

Antibiotic resistance profiles	2007 (%)	2009 (%)	2011 (%)
Percentage of GC fully sensitive to antibiotic testing panel	46	67	59
Percentage of GC fully sensitive to antibiotic testing panel	27	15	20
Reduced susceptibility to two antibiotic groups	15	10	16
Reduced susceptibility to three or more antibiotic groups	12	2	5

P131 SEXUAL HEALTH FOR THE BRITISH FORCES IN GERMANY [BFG]—A NURSE-LED SERVICE

doi:10.1136/sextrans-2012-050601c.131

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Background Before 2008 GUM provision in BFG comprised one central and two satellite GUM clinics. Run by a F/T consultant and 3 or 4 nurses, it covered an area the size of Scotland with little primary care input. Since 2008 Guy's and St. Thomas' [GSTT] and SSAFA Forces Help have held the contract to provide GUM services to the BFG population. The contract was for a nurse-led service with consultant cover provided remotely and through monthly visits from the UK.

Aim To increase provision of screening and management of STIs across BFG by the new [reduced] staff.

Objectives To modernise the GUM service; to develop the 15 primary care medical centres across the region to provide level 1 and 2 GUM service, and to offer out-reach screening to soldiers and school children.

Methods The labs replaced routine cultures and chlamydia PCR with dual NAATs making it cost neutral. We modernised the GUM service and encouraged testing, especially for HIV. Training for primary care providers included STIF courses. Once trained, GPs supported their nurses to deliver screens. The GUM nurses visited medical centres to encourage and support provision. We also instituted young peoples' services for schools and targeted screening to soldiers at Health Fairs.

Results 60 multi-professionals have attended our STIF courses, mean evaluation score is 4.4/5. We used figures from the lab servicing the majority of BFG. Despite a steep decline in the community [soldiers, their dependants and contractors] from 46k in 2008 to 36k in 2011, there has been a marked improvement in all measures of SH provision. The GUM workload has also risen and HIV tests have doubled.

Conclusions We describe a successful, innovative, cost effective model for a nurse-led GUM service which could be used elsewhere. There is now a vastly increased availability of STI screening for our scattered, high-risk population. We will present data for 2008–2011 by age and gender (see abstract P131 table 1).

Abstract P131 Table 1 Characteristics of GUM service of British Forces in Germany

Changes in GUM service outcomes from 2007 to 2011	2007	2011	Comment
Total population of BFG	48k	36k	25% decline
New/rebook attenders	2427	2154	11.2% decline
Follow-up patients	1162	377	67.6% decline
Total chlamydia tests in GUM*	2149	1916	10.8% decline
Chlamydia positivity rate	16.8%	11.6%	30.1% decline in incidence
Gonorrhoea diagnoses	33	24	27.3% decline in incidence
Tests at Health Fairs*	0	239	7.5% chlamydia positive
GP Chlamydia tests*	787	1415	79.8% increase
Chlamydia positivity rate	7.4%	6.1%	17.6% decline

*These tests were dual NAATs [chlamydia and gonorrhoea] from 2009.