

unprotected anal sex. Endorsement of alternative sexual practises is also common, with men reporting lifetime history of sounding (5%), felching (10%), autoerotic asphyxiation (11%), fisting (12%), use of a sex sling (26%), oral exchange of semen between partners (27%), and group sex (66%). Experience with recreational drugs is also common, particularly methamphetamines (14%), poppers (24%), cocaine (29%), and marijuana (71%). STI/HIV results have been abstracted for 44 men to date: 11% had urethral *N. gonorrhoea* (GC), 9% had rectal GC, 9% had urethral *C. trachomatis* (CT), and 14% had rectal CT. Nearly one-quarter (23%) had tested positive for HIV previously, and another 7% were newly diagnosed at the clinic visit.

Conclusion In this preliminary analysis, endorsement of alternative sexual practises was common and the prevalence of HIV/STI was high. Analysis of the complete sample will permit robust, quantitative characterizations of associations between previously uninvestigated sexual practises and prevalent HIV and STI.

P3.151 WITHDRAWN BY AUTHOR

P3.152 PREVALENCE OF NEISSERIA GONORRHOEA INFECTION IN TWO DISTINCT MEN-WHO-HAVE-SEX-WITH-MEN (MSM) POPULATIONS IN SLOVENIA IN 2012

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Objectives Infection with *Neisseria gonorrhoeae* represents a serious public health problem. According to the national reported incidence surveillance system in Slovenia, gonorrhoea is disproportionately more common in the MSM population. However, estimates of the prevalence of *N. gonorrhoeae* infection in the general MSM population in Slovenia are lacking. Herein, we present the prevalence of *N. gonorrhoeae* in two distinct MSM populations in Slovenia in 2012.

Methods Culture-based screening for *N. gonorrhoeae* infection was performed in two MSM population settings. In the first one (population (a)), pharyngeal swab cultures were offered to attendees of two gay clubs and one Non-Governmental Organization based anonymous STI testing point. In the second one (population (b)), asymptomatic MSM seeking for preventive STI screening at the specialised MSM clinic were comprehensively examined with pharyngeal, urethral and rectoscopy-guided rectal swab cultures. A short behavioural questionnaire was obtained in both settings.

Results A total of 306 MSM were investigated. The overall prevalence of *N. gonorrhoeae* infection from any site was 4.3% (95% CI; 2.5–7.1%). The overall prevalence of pharyngeal infection was 2.3% (95% CI; 1.1–4.7%). In population A (n = 239), aged 16–60 years (mean age: 29 years), the prevalence of pharyngeal gonorrhoea was 2.5% (95% CI; 1.2–7.3%). In population B (n = 67), aged 19–62 years (mean age: 35 years), the prevalence of pharyngeal, rectal and genital gonorrhoea was 1.7% (95% CI; 0.3–8.9%), 9.2% (95% CI; 4.3–18.7%) and 0% (95% CI; 0–6.6%), respectively.

Conclusion In two Slovenian MSM populations a relatively high prevalence (4.3%) of pharyngeal and rectal gonococcal infections, which are usually known to be asymptomatic, was identified. This prevalence may also be underestimated, since the culture diagnostics being used is known to display a suboptimal sensitivity

compared to NAAT diagnostics, particularly for pharyngeal and rectal specimens. These results might warrant a 3-site testing (urogenital, pharyngeal and rectal) of all MSM in Slovenia.

P3.153 CLINICAL FEATURES AND TREATMENT RESPONSES IN 300 PHARYNGEAL CHLAMYDIA TRACHOMATIS INFECTIONS IN MSM

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Background In men who have sex with men (MSM), orogenital sexual practises and an increase in triple site testing have resulted in detection of pharyngeal *Chlamydia trachomatis* (CT) infections. Clinical features are not well-described and there are no evidence-based treatment guidelines for this site of infection. We describe a cohort of MSM with pharyngeal CT seen in a large urban GUM clinic.

Methods Retrospective analysis of 300 MSM with pharyngeal CT seen from 2009–2012; 31% were HIV positive, > 50% on antiretroviral therapy. Diagnosis was by CT RNA detection by Aptima Combo2 (Gen-Probe).

Results Of 300 cases, 11.6% of patients described throat symptoms. Concurrent rectal CT was seen in 53%; urethral CT in 12%; 21 patients had CT at all 3 sites. Of 133 CT-positive specimens tested for lymphogranuloma venereum (LGV) DNA, 3 were positive (2.3%); only 1/3 had severe throat symptoms. The other two had symptomatic rectal LGV.

Patient Treatment comprised ≥ 7 days doxycycline (100mg bd) for 77% or azithromycin (1g stat) for 31%. Only 68% of patients (185/272) returned for pharyngeal test of cure (TOC) at a median 48 days. There were 5 positive TOCs; however 4 of these were likely re-infections rather than treatment failure, due to high levels of ongoing sexual risk (3 had received 7 days and one 14 days doxycycline). One patient had persistent chlamydial infection and CT conjunctivitis despite having received azithromycin 1g stat 5 weeks prior.

Conclusions With the use of dual NAAT screening of throat swabs, pharyngeal CT detection will occur in 1–2% of MSM. It is a source of onward transmission and can occasionally cause throat symptoms. Both azithromycin 1g or 7+ days of doxycycline seem to be efficacious treatment, although with high rates of concurrent rectal CT infection doxycycline is preferred. An association with CT conjunctivitis needs further study.

P3.154 ANATOMIC SITE DISTRIBUTION OF SEXUALLY TRANSMITTED DISEASES IN MEN WHO HAVE SEX WITH MEN AND HIGH RISK FEMALES BY ROUTINE TESTING, INCLUDING ANORECTAL AND OROPHARYNGEAL TESTING

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Introduction Insight in the anatomic site distribution of sexually transmitted diseases (STDs) is important because it is assumed that present anorectal/oropharyngeal STD are coincidentally treated with urogenital STD. However, it is not clear whether this anorectal STD control strategy is effective. Furthermore, there is ongoing debate on the appropriate treatment for extragenital STD and whether this may differ from genital STD. We evaluated the anatomic site distribution of STDs by routine testing in high risk females (hereafter females) and men who have sex with men (MSM).