

It was thought the 2 episodes of rhabdomyolysis were drug related secondary to his PEP regime with Raltegravir.

Discussion/conclusion Myopathy and rhabdomyolysis have been reported with use of Raltegravir, our case highlights a cautionary note in a regime that will become more common place.

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U1 ASYMPTOMATIC LYMPHOGRANULOMA VENEREUM IN KNOWN HIV POSITIVE MSM: IS IT MORE COMMON THAN WE THINK?

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Background/introduction The primary manifestation of lymphogranuloma venereum (LGV) infection in men who have sex with men (MSM) in the United Kingdom (UK) is haemorrhagic proctitis with very low levels of asymptomatic infection reported.

Aim(s)/objectives To evaluate LGV infection in MSM attending a large inner city sexual health and human immunodeficiency virus (HIV) clinic.

Methods Data was retrospectively collected on all MSM diagnosed with rectal *Chlamydia trachomatis* (CT) from 1st October 2010 to 30th June 2014. Information was collected on presentation, LGV diagnosis, HIV status, concurrent sexual infection, treatment and sexual contacts.

Results 583 MSM had a new diagnosis of rectal CT during the study period of which 173 (29.7%) were known to be HIV positive. 118 MSM (20.2%; 64 HIV negative; 54 HIV positive) underwent additional testing for LGV and 32 infections (26 HIV positive MSM) were confirmed. All asymptomatic LGV infections (n = 5; 15.6%) were diagnosed in HIV positive MSM whilst all HIV negative MSM with LGV infection were symptomatic.

Discussion/conclusion We report a higher incidence of asymptomatic LGV infection in MSM than previously reported. Whilst the number of confirmed LGV infections is low, results suggest screening for LGV infection may be appropriate in all HIV positive MSM with confirmed rectal CT regardless of symptomatology.

U2 WHAT DO MEN WHO HAVE SEX WITH MEN (MSM) TAKING POST-EXPOSURE PROPHYLAXIS (PEP) FOR HIV FOLLOWING SEXUAL EXPOSURE REPORT ABOUT THEIR RECENT SEXUAL RISK-TAKING BEHAVIOUR?

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Background/introduction High-risk sexual behaviour plays a significant role in the increasing incidence of HIV infection among men who have sex with men (MSM) in the UK, despite the availability of post-exposure prophylaxis following sexual exposure (PEPSE).

Aim(s)/objectives Behavioural interventions to encourage safer sexual practices need to be effective and acceptable for their

target population. Therefore, this study aims to identify the attitudes and interpretation of risk of MSM taking PEPSE.

Methods Data was collected as part of an ongoing randomised controlled trial evaluating a psychological intervention in reducing risk behaviour amongst MSM prescribed PEPSE. The intervention group received two 30-minute telephone interventions implementing augmented motivational interviewing. In this study, 30 participants were selected from the intervention arm and their interventions analysed for thematic content.

Results Themes included: circumstances of event that led to PEPSE; participant's interpretation of risk; emotions associated with risk; disclosure of HIV status; value attributed to consequences of risk; and reason for seeking PEPSE.

Discussion/conclusion Risks were mostly reported in the context of unprotected anal intercourse (UAI) with casual partners, without discussion of HIV status. One theme that arose was the use of mobile-phone applications to seek casual sexual partners. Reasons given for engaging in UAI included anxiety over suggesting condom use, engaging in UAI as a form of "self-harm", and alcohol intoxication. Concern about the morbidity and stigma associated with HIV and the desire for relationships were motivating factors for avoiding HIV. PEPSE was frequently described as an insight into life-long antiretroviral therapy for HIV infection.

U3 DEMOGRAPHIC ASSOCIATIONS WITH GONORRHOEA INFECTIONS IN BRIGHTON

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Background/introduction Gonorrhoea is a public health problem due to rising incidence and antimicrobial resistance. Understanding drivers of infection locally is important for planning public health interventions.

Aim(s)/objectives Describe demographics, lifestyle factors and antimicrobial resistance of gonorrhoea infections in Brighton.

Methods A prospective study recruited 121 individuals with gonorrhoea. Participants completed a questionnaire and cultures underwent whole genome sequencing. Data from questionnaires and electronic records were anonymised and analysed.

Results Average age was 33.6 years, 7.4% were female, 91.3% were white, 80% were MSM, 6.3% bisexual males. 35.9% of MSM were HIV-positive. In MSM, multisite infection was common. MSM had on average 8 partners in 3 months before diagnosis, compared to 4 for heterosexuals. 71.6% reported visiting a sauna, sex party or the internet to find partners. Sex under the influence of drugs occurred in 39.1% of HIV-positive MSM, 36.4% of HIV-negative MSM and 27.3% of heterosexuals. Most commonly used drugs were mephedrone by MSM and cocaine by heterosexuals. Condom use was lowest in HIV-positive MSM. Previous STIs were more frequent in HIV-positive MSM, particularly syphilis (55% vs 9.1%). 66.9% were culture-positive. Resistance to >1 antibiotic occurred in 34.8% of HIV-positive MSM, 9.1% of HIV-negative MSM and 9.1% of heterosexuals.

Discussion/conclusion Condom avoidance, frequent partner change and sex under the influence of drugs are common in both HIV-positive and HIV-negative MSM, raising concerns about HIV transmission. Antibiotic resistance is more common in HIV-positive MSM, concurring with the national surveillance programme. Effective interventions targeting this group are needed.