Poster Presentations

Category: Bacterial sexually transmitted infections

P1 USAGE OF NUCLEIC ACID AMPLIFICATION TESTS (NAAT) IN THE DETECTION OF *TRICHOMONAS VAGINALIS* IN A LOW PREVALENCE AREA

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10.1136/sextrans-2015-052126.45

Background/introduction There is a low prevalence of *Trichomonas Vaginalis* (TV) in the area where the clinics are based. Screening has been performed by wet preparations. BASHH guidelines have suggested the test of choice is nucleic acid amplification test (NAAT) where resources allow- Would a TV NAAT detect more cases?
Aim(s)/objectives To compare detection rates of TV using a wet preparation, direct fluorescence, culture and NAAT tests in symptomatic female patients.
Methods The evaluation was performed in 2 stages. In the first stage, 218 symptomatic female patients had a high vaginal swabs (HVS) taken for a wet preparation and for fluorescence and culture for TV In the second stage 126 symptomatic female patients had HVS taken for wet preparation, fluorescence, culture and a further sample for TV NAAT by two methods of real time PCR.
Results 218 patients were tested in the first stage – 218 results were negative via wet preparation as well as via fluorescence and culture. In the second stage 124 results were negative via the wet preparation compared to 125 tests via culture/ fluorescence. There were 3 tests positive via NAAT (2 were positive via wet prep/culture/fluorescence. 1 was negative via wet prep but positive via culture/fluorescence). 2 tests were inhibitory via NAAT (negative via wet prep/culture/fluorescence).
Discussion/conclusion In this sample of symptomatic patients, the TV NAAT detected less than 1% (1/124) additional positive results. We conclude that in this low prevalence area for TV, a wet preparation from an HVS is satisfactory for screening symptomatic female patients.

P2 EPIDIDYMO-ORCHITIS: UROLOGICAL CONDITION BEST MANAGED BY SEXUAL HEALTH CLINICIANS?

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10.1136/sextrans-2015-052126.46

Background/introduction Epididymo-orchitis (EO) is a common urological problem: men frequently present to the Emergency Department (ED), Urology or Sexual Health (SH). EO is caused by STIs (chlamydia and gonorrhoea) and uropathogens.
Aim(s)/objectives The aim of this study was to audit the management of EO presenting to ED, Urology and SH locally.
Methods 127 patients with EO who attended ED, Urology and SH departments between January–June 2014 were reviewed.
Results 127 men were seen (median age: 33, range: 15–79). 44 attended ED (median age: 35), 30 Urology (median age: 37), and 53 SH (median age: 31). Sexual history was documented in 32/44(72.7%) of ED, 20/30(66.7%) of Urology and 53/53 (100%) of SH patients. MSU was sent in 17/44(38.6%) of ED, 11/30(36.7%) of Urology, and 35/53(66%) of SH patients. 53/53(100%) presenting to SH had chlamydia and gonorrhoea NAAT-testing; 3 cases had chlamydia (5.7%) and none had gonorrhoea. 14/44(31.8%) of ED and 4/30(13.3%) of Urology patients were tested; none tested positive. 90.9% of ED, 93.3% of Urology and 100% of SH patients were prescribed antibiotics. 45/53(84.9%) seen in SH, 1/44(2.2%) in ED and 1/30(3.3%) in Urology were advised to abstain from sex. Partner notification was documented in 40/53(75.5%) of SH patients, but none in ED and Urology. 30/44(68.2%) of ED, 5/30(16.7%) of Urology, and 47/53(88.7%) of SH patients were followed up within 2 weeks post-treatment.
Discussion/conclusion In the absence of torsion or surgical complications requiring hospital admission it would appear to be preferable for patients to be referred to SH for management.

P3 AN AUDIT OF PHARYNGEAL *NEISSERIA GONORRHOEAE* TREATMENT AND TEST OF CURE PRACTICES

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10.1136/sextrans-2015-052126.47

Background Pharyngeal *Neisseria gonorrhoeae* infections are usually asymptomatic and often diagnosed using nucleic acid amplification tests (NAATs). This reservoir of bacteria may contribute to antibiotic resistance through recombination with pharyngeal commensal bacteria. Therefore adherence to treatment guidelines is imperative and guidelines recommend a test of cure (TOC) after treatment.
Objective To evaluate adherence to local guidelines of treating *Neisseria gonorrhoeae* pharyngeal infection and TOC results.
Methods Retrospective case note review of all male positive pharyngeal GC NAAT tests at a sexual health clinic in 2013. The treatment and TOC details were evaluated.
Results Of 133 positive NAATs, 125/133 received treatment at our clinic. 83%(104/125) received first line treatment and 74% (93/125) returned for a TOC. The mean return time for negative TOC tests was 25 ± 9 days. 3 patients remained GC NAAT positive at TOC and 2 indeterminate, at 22 ± 3 days after treatment. 4/5 received first line treatment and 1/5 received second line, due to allergy. Without further treatment, all repeat NAAT tests were negative and all five cultures did not grow *Neisseria gonorrhoeae*. All 5 were asymptomatic and denied sexual contact between treatment and TOC. None were co-infected with other STI's.
Discussion/conclusion There was a high return rate for TOC and high levels of adherence to the local treatment protocol. Those with positive or indeterminate TOC had no distinguishing features or treatment differences, compared with those who tested negative. The treatment to TOC times for both groups was beyond guideline recommendations. Repeat negative NAAT testing suggests no treatment failure in these cases.