

P10 A MULTICENTRE ANALYSIS OF THE MANAGEMENT OF GONORRHOEA (GC)

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Background GC is the second most common sexually transmitted infections after chlamydia. The emergence of resistant strains has made it vital for each case to be managed according to national standards in order to reduce onward transmission.

Aim To compare the current management of GC across five centres in Essex in accordance with the British Association of Sexual Health and HIV (BASHH) auditable outcomes.

Methods 30 case notes of confirmed GC diagnosis from each centre between January–September 2013 were reviewed. Data collected included demographic, sites of infection, diagnostic methods, chlamydia testing, treatment protocol, test of cure (TOC), partner notification (PN) and health adviser (HA) referral.

Results As illustrated in Table 1. 150 cases were analysed. Most infections were acquired locally, diagnosed clinically alongside microscopy with majority isolated from the urethra in male and cervix in female. 3 resistant strains were identified. Multiple sites of infection were also observed. 143(95.0%) cases were managed in accordance with all treatment and diagnostic standards but only 84.6% had TOC, 83.8% PN and 67.7% seen a HA.

Abstract P10 Table 1 Gonorrhoea Audit

Total	150 (100.0%)
Male	95 (63.0%)
Female	55 (37.0%)
Men sex with men (MSM)	41 (27.0%)
Age	
<16	8 (5.0%)
17–24	76 (51.0%)
25	66 (44.0%)
Source of infection	
UK	138 (92.0%)
Non-UK	12 (8.0%)
Infection sites	
Throat	51 (23.0%)
Urethral	92 (42.0%)
Cervix	41 (19.0%)
Rectum	33 (15.0%)
Chlamydia testing	143 (95.0%) 31(22.0%) positive
BASHH guidelines adhered to TOC at 2/52	143 (95.0%)
	104 (73.0%)

Conclusion Almost all GC cases in the region were well managed. However TOC, PN and HA referral standards were not met likely due to lack of resources and poor documentation.

P11 DECLINING RATES OF CHLAMYDIAL RELATED EPIDIDYMITIS IN MEN AGED 15–35 YEARS: A REVIEW OF SURVEILLANCE DATA FROM ENGLISH GENITOURINARY MEDICINE CLINICS, 2009–2013

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Background Monitoring trends in chlamydia-related sequelae, such as epididymitis and pelvic inflammatory disease (PID), is an important aspect of the evaluation of chlamydia control initiatives such as the National Chlamydia Screening Programme (NCSP). Unlike PID, which can be difficult to diagnose, epididymitis may be a useful measure for evaluation purposes. The objective of this analysis was to examine trends in epididymitis diagnosis rates in the era of increased chlamydia testing.

Methods Diagnoses of epididymitis among 15–35 year old males were obtained from the genitourinary medicine (GUM) clinic activity dataset version 2. Diagnosis rates were calculated, per year, using the number of new-episode male clinic attendances. This accounted for changes in clinic attendance over the years. Negative binomial regression was used to derive the incidence rate ratios (IRR) and test significance of the trends.

Results Between 2009 and 2013, a total of 24,689 diagnoses of epididymitis were made among 15–35 year old males, of which 10% (2,506) were of chlamydial and 2% (473) of gonococcal aetiology. Diagnosis rates of chlamydial epididymitis declined by an average of 12% per year (IRR = 0.88, 95% CI: 0.81–0.96, $p < 0.001$), while no statistically significant changes were observed in rates of gonococcal epididymitis (IRR = 0.93, 95% CI: 0.86–1.00 $p = 0.276$). A small but significant decline of 2% per year (IRR 0.98: 95% CI: 0.96–0.99, $p = 0.001$) was observed for rates of non-specific epididymitis.

Conclusion The decreased rate of chlamydial epididymitis diagnoses in men may be associated with increased chlamydia testing, however, the influence of other contributing factors should be explored.

P12 MANAGEMENT OF ACUTE EPIDIDYMO-ORCHITIS: AD HOC OR EVIDENCE BASED?

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Background/introduction A clear guideline exists for the management of acute epididymo-orchitis. Both the EAU and our local trust antibiotics guidelines state that patients aged 35 or younger, or those with suspected STI, be prescribed single dose ceftriaxone with a course of doxycycline; while patients over 35 receive ciprofloxacin. All patients should be investigated for an STI.

Aim(s)/objectives This study looks at how the guidelines are being implemented in the accident and emergency (A&E) department of a large teaching hospital.

Methods We reviewed the A&E notes of patients attending the department with suspected epididymo-orchitis between 1st May and 28th October 2014. 56 patients' notes were scrutinised for a record of sexual history, investigations performed and final management.

Results Of the 56-patient study cohort, 20 were aged ≤ 35 years (median age 51; range 36–84 years) and 36 > 35 years (median age 25; range 20–34 years). A sexual history was documented in 26 (46%) cases, with one patient tested for presence of STI and six (10%) advised to visit the GUM clinic. Antibiotics were prescribed for 55 patients; 28 (50%) received ciprofloxacin (mean age 53.5, range 21–91 years), two (aged 25 and 27 years) doxycycline, 13 (23%) both ciprofloxacin and doxycycline (mean age 36.5, range 20–63 years), and 12 (21%) received different antibiotics (mean age 50.8, range 21–83 years). 17 patients (30%) were prescribed antibiotics correctly according to the guideline.

Discussion/conclusion Despite a robust and clear guideline on epididymo-orchitis our results show that antibiotic prescribing is often incorrect. Furthermore, the work-up for an STI as a cause of epididymo-orchitis is incomplete.

P13 WHAT TO DO IN A SYPHILIS OUTBREAK

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Background/introduction In Autumn 2014 a surprising number of patients were being diagnosed with early syphilis, in the sexual health clinic, Reading. From January 2014 to January 2015 twenty-one early syphilis cases arose. Whereas 2013 totalled 5 cases, which was an average year.

Aims/objectives To identify if this constituted an outbreak. Determine why increasing numbers of early syphilis were arising and which patients groups were at risk. To prevent further cases.

Methods January to September cases were reviewed retrospectively and then new cases prospectively. Public Health England was notified and an action meeting ensued. Patient behaviours and contact tracing data collected. Letters written to inform healthcare services. Clinic information boards and website updated. Social media and appropriate charity organisations approached to reach target groups.

Results Eight presented with primary syphilis, ten with secondary and three with early latent. Eighteen cases were men who have sex with men (MSM), highlighting the main at risk group. Seven of the MSM were HIV positive with three being newly diagnosed. The average number of sexual contacts was twelve with one third using social networking apps to meet.

Discussions/conclusions Syphilis outbreak confirmed. MSM patients are the main risk group with one third HIV co-infection, which is a concern. Common usage of social networking apps identified to meet sexual partners, which can involve serosorting. Collaboration between sexual and Public Health teams resulted in raising awareness. Hopefully these measures will reduce the number of cases but it will require close monitoring.

P14 TESTING FOR PHARYNGEAL GONORRHOEA IN WOMEN: AN IMPORTANT RESERVOIR OF INFECTION, OR EXCESSIVE FALSE POSITIVE DIAGNOSES

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Background In 2012 we reported that 30% of heterosexual women attending our service had a positive gonorrhoea (GC) NAAT on pharyngeal sampling, without infection elsewhere. A PPV of 87% has been reported for our pharyngeal samples, but confirmatory GC NAATs remain routinely not available locally. Due to concerns about false positives, we subsequently restricted pharyngeal testing to women at higher risk of infection at this site only and reviewed the findings.

Methods All positive GC NAATs in women attending our service from October 2013 to March 2014 were reviewed. Findings were compared to the data from January to July 2012. All NAATs were performed on Roche Cobas 4800.

Results There were 36 women in the 2014 sample, compared to 40 in the 2012 sample. Of these, 19 (53%) had a positive GC NAAT on a pharyngeal sample, compared to 17 (43%) in the

2012 sample ($p = 0.38$). 13 (36%) of women with a positive GC NAAT had the infection detected on pharyngeal swab only in the 2014 sample, compared to 12 (30%) in the 2012 sample ($p = 0.56$).

Discussion By restricting testing to women at higher risk of pharyngeal only infection, we found 36% women had an isolated positive pharyngeal GC NAAT, and would not have been diagnosed if pharyngeal sampling was not taken. Further work is needed assessing the performance of the Roche Cobas 4800 in this population in order to evaluate the proportion of false positive diagnoses versus the extent of this potential reservoir of infection.

P15 AORTITIS REQUIRING CARDIOTHORACIC SURGERY IN A CASE OF SECONDARY SYPHILIS

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Background/introduction Cardiac complications of syphilis typically occur 10–30 years after being infected. There has been a recent case of aortitis in secondary syphilis in the literature.

Aim(s)/objectives To report a case of syphilitic aortitis in a patient recently infected with syphilis.

Methods Case report.

Results A 37-year-old white British female was found wandering the streets semi-clothed by paramedics. Background: bipolar/schizoaffective disorder with previous psychosis and known substance misuse. A loud early diastolic murmur was found on examination. An ECG revealed anterior T wave changes. Troponin was >2000 ng/L and echocardiogram (ECHO) revealed a dilated left ventricle with severe aortic regurgitation (AR). Transoesophageal ECHO demonstrated an oedematous, thickened aortic root. CT aortogram confirmed aortitis. Syphilis serology was positive (RPR 1:256). She had a male partner of 5 years and had never had a syphilis test before. Due to penicillin allergy she was commenced on Doxycycline for 28 days with adjuvant. Three weeks into treatment she developed heart failure and was admitted to intensive care. ECHO revealed an ejection fraction of 30% and progressive valvular pathology. Following desensitisation she commenced on benzylpenicillin plus probenacid for 17 days. Two weeks into treatment she underwent an aortic valve replacement and coronary artery bypass graft (x2). After a protracted recovery she was discharged two months later and remains under cardiology follow up.

Discussion/conclusion Whilst it is not exactly clear when this patient acquired syphilis the high RPR titres suggest that infection was recent. This case demonstrates a rare but serious and life-threatening complication of early syphilis.

P16 LGV-AN INNER CITY COHORT

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Background/introduction LGV is hyperendemic amongst MSM in the UK. There is a strong association with HIV and hepatitis C infections.