

**Aim(s)/objectives** To assess the background, demographics, presentation and follow up of patients with confirmed LGV infection in an inner London cohort. To analyse compliance with BASHH auditable measures surrounding follow up testing including HIV and hepatitis C.

**Methods** A retrospective case note review was conducted of all PCR confirmed LGV infections from 01.01.2005–31.07.14. Data was extracted looking at the demographics, presentation, risk factors, concurrent STIs and follow up of patients as per BASHH audit standards.

**Results** 44 patients were identified. 43 were MSM and 1 a heterosexual female with a bisexual partner. 80% (35) presented with symptomatic LGV infection and 20% (9) had had a previous infection with LGV. 43% (19) were diagnosed with concurrent STIs; of which only 4 had extra rectal chlamydia (3 urethral and 1 eye). 64% (28) were known to be HIV positive at LGV diagnosis. Only 69% (11) of the remaining HIV negative patients had a documented HIV follow up test within 12 months of LGV diagnoses. 36% (4) of these were newly diagnosed with HIV. Out of the 24 documented hepatitis C tests within 12 months of LGV diagnosis there were 2 new cases of hepatitis C.

**Discussion/conclusion** Our cohort largely reflects the UK epidemic and reinforces the strong association with HIV infection. The audit reveals poor adherence to BASHH standards for repeat testing, which will be addressed with a specific active recall process.

#### P17 ENHANCED SEXUAL HEALTH SERVICES IN COMMUNITY PHARMACIES – PILOT

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**Background/introduction** STI screening via community pharmacies (CPs) has traditionally been very low.

**Aim(s)/objectives** To increase STI screening in young people (15–24 years) in a London Borough with high rates of infection using a new self-test kit (testing for Chlamydia and Gonorrhoea (CT/GC), and HIV) alongside condom distribution via the pan-London condom scheme.

**Methods** Nine CPs were selected based on high rates of Emergency Contraception provision and condom distribution in 2013. Frontline staff were trained and care pathways established. Ongoing monthly support was provided by site-visit and phone. Results were notified by text. Positive results, partner notification and follow-up were managed by a Level 3 GUM clinic. Evaluation was by user/CP survey.

#### Results

- 8 CPs were active during the pilot which ran January–December 2014.
- 214 self-test kits were distributed; 108 CT/GC tests and 96 HIV tests were returned/tested (return rates of 50.5% and 44.9% respectively). At the start 1 CP removed HIV tests from packs.
- 4,476 condoms were distributed.
- 7 Chlamydia positives were identified (positivity 6.5%).
- Quarter 1 2014 saw a 700% increase in numbers of STI tests processed) in the 9 CPs compared to Quarter 3 2013 (pre-pilot levels). This significantly increased activity continued throughout 2014.
- All users were very or quite satisfied with the service and were very or quite likely to use the service again.
- 66% were very likely to recommend the service to others

**Discussion/conclusion** With adequate training and support, community pharmacies provide an engaged, accessible and convenient venue for STI testing (including HIV) and condom distribution.

#### P18 EXPLORING QUANTITATIVE RELATIONSHIPS BETWEEN SEROLOGICAL RESULTS AND STAGE OF SYPHILIS

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**Background/introduction** There has been little published regarding quantitative results of newer serological assays in infectious syphilis. Previous studies have shown an association between VDRL and TPPA titre and stage of syphilis; with higher titres in secondary syphilis.

**Aim(s)/objectives** To examine quantitative relationships between serological results and stage of syphilis including newer assays.

**Methods** Early syphilis cases diagnosed March 2011–August 2014 were identified from a sexual health clinic database. Cases classified as primary, secondary and early latent by clinical diagnosis. Serology results were recorded including TPPA, VDRL (used until 01/03/2012), RPR (used from 01/03/2012), IgG (Abbott Architect Total Antibody Test), and IgM (lab21 IgM EIA).

**Results** 155 patients included. 149 male, 6 female. Average age 38. 92% men were MSM. 32% HIV positive. 33% classified as primary, 21% secondary, 46% early latent. 64% new diagnoses, 36% re-infected.

Abstract P18 Table 1 Syphilis stage and serology

	RPR (n = 110) Median (range)	VDRL (n = 45) Median (range)	TPPA (n = 155) Median (range)	IgM (n = 122) Mean	IgG (n = 155) Mean
Primary	4 (0–64)	4 (0–64)	2560 (0– >5120)	4.06	20.44
Secondary	32 (4–128)	64 (16–256)	>5120 (2560– >5120)	10.09	37.28
Early Latent	8 (0–128)	16 (0–512)	5120 (40– >5120)	3.84	29.58

**Discussion/conclusion** Results confirmed the quantitative relationship between syphilis stage and VDRL and TPPA titre identified previously. Additionally this study showed that IgM and IgG values, using Lab 21 IgM EIA and Abbott Architect Total Antibody Test assays, are also linked to stage of syphilis. Unsurprisingly, IgG titres were highest in secondary and lowest in primary syphilis. IgM values were lowest in early latent and highest in secondary syphilis.

#### P19 MEASURING THE IMPACT OF SUPPLEMENTARY TESTING OF NEISSERIA GONORRHOEA POSITIVE NUCLEIC ACID AMPLIFICATION TESTS ON THE RATE OF EXTRA-GENITAL NEISSERIA GONORRHOEA DIAGNOSIS AND CONCORDANCE OF NAATS WITH BACTERIAL CULTURE

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**Background/introduction** Nucleic-acid amplification tests (NAATs) are more sensitive in the detection of Neisseria Gonorrhoea (NG)