

with documented HIV infection indicates high risk behaviours related to HIV acquisition and/or ongoing HIV transmission. Clinics serving patients with STI syndromes in Zimbabwe and countries with similar HIV/STI epidemiology are of continued importance in HIV diagnosis and prevention.

P09.24 THE AETIOLOGY OF GENITAL ULCER DISEASE AND ASSOCIATION WITH HIV INFECTION IN ZIMBABWE

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Background In many countries, sexually transmitted infections (STI) are treated syndromically. Thus, patients diagnosed with genital ulcer disease (GUD) in Zimbabwe receive antimicrobials that cover infections with *Treponema pallidum* (TP: benzathine penicillin), *Haemophilus ducreyi* (HD: erythromycin) and herpes simplex virus (HSV: acyclovir). However, periodic surveys into the aetiology of GUD are necessary to inform treatment guidelines.

Methods For this study, we recently completed enrollment of 200 patients with GUD at 6 clinics in Zimbabwe. To date, test procedures have been completed for patients enrolled at Harare clinics (N = 70). Ulcer specimens were obtained for testing using a validated multiplex polymerase chain reaction assay (M-PCR, National Institute of Communicable Diseases, Johannesburg) for TP (primary syphilis), HD (chancroid), HSV (genital herpes) and *Chlamydia trachomatis* strains associated with *lymphogranuloma venereum* (CT-LGV). Blood samples were collected for HIV testing by a standard rapid HIV test algorithm (First Response™ followed by Alere HIV 1/2™) and considered positive when reactive on both.

Results To date, M-PCR testing is complete for all 70 patients with GUD recruited from the Harare clinics (38 men and 32 women). Of these, 17 (24.2%) were positive for HSV, 8 (11.4%) were positive for TP, and 1 was positive for CT-LGV. No cases of chancroid were detected. The overall HIV positivity rate was 43.1%. HIV rates were higher among patients with HSV (62.5%, $p = 0.07$, Chi Square Test) and TP (87.5%, $p < 0.01$, Fisher's Exact Test).

Conclusions Genital herpes was the most common cause of GUD in our survey, followed by primary syphilis. The association of HIV infection with HSV and TP suggests high risk for co-transmission; however some HSV ulcerations among HIV-infected patients may be the result of HSV reactivation among immunocompromised patients. Our study methods and data should be relevant for other countries using a syndromic management to STI control.

P09.25 DURATION OF SYPHILIS SYMPTOMS AT PRESENTATIONS IN MEN WHO HAVE SEX WITH MEN IN AUSTRALIA: ARE CURRENT PUBLIC HEALTH CAMPAIGNS EFFECTIVE?

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Introduction The rapid rise in syphilis has prompted a number of public health campaigns to assist men who have sex with (MSM) men recognise and present early with symptoms. This study aimed to investigate the temporal trend of the duration of self-report symptoms and titre of rapid plasma regain (RPR) among MSM with infectious syphilis in relation to these campaigns.

Methods 761 syphilis cases among MSM diagnosed at the Melbourne Sexual Health Centre (MSHC) from 2007–2013 were reviewed. Median and interquartile range (IQR) of duration of symptoms and RPR titres in each year were calculated.

Results The median duration of symptoms for MSM with primary and secondary syphilis were 9 days (IQR: 6–14) and 14 days (IQR: 7–30), respectively. The overall median titre of RPR in secondary syphilis (128; IQR: 64–256) was higher than in primary (4; IQR: 1–32) and early latent syphilis (32; IQR: 4–64). The median duration of symptoms for primary ($p = 0.11$), secondary ($p = 0.24$) and titre of RPR level for primary ($p = 0.35$), secondary ($p = 0.08$), and early latent syphilis ($p = 0.85$) did not change over time. A strong positive correlation was observed between duration of symptoms and RPR titre in both primary ($r = 0.36$, $p < 0.001$) and secondary ($r = 0.16$, $p = 0.05$) syphilis.

Conclusion Public health campaigns were not associated with a significant shorter time from onset of symptoms to treatment. Either more effective campaigns or alternative strategies such as more frequent testing in MSM should be promoted to control the syphilis epidemic in Australia.

Disclosure of interest statement None.

P09.26 TRENDS IN GONORRHOEA POSITIVITY BY NUCLEIC ACID AMPLIFICATION TESTING VERSUS CULTURE IN HETEROSEXUAL MEN IN VICTORIA, AUSTRALIA, 2007–2014

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Introduction A three-fold increase in *Neisseria gonorrhoeae* (gonorrhoea) notifications was reported amongst low prevalence