

Further work is required to establish its suitability for detecting the other organisms claimed.

# **P170 RISK FACTORS FOR *MYCOPLASMA GENITALIUM* INFECTION IN SYMPTOMATIC MALES, FEMALES AND MEN WHO HAVE SEX WITH MEN FROM THREE CLINICAL SETTINGS IN LONDON**

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**Background/introduction** *Mycoplasma genitalium* (MG), a sexually transmitted infection (STI), is increasingly recognised as a cause of major reproductive health sequelae. Treatment has become increasingly difficult due to macrolide and fluoroquinolone antibiotic resistance. MG is not routinely tested for in most UK genitourinary medicine (GUM) clinics, and limited risk-factor data exist for infection in at-risk populations and in different anatomical sites.

**Aim(s)/objectives** To determine risk factors for MG infection in symptomatic male and female patients accessing three London GUM clinics.

**Methods** Patients aged  $\geq 16$  years, symptomatic of an STI (or Chlamydia, Gonorrhoea, *Trichomonas vaginalis*, or non-specific urethritis contact) were consented. Additional-to-routine samples provided were vulvovaginal swab (VVS) (females), first void urine (FVU) (men-who-have-sex-with-women (MSW), (men-who-have-sex-with-men (MSM)), pharyngeal and rectal swabs (MSM). Samples were tested using the FTD Urethritis Plus Test kit and positives confirmed by Polymerase Chain Reaction. Risk factors were analysed using univariate and multivariate logistic regression.

**Results** MG was detected in: 10.7% (95% CI 7.9%–13.5%) patients; 7.9% (95% CI 4.86%–10.94%) VVS; 19.4% (95% CI 11.76%–27.04%) MSW urine; 1.6% (95% CI 0%–4.72%) MSM urine; 0% MSM pharynx; 8.1% (95% CI 1.31%–14.89%) MSM rectum.

**Abstract P170 Table 1** Risk factors associated with MG infection

Risk	Male	Odds Ratios (95% Confidence interval) Univariate MSW	Odds Ratios (95% Confidence interval) Univariate Females
Age	16–19	1*	1*
	20–24	0.06 (0.01–0.61)	0.46 (0.15–1.40)
	25–34	0.16 (0.02–1.08)	0.26 (0.08–0.79)
	34–44	0.24 (0.03–2.03)	0.08 (0.01–0.68)
Ethnicity	White	1	1
	Mixed	10.00 (0.61–162.66)	2.98 (0.88–10.13)
	Asian	7.00 (0.46–96.44)	2.13 (0.24–18.76)
	Black	8.33 (1.78–38.97)	1.58 (0.60–4.19)
Symptoms	Discharge	1	-
	Pain	0.68 (0.24–1.89)	-
Gonorrhoea Contact	No	-	-
	Yes	-	11.5 (1.54–85.64)

\*Only ages 16–19 remained a risk factor in the multivariate analysis

**Discussion/conclusion** MG positivity was highest in MSW compared to the other patient groups, with younger age being the only risk factor for infection, remaining after multivariate analysis. The presence of rectal MG despite a lack of urogenital infection in MSMs warrants further investigation with a larger cohort. Overall the results indicate high MG positivity across symptomatic male and female populations.

# **P171 RAPID RELIABLE HIV POINT OF CARE TESTING**

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**Background** Our outreach HIV Point of care testing (POCT) programme changed from 4<sup>th</sup> generation testing to 3<sup>rd</sup> generation POCT kits in August 2014, which led to a significantly quicker turnaround time for results and greater convenience for both outreach staff and patients. We continued to confirm all POCT serology by conventional laboratory testing.

**Aims** To compare 3<sup>rd</sup> and 4<sup>th</sup> generation POCT in clinical practice and review the need for laboratory confirmation of all samples.

**Methods** The INSTI™ HIV-1/HIV-2 Antibody Test was used for POCT testing at a city centre outreach service from August 2014 until July 2015. All samples were also tested in parallel, in real-time, by standard laboratory tests for HIV. Results were compared retrospectively.

**Results** POCT was provided for 399 patients. 31 patients were excluded. Of the remaining 368 patients, there were 6 true positive results (1.6%) and no false-negatives or false-positives. By contrast, our previous evaluation of Alere Determine™ 4<sup>th</sup> generation testing, with a sample size of 367, found 3 true positives (0.8%); 2 false positives (0.6%); and 3 false negatives (0.8%), leading to negative predictive value 99.2%; positive predictive value 60%; sensitivity 50%; specificity 99.4%. This was a significant underperformance in clinical practice compared with advertised values.

**Discussion** INSTI™ is outperforming Alere Determine™ in our local experience. We intend to continue using 3<sup>rd</sup> generation POCT in our outreach programme. Given INSTI™'s performance, the question now raised is can we consider moving away from carrying out backup serology in all cases?

# **P172 HIGH HIV INCIDENCE IN MSM DIAGNOSED WITH EARLY SYPHILIS: A ROLE FOR PREP?**

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**Background.** Understanding the risk factors for HIV acquisition allows targeted interventions to reduce HIV transmission such as PrEP.

**Aims/Objectives.** To evaluate HIV incidence in HIV-negative MSM with early syphilis infection.

**Methods.** A retrospective case-note review of MSM who were diagnosed with early syphilis between January and June 2014 at a London sexual health clinic.

**Results.** 206 MSM were diagnosed with early syphilis: 110 HIV-negative; 96 HIV-positive. For 110 HIV-negative MSM, median

age was 32 y, median number of sexual partners in last 3 months was 4. Reported drug use in the previous month was 38%; 19% had injected drugs. Syphilis stage was primary (31%), secondary (25%), early latent (45%). Up to February 2016, total follow-up was 144 person-years. 12 (11%) were newly diagnosed HIV-positive. HIV incidence was 8.3 (95% confidence interval, CI 4.2–14) per 100 person-years follow-up (HPYFU). Incidence of rectal STIs was: rectal chlamydia, 27 HPYFU (CI 19–36); rectal gonorrhoea, 33 HPYFU (CI 25–44); syphilis re-infection, 10 HPYFU (CI 5.7–17).

**Conclusions.** The significant risk of HIV seroconversion following a diagnosis of early syphilis suggests that this group may particularly benefit from the use of pre-exposure prophylaxis. The high levels of subsequent rectal infections support the inclusion of regular STI screening in PrEP management guidelines.

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### MULTI-DRUG USE, AND ASSOCIATED FACTORS, WITHIN A COMMUNITY BASED SAMPLE OF GAY AND BISEXUAL MEN IN SCOTLAND

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**Background/introduction** Research suggests that drug use may be higher among men who have sex with men (MSM), and links between drug use and risky sexual behaviours are well established. Evidence suggests that MSM who report 'ever using' drugs may report using a variety of drug types.

**Aim(s)/objectives** To explore multi-drug use and associated sexual risk behaviours within a community sample of MSM in Scotland.

**Methods** Analysis of data from 1292 MSM participating in bar-based surveys in Scotland in 2014. Factors related to 'ever using' and multi-drug use within the previous 12 months were examined. Multi-drug use was calculated using those who reported more than one type of drug use in the previous 12 months (injecting, snorting or psychoactive drugs).

**Results** The mean age of men sampled was 34.72 years (range 18–82, SD = 11.23). Most men identified as gay (92.3%) and reported being educated post 16 (85.8%). 42.6% of men reported 'ever using' drugs and of those, 55.3% had used within the last 12 months. 47.8% of men using within the last 12 months reported multi-drug use. Men who had used drugs within the last 12 months and those reporting multi-drug use were more likely to report more risky sex, specifically group sex. However, they also reported higher rates of both HIV and STI testing.

**Discussion/conclusion** The percentage of men reporting multi-drug use is consistent with previous research. Although men reported more risky sexual behaviours, testing rates would suggest they understand and respond to these risks. HIV/STI screening may present opportunities to identify and address potentially problematic drug use with attendees.

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### MANCHESTER CHEMSEX – INJECTING STRAIGHT UP THE M6

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**Background/introduction** Chemsex involves sex under the influence of psychoactive drugs such as gamma-hydroxybutyric acid (GHB), mephedrone and crystal methamphetamine. There's been an increasing trend of chemsex use among UK men who have sex with men (MSM) requiring services to tackle this growing problem.

**Aim(s)/objectives** To review the first year's progress of a newly developed chemsex clinic co-commissioned by sexual health and drugs and alcohol commissioners.

**Methods** Prospective data collection of patients attending clinic from April 2015 to March 2016. Data was collected on demographics, risk taking, sexually transmitted infections (STIs) and drug use.

**Results** 43 patients were seen. 34 (79.1%) were White British, and 42 (97.7%) were MSM. 19 (44.2%) were referred through genitourinary medicine (GUM) clinics, of which 10 (52.6%) were for post-exposure prophylaxis, 9 (20.9%) through HIV services, and 7 (16.3%) self-referrals. 24 (55.8%) were HIV positive, and 10 (23.3%) had Hepatitis C. 32 (74.4%) reported episodes of condomless sex, 21 (48.8%) engaged regularly in group sex and 5 (11.9%) participated in fisting, highlighting high rates of sexual risk taking. 36 (83.7%) patients reported taking mephedrone, 29 (67.4%) GHB, and 12 (27.9%) crystal meth. 23 (53.5%) patients injected. 21 STIs were found in 16 (37.2%) patients, with 10 (47.6%) Gonorrhoea infections, 4 (19.0%) chlamydia, 3 (14.3%) syphilis and 3 (14.3%) Hepatitis C.

**Discussion/conclusion** Our data shows high rates of risk taking among chemsex participants with resultant high rates of STIs. Targeted harm reduction interventions need to be developed in GUM clinics to continue to address this issue.

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### SERVICE EVALUATION OF THE USE OF THE YOUNG PERSON'S PROFORMA IN RELATION TO CENTRAL AND COMMUNITY SEXUAL HEALTH CLINICS

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**Background/introduction** The prevalence of non-consensual sex is higher in those with a sexual debut before the age of 16. BASHH therefore advocates the use of a Young Person's Proforma (YPP) in sexual health clinics to detect signs of, and concurrent risk factors for, child sexual exploitation (CSE), intending to safeguard this vulnerable group of attendees.

**Aim(s)/objectives** To investigate the adherence to BASHH guidelines relating to the care of young people accessing sexual health services, specifically the use of the YPP.

**Methods** A retrospective review analysing 150 case notes of patients under 16yrs, attending between 1<sup>st</sup> July 2014 and 1<sup>st</sup> June 2015. Notes were extracted from a central clinic (n = 50), and 4 community sexual health clinics (n = 100).

**Results** Centrally, all patients had a proforma completed, compared with 81% of community patients. Proformas were completed in 67% of male community patients. 19 patients had experienced involuntary sexual activity. 19% of patients had 1 or more significant risk factor for CSE. In total, 83 further referrals (57% safeguarding) were made. Risk factors were reassessed in 79% of patients. 71% attended primarily for contraception (central = 46%, community = 83%), with 79% offered STI screening.