

Background/introduction Missed opportunities is a leading cause for late presentation in HIV.

Aim(s)/objectives We analysed missed opportunities, clinical outcomes and associated cost in a HIV low prevalence region in UK.

Methods A retrospective review of case notes and pathology system of new HIV diagnosis from 2010 to 2013 was undertaken. Clinical summary preceding 12 months of diagnosis collected from GPs with patient's consent. Data analysed using Excel workbook.

Results Out of 25 new HIV diagnosis, 17 males, 21 white ethnicity, 10 heterosexual and 6 bisexual. One third > 40 years. Sixteen (64%) were late diagnosis with CD4 < 350. 13/16 had CD4 < 200 and 9/16 (56%) had an AIDS defining illness. 19/25 (76%) had at least one missed opportunity (range 1–16). 11/19 in primary care and remaining at different levels. There was no difference in VL between early and late diagnosis. 10/16 had a blood test in the preceding 12 months. In the first 12 months post diagnosis, early group had 51 clinical consultation compared to 147 in late group. Three patients had extended inpatient stay in the late group. One died. Using Reference costs of around £385, late diagnosis costed £ 56595 compared to £19635 for early excluding inpatients cost, excess bed days, additional outpatient investigations, medications including ARVS and other specialty referral costs.

Discussion/conclusion Our study shows increased missed opportunities in apparently non high-risk groups resulting in poor outcomes and significant costs. Higher HIV awareness and national testing policy tailored to HIV low prevalence region is required.

P225 LYMPHOGRANULOMA VENEREUM: CASE REPORT OF SIMULTANEOUS PENILE ULCERATION AND BUBO FORMATION

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10.1136/sextrans-2016-052718.273

Background/introduction Lymphogranuloma venereum (LGV) has become an important UK public health issue since 2003. HIV positive men who have sex with men (MSM) continue to be the predominant risk group for contracting LGV in the UK.

Aim(s)/objectives LGV commonly presents as proctitis alone; we present an unusual case of a patient who presented with simultaneous rectal symptoms, penile ulceration and bubo.

Methods A 25 year old HIV (CD4 996 (43%)/viral load undetectable) and Hepatitis C co-infected MSM presented to A&E with a 2 week history of painful left inguinal swelling. Additional history revealed episodes of bloody diarrhoea which the patient related to a previous diagnosis of Inflammatory Bowel disease. Examination revealed a left inguinal bubo and 3 areas of penile ulceration (2 painful, one indurated/painless). Proctoscopy was normal. Empirical treatment with Doxycycline and Aciclovir was commenced.

Results Nucleic acid amplification testing (NAAT) was performed on pharynx, rectum, urine and penile ulcers. Urine NAAT was positive for *Chlamydia trachomatis*; penile ulcer NAAT was positive for LGV specific DNA. Herpes simplex and Treponemal PCR from the ulcers were negative. Rectal NAAT was negative for *Chlamydia trachomatis*. An Ultrasound of the left inguinal bubo revealed abscess formation with frank pus seen on aspiration.

Discussion/conclusion LGV is commonly associated with proctitis and genital ulcers of LGV are evanescent. Persistence of LGV ulceration until bubo formation has not been reported to-date. The negative Rectal NAAT for Chlamydia was unusual however the diarrhoeal symptoms settled with Doxycycline.

P226 REATTENDANCE, RETESTING AND TEST POSITIVITY AMONG PATIENTS INITIALLY TREATED FOR CHLAMYDIA OR GONORRHOEA IN A LARGE INNER CITY CLINIC

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10.1136/sextrans-2016-052718.274

Background/introduction Reinfection with a bacterial sexually transmitted infection following treatment is common. National guidelines recommend retesting for chlamydia three to six months after treatment in <25 year olds.

Aim(s)/objectives To review reattendance, retest and positivity rates in patients with chlamydia or gonorrhoea at a large inner-city clinic.

Methods Patients diagnosed with chlamydia or gonorrhoea were identified in our electronic patient records (March-September 2015). Proportion reattending, retesting and test positivity two to four months after treatment of the initial infection were recorded.

Results The minority of patients treated for chlamydia and gonorrhoea reattended and retested for infection (Table 1). Positivity was high in those who retested, especially in MSM. Two HIV diagnoses and 89 syphilis serology positive results were found in those retesting.

Abstract P226 Table 1 Reattendance, retesting and test positivity among patients initially treated for chlamydia or gonorrhoea, by age and risk group

	<25 years (n = 584)		≥25 years (n = 1,713)	
	Heterosexual (n = 442)	MSM (n = 142)	Heterosexual (n = 647)	MSM (n = 1066)
Total: Chlamydia ± Gonorrhoea (n = 2297)				
Reattended	97 (22%)	42 (30%)	148 (23%)	481 (45%)
Retested	76 (78%)	25 (60%)	96 (65%)	258 (54%)
Positivity	11 (14%)	9 (36%)	11 (11%)	92 (36%)

Discussion/conclusion Retesting rates following treatment for chlamydia and gonorrhoea are low. Those who did reattend and retest experienced high rates of infections and represent an important group to target for active recall.

P227 PATIENT SATISFACTION – NEW LGBTQ (LESBIAN, GAY, BISEXUAL AND QUEER) SEXUAL HEALTH CLINIC

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10.1136/sextrans-2016-052718.275

Background/introduction This clinic opened in 2015 offering a weekly specialist sexual health service for our LGBTQ community. Burden of pathology is high, suggesting a potentially more