Results In secondary care 25 patients (20 men & 5 women) were treated for gonorrhoea over two months. In these patients 22 had a positive NAATs test, of these 17 had a positive culture giving a positive culture yield of 77.2%.

In comparison the community service identified 10 patients in the first month of the new contract with a positive NAATs test, of these 9 had a culture. 1 culture was positive giving a NAATs/culture concordance rate of 11.1%; this is to be re-audited by the community service.

Discussion Accurate cultures are vital for the treatment of gonorrhoea, particularly in areas where antibiotic resistance is high. Appropriate storage and prompt processing is important to ensure the viability of these tests. This audit raises a question about viability of *Neisseria gonorrhoeae* during transfer from community settings to the central hospital laboratory.

P026 NEISSERIA GONORRHOEAE (GC): CHANGING PATTERN OF ANTIBIOTIC SENSITIVITY AND PERSISTENCE OF DNA DETECTION 2007 – 2016

Sarah Young, Shyamalie Bopitiya*, Sris Allan. *Coventry and Warwickshire Partnership Trust, Coventry, UK*

10.1136/sextrans-2017-053232.72

Introduction Nucleic acid amplification testing (NAAT) is used in GUM clinics to diagnose GC infection; however its in-built sensitivity potentially detects DNA from non-viable organisms following successful treatment. BASHH guidelines stipulate that test of cure with NAAT (TOC) should take place 2 weeks post-treatment.

This study aims to determine whether this is an adequate time interval to perform TOC. We also analysed the changing pattern of antibiotic sensitivity between 2007 – 2016.

Methods All GC cases at our clinic between 01/01 and 30/06 in 2007–2016 were identified, assessed for antibiotic sensitivity and analysed for TOC data from 2013–2016.

Results Of 131 cases in 2016, culture and sensitivities were available for 80, with TOC in 63.

Abstract P026 Table 1

Susceptibility to Antibiotic groups	2007 (%)	2009 (%)	2011 (%)	2012 (%)	2013 (%)	2014 (%)	2015 (%)	2016 (%)
Fully sensitive to antibiotic testing panel	46	67	59	49	79	59	43	55
Reduced susceptibility to 1	27	15	20	38	10	20	23	23
Reduced susceptibility to 2	15	10	16	8	6	13	21	15
Reduced susceptibility to 3	12	2	5	3	2	8	5	6
Reduced susceptibility to 4								1

TOC was performed between 6 and 77 days post-treatment with mean, median and mode of 18, 14 and 14 days respectively.

Discussion No cultures were resistant to ceftriaxone. This is the first year a case has shown reduced susceptibility to 4 antibiotic groups. From 2015-2016 there has been an increase in GC fully sensitive to the antibiotic testing panel.

Our data supports BASSH guidelines for TOC 2 weeks post-treatment.

P027 RE-TESTING OF PATIENTS WITH POSITIVE CHLAMYDIA RESULTS IN PRIMARY CARE

[1,2]Sarah McConnell*, [1]Jane Hutchinson, [1]Merle Symonds. *[1]Barts Health NHS Trust, London, UK; [2]Tower Hamlets GP VTS, London, UK*

10.1136/sextrans-2017-053232.73

Introduction We aimed to establish how many young people (aged 15–24 years) diagnosed with genital Chlamydia infection in General Practice (GP) in 2015 in an inner city area had Partner Notification (PN) discussed with them and were offered repeat testing three-six months after initial diagnosis in line with BASHH guidelines.

Methods We identified young people with positive Chlamydia diagnoses made in GP in 2015 by searching the Chlamydia screening dataset from the hospital laboratory. We cross referenced with subsequent data sets for the year 2015 onwards to see if/when the patient was retested and where they were re-tested. For those re-tested in local GU clinics, we checked their records for evidence of PN initiated in primary care.

Results Preliminary data from January – June 2015 shows that sixty nine 15–24 year olds were diagnosed with Chlamydia in GP; 11 re-tested within six months, seven of these between one and three months post-initial infection of which one was positive. Three of the 11 re-tested in GU clinics; two of these reported PN initiated by GP.

Discussion Results so far show less than 1 in 5 young people diagnosed with Chlamydia in GP are being re-tested appropriately. It is possible that patients are travelling outside the area for re-testing and are missed by our sampling. Recommendations should include routine recall in GP for re-testing after three months to increase re-test rates.

P028 CHARACTERISING NEISSERIA GONORRHOEAE (NG) INFECTIONS AND TREATMENT IN A LARGE, URBAN COHORT

Taslima Rashid, Nirmitha Jayaratne, Marjan Taher, Tristan Barber, Nneka Nwokolo, Michael Rayment*. *Chelsea and Westminster Hospital NHS Foundation Trust, London, UK*

10.1136/sextrans-2017-053232.74

Introduction Better detection and more frequent testing may explain increases in NG. We wished to characterise patients attending our clinics with NG, and audit management against BASHH standards.

Methods 300 sequential NG patients attending in 2016 were reviewed. Data collected: demographics, NAAT/culture positivity (per site), antimicrobial treatment and resistance, and test of cure (TOC).

Results Mean age was 34 (17–65); 92% male; 75% white; 86% MSM. 415 site specific infections captured. Site distribution by NAAT, culture concordance/sensitivities, and TOC are presented below:

Abstract P028 Table 1 Gonorhoea infections

	Sexuality			Culture results			Test of Cure	
NAAT+ by SITE	MSM	Hetero – Male	Hetero – Female	Cultures taken	Culture negative	Ciprofloxacin resistance	TOC Done	TOC Failure
VVS	NA	NA	7% (21/300)	76% (16/21)	19% (3/16)	7.6% (1/13)	76% (16/21)	0% (0/16)
Urethra	42% (126/300)	7% (21/300)	NA	90% (132/147)	3.7% (5/132)	33% (43/127)	53% (78/147)	2.6% (2/78)
Pharynx	37% (111/300)	0.7% (2/300)	1% (3/300)	68% (79/116)	51% (37/72)	43% (18/42)	66% (77/116)	5.2% (4/77)
Rectum	43% (128/300)	0.3% (1/300)	0.7% (2/300)	63% (83/131)	12% (10/83)	48% (35/73)	65% (85/131)	3.5% (3/85)

75% NAAT+ patients (310/415) had cultures performed. There was one case of ciprofloxacin and azithromycin resistance (MSM). 96% (287/300) received ceftriaxone plus azithromycin. Reasons for alternatives related to penicillin allergy. Median time to treatment 0 days (0-45d). 63% (189/300) attended for TOC (median time: 21d (7-188d)) and 94% (177/189) patients tested negative. Failed TOC was due to reinfection in 92%.

Discussion Our clinics maintain reasonable adherence to BASHH standards. Cephalosporin resistance was not observed. TOC times can be lengthy.

P029 AUDITING GONORRHOEA TREATMENT AND ANTIBIOTIC SENSITIVITY

Yvonne Wilson*, Cathy Johnson, Una Murtagh, Joanne McCartney, Sandra McRoberts, Fionnuala Perry. *Belfast Health and Social Care Trust, GUM Clinic, Belfast, UK*

10.1136/sextrans-2017-053232.75

Introduction With diagnoses of Gonorrhoea on the rise and increased rates of resistance being reported, nurses carried out and audit to establish the level of compliance with current British Association of Sexual Health and HIV guidelines in relation to the treatment of patients diagnosed with GC and to analyse antibiotic sensitivity.

Methods Retrospective case note review of episodes coded B was carried out looking at age, ethnicity, sexual orientation, co-infections, treatment, resistance, number of partners in past 3 months, test of cures and follow up serology.

Results 69 cases reviewed, 33 MSM, 32 heterosexual, 4 bisexual. 10 patients were known HIV positive, 12 patients had 1 other co-infection, 4 had 2 other co-infections.

66 (96%) treated with first therapy of Ceftriaxone 500mg IM/Azithromycin 1G, 19 of these were also given Doxycycline 100mg twice daily for 1 week. 2 (3%) treated with Ceftriaxone 500mg IM/Doxycycline 500mg twice daily for 1 week. 45 (65%) fully sensitive to recommended antibiotics 13 (19%) reduced sensitivity to 1 antibiotic group 8 (11%) reduced sensitivity to 2 antibiotic groups. 4 (5%) reduced sensitivity to 3 antibiotic groups Our 5 cases of high level Azithromycin resistance were included. No cultures were resistant to Ceftriaxone

Discussion Treatment and management was in line with BASHH guidelines, it also highlights the developing problem with resistant infection, the importance of monitoring antibiotic sensitivity and effective partner notification in the effort to treat the infection adequately and reduce risk of transmission.

P030 MANAGEMENT OF RECTAL CHLAMYDIA IN AN URBAN SEXUAL HEALTH CENTRE

Lisa Goodall. *SSOTP, Stoke on Trent, UK*

10.1136/sextrans-2017-053232.76

Introduction We reviewed management of rectal chlamydia in our clinic and adherence to 2015 BASHH audit standards.

Methods Electronic patient records of 100 consecutive patients diagnosed with rectal chlamydia prior to 31 July 2016 were reviewed with respect to gender, sexuality, HIV status, symptoms, STI screening, treatment, test of cure (TOC) and partner notification (PN).

Results 64% were female (all heterosexual). 94% males were MSM; 18% were HIV positive. 1 male presented with rectal symptoms (pain). 23% patients had other genital symptoms. 76% were asymptomatic. 71% had concomitant STIs (including chlamydia at other sites). 90% received doxycycline 100mg bd for at least 1 week. 24% were treated with azithromycin before being recalled for doxycycline. Reasons included; not initially tested for rectal infection, attendance as a contact, initial treatment for presumed GC. All patients were advised to attend for TOC; 58% attended. All TOC were negative. All HIV positive patients were tested for LGV (1 positive). 1 MSM with rectal pain was not tested for LGV but subsequent TOC was negative. 36% received written information. PN was performed in 99% of cases with 81% of traceable contacts reported as attended and 47% of contacts being verified as attended.

Discussion High numbers of patients were issued with azithromycin as initial treatment requiring recall for doxycycline. This is concerning, particularly in an era of increasing antibiotic resistance. Education sessions have been provided, highlighting the importance of sexual history taking and use of doxycycline as first line chlamydia treatment where rectal infection is possible.

P031 EPIDEMIOLOGICAL STUDY ON SYPHILIS DIAGNOSES AT A LOCAL GENITOURINARY CLINIC (GUC)

Valeska Padovese, Donia Gamoudi*, Alexandra Gauci Farrugia, Katya Muscat, Maria Abela, Philip Carabot, Lawrence Scerri. *Genitourinary Department, Mater Dei Hospital, Malta*

10.1136/sextrans-2017-053232.77

Introduction In 2015 our country reported 11.5 confirmed syphilis cases per 100 000 population, which is one of the highest rates in Europe. The objective of our study was to analyse the epidemiological characteristics of patients diagnosed with syphilis.