behavioural, and biological factors. *C. trachomatis* genotype L2 was detected in women with PID.

P3.37 THE ROLE OF ENGAGEMENT WITH PARTNER NOTIFICATION IN UNDERSTANDING STI DIAGNOSIS INEQUALITIES ACROSS ETHNIC GROUPS: EVIDENCE FROM A LARGE PATIENT SURVEY IN ENGLAND

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10.1136/sextrans-2017-053264.274

Introduction STI diagnosis rates vary considerably by ethnicity in England and persist after adjusting for confounding factors including deprivation and sexual behaviour. We examine the extent to which partner notification (PN) experiences differ by ethnicity as a possible contributing factor to this health inequality.

Method 3986 patients attending 17ethnically-diverse sexual health clinics in England, between May and September 2016, self-completed an online survey, which included questions onsociodemographics, sexual behaviour, and PN experience. Prior to survey analyses, these data were linked to clinic data on STI diagnosis/es and services received at their clinic visit. Age-adjusted ORs (AORs) were calculated for the 6main ethnic minority groups in England(Black Caribbean, Black African, Asian, Mixed, and White other, and other) relative to White British patients (36% of the sample).

Results Overall, 25% of men and 20% of women reported STI diagnosis/es(past year), but this was higher among those of mixed ethnicity, Black Caribbeans and 'White others', (AORs:1.47, 1.40,1.27respectively). Of patients reporting STI diagnoses, 75% said that clinic staff advised them to inform their partners to test for STIs, while 60% of patientsdid actuallynotify all their partners. Reporting of both of these PN measures was higher among Black Caribbeans(AORs:2.05 and 1.92, respectively) and those of mixed ethnicity (AORs:1.92 and 1.59, respectively). Of those who had not informed all their partners, 69% of women and 55% of men reported condomless last sex, with this significantly higher for women (only) of Black Caribbean or mixed ethnicity (AOR:2.52 and 5.81, respectively). Partner numbers were larger for those who had not informed all partners: 40% reported 5+ (past year) vs. 31% of those who had; this did not vary significantly by ethnicity.The 3 mostcommonly reportedreasons for not informing partners were: not having their contact details (66%), embarrassment (57%), and not being concerned about notifying casual/one-off partners (54%).

Conclusion Overall, engagement with PN is relatively high and inequalities in PN experience do not appearto explain disproportionate STI risk in some ethnic groups. However, among those who did not notify all their partners STI risk behaviour was more commonly reported,suggesting efforts toimprove PN should be maintained. The development of strategies for empowering black Caribbean and mixed-ethnicity women to negotiate safer sex and condom use is a priority.

P3.38 USE OF RAPID DIAGNOSTICS FOR CHLAMYDIA AND GONORRHOEA FOR WOMEN IN THE EMERGENCY DEPARTMENT CAN IMPROVE CLINICAL MANAGEMENT: REPORT OF A RANDOMISED CLINICAL TRIAL

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10.1136/sextrans-2017-053264.275

Introduction In the Emergency Department (ED), accurate diagnosis and appropriate treatment of *Chlamydia trachomatis* (CT) and *Neisseria gonorrhoea* (NG) is a challenge. Lengthy routine result times for CT/NG tests often lead to empiric antibiotic over treatment or lack of treatment of infections. A randomised clinical trial was conducted to determine how use of rapid diagnostics could improve clinical management. The objective was to assess the effects of rapid CT/NG testing on over treatment and under treatment of women being evaluated for sexually transmitted infections (STIs) in the ED.

Methods Women undergoing pelvic examinations and STI testing in the ED (n=253) were consented and randomised to either a control or rapid testing group. The control group received standard of care (SOC), with CT/NG testing by nucleic acid amplification tests (NAAT) with a 2–3 day turnaround time. Patients in the rapid testing group provided an additional vaginal swab used for rapid Gene Xpert CT/NG testing with a 100 min turnaround time. Results from the rapid tests were presented to providers and patients were treated according to clinical judgment. Following discharge there was a 2 week phone follow-up and chart review.

Results 100% of CT positive (n=9) and 100% NG positive (n=5) patients in the rapid testing group received appropriate antibiotic treatment as compared to 54% (7/13) CT positive patients (p=0.046) and 43% (3/7) NG positive patients (p=0.081) in the control group. Additionally, in the control group, 36.8% (42/114) of CT negative and 38.3%, (46/120) of NG negative patients were over treated.

Conclusions Both under- and over treatment for CT/NG was observed in the SOC control group. Patients with positive results in the rapid test group were more appropriately treated. This study demonstrated the potential clinical impact and subsequent antibiotic stewardship of using rapid CT/NG testing the ED.

P3.39 MOLECULAR DETECTION OF *TRICHOMONAS VAGINALIS* VIRUS IN DIRECT *TRICHOMONAS VAGINALIS* POSITIVE CLINICAL SAMPLES FROM THE NETHERLANDS

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10.1136/sextrans-2017-053264.276

Introduction Two genotypes are described for *Trichomonas vaginalis* (TV). TV genotype I seems to be more susceptible to metronidazole, but also more prone to TV virus (TVV) infection, than type II. The release of TVV during treatment may in itself be pathogenic. Four TVV genotypes have been described, but epidemiological studies are rare as culturing TV ahead of TVV detection is laborious. We therefore developed a sensitive method to detect and type TVV in TV positive clinical samples directly.