

substantial minority of women attending SH clinics. In particular observed associations between binge-drinking, cigarette smoking and multiple partnerships may point towards broader lifestyle choices that could be addressed concomitantly in SH clinics to help reduce sexual risk behaviour.

035 SPATIAL AND TEMPORAL ASSOCIATIONS BETWEEN SEXUALLY TRANSMITTED AND RECENT CONGENITAL SYPHILIS CASES IN ENGLAND

Martina Furegato*, Helen Fifer, Paul Vanta, Hamish Mohammed, Ian Simms, Louise Logan, Noel Gill, Andre' Charlett, Gwenda Hughes. *Public Health England, London, UK*

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Introduction Four infants with congenital syphilis (CS) born to UK-born mothers who screened syphilis negative at first trimester antenatal screen were identified in England between March 2016–January 2017. Simulation modelling using historic data suggested the probability of observing these events was about 1%. We assessed whether these recent CS cases were associated with underlying epidemiology of infectious syphilis (IS).

Methods Data from 01/2011–09/2016 were obtained from GUMCADv2, the national STI surveillance system in England. We defined three syphilis epidemiological areas (SEAs): wider incident areas (WIAs; the affected and immediate surrounding counties); endemic areas (established epidemics in men who have sex with men-MSM); non-incident/non-endemic areas (NINEAs). IS rates/100,000 population were derived and associations between IS characteristics and SEAs were assessed using bivariate analyses. Mothers of CS cases were excluded from analyses.

Results From 2011–2016, IS rates/100,000 in WIAs rose in heterosexual women (1.5–2.5, 67% increase) and MSM (9.0–13.7, 52% increase) but fell in heterosexual men (4.3–2.7, 37% decrease). In NINEAs, rates rose in heterosexual women (1.6–1.9, 19% increase), MSM (5.0–11.9, 138% increase) and heterosexual men (2.7–3.2, 18% increase). In 2016, the proportion of UK-born heterosexual women with IS was greater in WIAs (82%) than in NINEAs (81%) and endemic areas (35%; $p < 0.001$). The proportion of MSM identifying as bisexual was greater in WIAs (14%) compared with NINEAs (9%) and endemic areas (5%; $p < 0.001$).

Discussion Increased syphilis transmission among MSM in WIAs may have created opportunities for IS acquisition in women. Health promotion to raise awareness of potential risks of acquiring syphilis during pregnancy is needed.

036 MANAGEMENT OF ACUTE EPIDIDYMO-ORCHITIS – SUPPORTING TWO SERVICES

¹Gemma Scrimgeour, ²Rachel Jackson*, ¹Tamsin Drake, ¹Kevin Turner, ²Cordelia Chapman. ¹Urology Department, Royal Bournemouth and Christchurch Hospitals Foundation Trust, Bournemouth, UK; ²Department of Sexual Health, Royal Bournemouth and Christchurch Hospitals Foundation Trust, Bournemouth, UK

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Introduction The mismanagement of acute epididymo-orchitis (EO) can have significant sequelae. Guidelines exist for the management of EO and we audited practice across two departments (Urology and Genito-Urinary Medicine [GUM]) within a District General Hospital.

Methods Case notes of patients attending with acute EO between June 2015 – June 2016 were analysed retrospectively. **Results** 152 men were seen; 85 by Urology, 67 by GUM. Mean age at presentation was 49 years (range 17–89). A full sexual history was documented in 15.3% of Urology patients, compared with 100% of those seen by GUM. Conversely, a full urological history was documented in 25.9% of Urology patients, compared with 2% of GUM patients. The differences in investigations requested are shown in Table 1.

Of the urine samples sent for culture by Urology, 36.4% were positive, and 50% had antibiotic resistance.

As well as failing to test for STIs, none of the patients seen by Urology were given advice regarding sexual abstinence and contact tracing. These recommendations were made by the GUM team in 93% and 88% cases, respectively.

In GUM 94% of patients were prescribed recommended first or second line antibiotic therapy, compared with 11% in Urology who had a wide variation of antibiotic use.

Abstract 036 Table 1 Urology v GUM

Investigation	Urology (%) of patients tested	GUM (%) of patients tested
Urine dipstick	29.4	57.6
Mid-stream urine	51.8	28.4
<i>Chlamydia/gonorrhoea</i> -NAAT	0.0	97.0
Test for urethritis	0.0	36.0
Inflammatory markers	72.0	0.0
Serology for Blood-borne viruses	0.0	90.6

Discussion All patients in this audit were treated by teams with expertise in the management of EO. Our data shows despite well published guidelines being available, investigation and management could be improved. A combined clinical pathway for patients with acute EO could facilitate inter-speciality working and improve patient outcomes.

037 GENITAL DERMATOLOGY IS A HIGH PROPORTION OF THE CASE LOAD PRESENTING TO WALK-IN SEXUAL HEALTH SERVICES ACROSS THE UNITED KINGDOM

^{1,2}Anna Hartley*, ^{2,3}Christine Bates, ^{2,4}Imali Fernando, ^{2,5}Serish Basavaraj, ^{2,6}Jillian Pritchard, ^{2,7}Sarah Edwards, ^{2,8}Cindy Sethi, ^{2,9}Ben Goorney, ^{2,10}Dayan Vijeratnam, ^{2,11}Sashidharan Parameswaran. ¹Barts Health NHS Trust, London, UK; ²British Association for Sexual Health and HIV, Manchester, UK; ³Royal Liverpool University Hospital, Liverpool, UK; ⁴Chalmers Sexual Health Centre NHS Lothian, Edinburgh, UK; ⁵Bedford Hospital NHS trust, Bedford, UK; ⁶Ashford and St Peter's NHS Foundation trust, Chertsey, UK; ⁷Cambridgeshire Community Services NHS Trust, Bury St Edmonds, UK; ⁸Guy's and St Thomas' NHS Foundation Trust, London, UK; ⁹Salford Royal Foundation Trust, Manchester, UK; ¹⁰North Middlesex University Hospital NHS Trust, London, UK; ¹¹Homerton University Hospital Homerton University Hospital, London, UK

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Introduction Patients with genital dermatology (GD) conditions frequently present to sexual health services. Following service tendering, there are reports of contracts excluding provision of specialist GD services within sexual health. We aimed to review the case load of GD conditions presenting to walk-in sexual health clinics, to reach an understanding of the demand for these services within our specialty.

Methods Members of the BASHH GD Specialist Interest Group collected data on the first 30 to 50 new symptomatic