the clerk were extracted and matched to patients given the discharge note. A patient was judged to have called if the clerk accessed that patient’s test results. Continuous variables were compared using student t tests and proportions compared using χ² analysis. Because Hispanic patients used a different call mechanism, their data were excluded.

Results From 1 January 2010 to 30 April 2010, 503 patients were given the STD referral note. Of these, 447 were >14 years old, not Hispanic and had complete medical record information. Of the 447 patients with analysable data, 146 (32.7%) called for test results. Age, race, sex, Chlamydia results or treatment and high risk zip codes were unrelated to whether or not a patient called for results. Of 65 patients infected with CT 33 (50.7%) were not treated in the ED of which 10 called. Of 45 patients with GC, 6 (13.3%) were not treated for it in the ED, of which 2 called. Patients infected with GC, were less likely to call for their results than those not infected (p = 0.019), particularly those who were adequately treated in the ED (p = 0.039).

Conclusions Roughly one third of patients in one public hospital ED instructed to call for STD results called for them. Most of those infected with GC but not CT were treated appropriately with empiric antibiotics while in the ED. Infected patients calling in for test results could facilitate prompt treatment.

P5-S.14 HIGH CHLAMYDIA AND GONORRHOEA INCIDENCE, REINFECTION AND HIV INFECTION AMONG WORKERS IN THE ADULT FILM INDUSTRY: TIME TO REGULATE AND PROTECT WORKERS
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Background Adult film industry (AFI) workers engage in prolonged and repeated unprotected oral, vaginal, and anal sex with multiple partners over short periods of time, creating ideal conditions for acquisition and transmission of sexually transmitted infection (STIs). Workers are often required to perform without condoms to maintain employment. Our objective was to estimate the annual cumulative incidence rate of chlamydia (CT) and gonorrhoea (GC), assess the rate of reinfection with CT and GC and describe past HIV outbreaks in the AFI.

Methods CT and GC cases in AFI workers reported to the Los Angeles, California health department surveillance registry between 2004 and 2008 were retrieved. Using 2008 data, CT and GC annual cumulative incidence rates were calculated based on estimates of the worker population. For cases reported between 2004 and 2007, the CT and/or GC reinfection rates within 1 year were determined; all reported HIV cases from 2004 to 2010 were investigated.

Results From 2004 to 2008, 2653 cases were reported among 1849 AFI workers. Lower bounds for the annual cumulative incidence rate of CT and GC among AFI workers were estimated to be 14 500 and 5100 per 100 000 workers, respectively. Reinfection within 1 year was 26%. Female workers were 27% more likely to be reinfected than males (Prevalence Ratio = 1.27, 95% CI 1.09 to 1.48). Between 2004 and 2010, 10 HIV cases were reported. In April 2004, 3/14 female workers were infected (attack rate 21%) as a result of workplace exposure. In October of 2010, an acute HIV infection was diagnosed in a male who worked over an 8-week period with 14 performers, including two later found to be HIV infected.

Conclusions CT and GC infection rates among AFI workers are high and repeat infection is common. Transmission of HIV in the workplace has been documented. This industry is not sufficiently regulated to protect workers from serious health risks.