Results Overall, 4134 patients were treated for GC with CTX + AZM (n=1185, 31.5%) or CTX + DOXY (2830, 68.5%), 406 (9.8%) of whom were retreated. Treatment regimen was not related to time to treatment, even when controlling for risk factors associated with re-infection (adjusted HR 0.88, 95% CI 0.70 to 1.14); a sub analysis of patients who were retested for GC within 90 days of CTX treatment also found no difference in retreatment rates across treatment regimens. Other factors that independently increased the risk of retreatment included: being a man who has sex with men, aged <25 years, having a history of GC or chlamydia, and reporting >2 sex partners within the past 6 months at time of CTX treatment. Patients treated after Expedited Partner Therapy (EPT) became available were 30% less likely to be retreated regardless of whether the patient themselves received EPT.

Discussion/Conclusions Compared to CTX + DOXY, CTX + AZM did not provide enhanced efficacy in this population. EPT is associated with a reduction in retreatment rates in the population even among those who did not receive EPT themselves.

Nucleic Acid Amplification Tests (NAAT) for Trichomonas Vaginalis: Should They Change Who We Screen for Infection

A Ng,* J Ross. Whittall Street Clinic, Birmingham, UK

Background UK national guidelines recommend screening for Trichomonas vaginalis (TV) in symptomatic women and men with persistent urethritis using culture +/- wet mount microscopy. Screening of asymptomatic patients is not recommended due to the low prevalence of infection and low sensitivity of available tests. TV NAAT has been shown to have high sensitivity (96.7%) and specificity (97.5%) with the potential to increase the detection rate of TV infections.

Objectives To determine an accurate prevalence of TV infection in a UK STI clinic using the TV NAAT and to characterise the risk factors associated with TV infection to inform an appropriate screening strategy.

Method Over a 6-week period, unselected patients presenting to the UK STI clinic with a new clinical episode were offered a TV NAAT test (Gen Probe transcription-mediated amplification) as part of their sexual health screen. A vaginal swab was taken from women, and men provided either a urethral swab or urine sample. Information on demographics and clinical presentation was collected on a paper proforma. All data analysis was performed using SPSS V.19.

Results 5546 patients were seen in the study period of whom 98.5% provided a sample for TV NAAT testing. The prevalence of TV infection was 21/1485, 1.4% (95% CI 0.9% to 2.2%) in male patients and 72/2020, 3.6% (95% CI 2.8% to 4.5%) in female patients. The rate of TV positivity was higher in Black Caribbean patients compared to Caucasian patients in both men (5.4% vs 0.1%, p<0.001) and women (9.0% vs 1.2%, p<0.001). There was no significant difference in TV positivity across the age groups. In comparison to culture, TV NAAT detected an additional 24% of infections in symptomatic women.

Discussion TV NAAT is a more sensitive test. The prevalence of TV in UK STI clinic population is still low compared to USA. Given the higher cost of NAAT, screening of all clinic patients is unlikely to be cost-effective but may be worth considering in high risk subgroups.
screening and treatment, should remain a priority. Of note, there were no Gonococcal infections detected in any of our 2011 cohort and this reflects the local prevalence.

**Posters**

**P60**

**LOW SPERM COUNTS IN ASYMPTOMATIC AND SYMPTOMATIC NON-SPECIFIC URETHRITIS AND OTHER SEXUAL HEALTH CLINIC ATTENDEES**

doi:10.1136/sextrans-2012-050601c.60

C Carne,* 1S Chilcott, 2C Palmer, 1O Green, 1S Bridge, 1R Walsh, 1A Gramy-Mason, 1M O’Donovan. 1Addenbrookes Hospital, Cambridge, UK; 2Centre for Applied Medical Statistics, University of Cambridge, Cambridge, UK

**Background**

Little is known about semen parameters among men attending Sexual Health clinics. The significance of asymptomatic non-specific urethritis is controversial.

**Aims**

1. To investigate whether there is a higher incidence of abnormalities in the semen of men with urethritis compared to controls.
2. To investigate whether asymptomatic urethritis has similar effects (if any) on semen to symptomatic urethritis.

**Objective**

To conduct a case-control study of abnormalities in the semen of Sexual Health clinic attendees compared to General Practice controls.

**Methods**

Rates of semen abnormalities were compared between the different groups (19 with symptomatic and 27 with asymptomatic NSU, seven with symptomatic non-NSU and 64 clinic controls) and between clinic attendees and 417 patients attending general practice for the first investigation of possible infertility.

**Results**

117 clinic volunteers were included in the study. They were shown to have statistically significantly worse total sperm counts (p<0.002), volume of semen (p<0.001) and percentage of abnormal forms (p<0.04) compared to 417 GP controls. Compared to the rest of the clinic volunteers, asymptomatic NSU patients had statistically significantly lower total sperm counts (p<0.02). Asymptomatic NSU patients had statistically significantly lower total sperm counts compared to symptomatic NSU patients (p<0.02). Compared to GP controls, clinic controls had statistically significantly inferior total sperm counts (p<0.009) and semen volume (p<0.001).

**Conclusions**

Sexual Health clinic attendees are more likely to have abnormalities of semen than patients attending general practice for a first check for possible infertility. A high rate of abnormal semen findings are found in patients with and without NSU but the highest rate occurred in those with asymptomatic NSU. Is asymptomatic NSU therefore pathogenic and does it require treatment like symptomatic NSU?

**P62**

**MANAGING THE CARDIOVASCULAR COMPLICATIONS OF LATE SYPHILIS**

doi:10.1136/sextrans-2012-050601c.62

R Sacks,* 2C Tipple, 1D Goldmeier. 1Imperial College Healthcare NHS Trust, London, UK; 2Imperial College London, London, UK

**Background**

BASHH recommends full clinical examination and chest radiography (CXR) for patients with late syphilis. Steroid cover and cardiology referral are advised for cardiovascular involvement. Recent literature suggests variation in the clinical management of suspected cardiovascular syphilis.

**Aim**

To explore variations in the management of late syphilis in UK GUM clinics and to compare this with current BASHH guidelines.

**Method**

Lead clinicians of UK GUM clinics were invited to complete an electronic survey between November and December 2010 to establish management of late syphilis in their centre. Data collected using the online Survey Monkey system were analysed with Microsoft Excel and SPSS V18.

**Results**

In total, 34% (53/156) of clinicians approached responded fully or partially to the survey (93% were consultants). An average of nine cases (n=45, SD 10.8) of late syphilis (KC60 codes A4, A5, A6) per clinic were seen between November 2009 and November 2010. Of these, 76% (n=42, range 0–100%) were estimated to have had a full clinical examination (and the use of CXR is described in abstract P62 table 1). *Other includes: older patients; HIV+ve patients; those with higher RPR; clinician dependent An ECG or ECHO was ordered routinely, or if the patient has symptoms or signs Other* always used steroids, when managing cardiovascular syphilis.

**Discussion**

Management of late syphilis varies both between clinics and compared with BASHH guidelines. Not all patients are examined or offered a CXR, and in cases with suspected cardiovascular involvement, cardiology referral and use of steroids are variable. Conversely, many patients are over-investigated in the GUM clinic.

**Abstract P62 Table 1**

<table>
<thead>
<tr>
<th>Q: Under which circumstances is a CXR requested?</th>
<th>Routinely performed</th>
<th>If patient symptomatic</th>
<th>If patient has clinical signs</th>
<th>If routine, symptoms or signs</th>
<th>Other*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean % (n of respondents)</td>
<td>48% (21)</td>
<td>41% (18)</td>
<td>36% (16)</td>
<td>89% (39)</td>
<td>25% (11)</td>
</tr>
</tbody>
</table>

*Other includes: older patients; HIV+ve patients; those with higher RPR; clinician dependent.