

Methods Retrospective review of women meeting CDC diagnostic criteria for "acute P.I.D." who completed a pain history questionnaire identifying symptoms strongly suggestive of endometriosis, namely:

1. Severe dysmenorrhoea interfering with schooling or work
2. Cyclical use of painkillers or heat application
3. Improvement on hormonal contraception
4. Cyclical dyschezia
5. Family history

Those who scored > 50% and whose symptoms failed to respond to hormonal treatment, were assessed by laparoscopy.

Results Of 149 women with high DSS, all tested negative for chlamydia by AptimaCombo2. 41 were referred to gynaecology, and 36 (aged 16–39, median 24y) had laparoscopy.

Of these, 23 had chlamydial antibody titre (CAT) measured, 4 were raised. 26/36 (72%) had endometriosis confirmed at laparoscopy including the four with raised CAT.

10/36 (28%) had no obvious signs of endometriosis or PID nor any other diagnosis.

Scores were similar in those with mild, moderate or severe endometriosis and the apparently disease-free group (mean score 87% & 85% respectively).

Conclusions

1. DSS is a simple means of excluding PID in women with acute pelvic pain and filtering appropriate referrals to gynaecology with high rates of endometriosis disease finding.
2. Laparoscopy may not identify exclusively uterine or rectovaginal endometriosis and negative cases remain under review.
3. DSS cannot predict disease extent due to "high end failure" as genuinely severe endometriosis is uncontrolled by hormonal contraception.
4. Dysmenorrhoea symptom scoring reliably identifies women who are likely to be given antibiotics for PID when they actually require hormones for endometriosis, and could improve specificity in patient selection for PID research.

P2.056 PREVALENCE OF NEISSERIA GONORRHOAE SPECIMENS CONTAINING POR A PSEUDOGENE DELETION AMONG GONOCOCCAL RESISTANCE TO ANTIMICROBIALS SURVEILLANCE PROGRAMME (GRASP) SPECIMENS AT THE HEALTH PROTECTION AGENCY

doi:10.1136/sextrans-2013-051184.0321

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Background There has been an emergence of *Neisseria gonorrhoeae* strains which although phenotypically are indistinguishable from *N. gonorrhoeae*, vary in their genotype and require heightened surveillance. Isolates of *N. gonorrhoeae* were identified in Scotland, Australia and Sweden which lacked sequences in the *porA* pseudogene (*PAP*) and consequently gave false negative results in the *PAP* real-time polymerase chain reaction (RT-PCR) for *N. gonorrhoeae*. In 2011 two *PAP* negative isolates were found in England. We sought to determine the prevalence of *PAP* negative isolates amongst those received through the national surveillance programme, GRASP.

Method A screening protocol was devised which entailed using initial *PAP* testing followed by repeat *PAP* and confirmatory *opa* RT-PCR testing. Lysates prepared from isolates received for GRASP during 2011 were used. Any lysate with an initial *PAP* negative result was serially diluted to check for inhibition, then repeated on the original lysates and if still negative confirmed on a freshly prepared isolate direct from the archived isolate.

Results Of 156 GRASP lysates tested 146/156 (94%) were *PAP* positive, 10/156 (6%) samples were initially found to be *PAP* negative. On repeat testing however only a single isolate remained *PAP*

negative when repeat *PAP* testing was performed on samples prepared from fresh culture.

Conclusion A single *PAP* negative specimen has been identified to date within GRASP, which potentially is carrying the meningococcal *PorA*. However confirmation by meningococcal PCR will be necessary.

P2.057 VERY EARLY INFANT DIAGNOSIS AND ART OUTCOMES IN KENYA

doi:10.1136/sextrans-2013-051184.0322

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Background In resource limited settings, effectiveness of PMTCT programmes and ART outcomes in HIV infected neonates remains poorly documented. The study aimed at evaluating the efficacy of PMTCT programmes in 10 maternities in Kenya and to describe outcomes in HIV-infected neonates.

Methods HIV-exposed neonates were screened at birth at week 6. Heel prick samples of blood on DBS were used for DNA real time PCR testing. HI-RNA viral load and ARV drug resistance genotyping were done accordingly.

Results Between 2008 and 2011, 1,000 exposed neonates were screened for HIV infection. 60% were born from mothers on Tritherapy, 20% from mothers receiving dual AZT/sdNVP therapy, and 12% to mothers receiving only sdNVP. 70% of neonates received sdNVP at birth. All neonates were formula fed exclusively. Seven were diagnosed HIV+ at birth (Utero transmission rate = 0.91%). 55% were lost of 5 of follow up and 5 died before week 7. 15/900 were diagnosed positive at week 7 (peri partum transmission rate = 1.80%). 17/24 infected neonates started ART. Virological follow-up indicated that 8/11 reached undetected VL whereas 4/13, representing resistance to RTIs (one pre-ART, 2 Post ART), were in treatment failure. 9/22 (40.1%) infected-neonates were successfully treated.

Conclusion The study highlights the feasibility and interest of the very early infant diagnosis, illustrates the efficacy of PMTCT interventions and clearly points out the difficulties faced to treat effectively infected neonates.

P2.058 RAPID HIV TESTING IN THE PUBLIC HEALTH SETTING IN NORTH RHINE-WESTPHALIA, 2011–2012

doi:10.1136/sextrans-2013-051184.0323

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Background North Rhine-Westphalia is the federal state with the highest number of HIV infections in Germany. The Landeszentrum Gesundheit (Lzg.nrw) organises and supports anonymous HIV testing by 53 local public health authorities (LPHA). Aim of this study was to assess if offering additional rapid testing in the LPHA could attract hard-to-reach risk groups to HIV testing.

Methods After counselling, 24 LPHA offered their clients a rapid assay (RA; Vikia HIV 1/2, bioMérieux) alternatively to routine testing by a 4th generation HIV test (chemiluminiscent microparticle immunoassay, CMIA, Abbott) in a private laboratory (Labor Krone, Bad Salzuffen). Reactive tests were confirmed by immunoblot analysis and/or RT-PCR.

Results In 2011–2012, 24,623 clients were tested by CMIA in all 53 LPHA and 21,513 by RA in 24 LPHA. Among clients tested by CMIA there were 48.8% women, 50.5% men, median age was 31 years, 12.9% were men who have sex with men (MSM), 13.2% female sex workers (FSW). Among RA clients there were 39.2% female, 60.5% male, 73.9% belong to the age range of 20–39 years, 13.9% MSM, 0.7% FSW. In the CMIA, 1.2% of the samples were reactive versus 0.6% in RA. Overall, 0.8% of LPHA clients were