

P10 A MULTICENTRE ANALYSIS OF THE MANAGEMENT OF GONORRHOEA (GC)

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Background GC is the second most common sexually transmitted infections after chlamydia. The emergence of resistant strains has made it vital for each case to be managed according to national standards in order to reduce onward transmission.

Aim To compare the current management of GC across five centres in Essex in accordance with the British Association of Sexual Health and HIV (BASHH) auditable outcomes.

Methods 30 case notes of confirmed GC diagnosis from each centre between January–September 2013 were reviewed. Data collected included demographic, sites of infection, diagnostic methods, chlamydia testing, treatment protocol, test of cure (TOC), partner notification (PN) and health adviser (HA) referral.

Results As illustrated in Table 1. 150 cases were analysed. Most infections were acquired locally, diagnosed clinically alongside microscopy with majority isolated from the urethra in male and cervix in female. 3 resistant strains were identified. Multiple sites of infection were also observed. 143(95.0%) cases were managed in accordance with all treatment and diagnostic standards but only 84.6% had TOC, 83.8% PN and 67.7% seen a HA.

Abstract P10 Table 1 Gonorrhoea Audit

Total	150 (100.0%)
Male	95 (63.0%)
Female	55 (37.0%)
Men sex with men (MSM)	41 (27.0%)
Age	
<16	8 (5.0%)
17–24	76 (51.0%)
25	66 (44.0%)
Source of infection	
UK	138 (92.0%)
Non-UK	12 (8.0%)
Infection sites	
Throat	51 (23.0%)
Urethral	92 (42.0%)
Cervix	41 (19.0%)
Rectum	33 (15.0%)
Chlamydia testing	143 (95.0%) 31(22.0%) positive
BASHH guidelines adhered to TOC at 2/52	143 (95.0%)
	104 (73.0%)

Conclusion Almost all GC cases in the region were well managed. However TOC, PN and HA referral standards were not met likely due to lack of resources and poor documentation.

P11 DECLINING RATES OF CHLAMYDIAL RELATED EPIDIDYMITIS IN MEN AGED 15–35 YEARS: A REVIEW OF SURVEILLANCE DATA FROM ENGLISH GENITOURINARY MEDICINE CLINICS, 2009–2013

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Background Monitoring trends in chlamydia-related sequelae, such as epididymitis and pelvic inflammatory disease (PID), is an important aspect of the evaluation of chlamydia control initiatives such as the National Chlamydia Screening Programme (NCSP). Unlike PID, which can be difficult to diagnose, epididymitis may be a useful measure for evaluation purposes. The objective of this analysis was to examine trends in epididymitis diagnosis rates in the era of increased chlamydia testing.

Methods Diagnoses of epididymitis among 15–35 year old males were obtained from the genitourinary medicine (GUM) clinic activity dataset version 2. Diagnosis rates were calculated, per year, using the number of new-episode male clinic attendances. This accounted for changes in clinic attendance over the years. Negative binomial regression was used to derive the incidence rate ratios (IRR) and test significance of the trends.

Results Between 2009 and 2013, a total of 24,689 diagnoses of epididymitis were made among 15–35 year old males, of which 10% (2,506) were of chlamydial and 2% (473) of gonococcal aetiology. Diagnosis rates of chlamydial epididymitis declined by an average of 12% per year (IRR = 0.88, 95% CI; 0.81–0.96, $p < 0.001$), while no statistically significant changes were observed in rates of gonococcal epididymitis (IRR = 0.93, 95% CI; 0.86–1.00 $p = 0.276$). A small but significant decline of 2% per year (IRR 0.98: 95% CI; 0.96–0.99, $p = 0.001$) was observed for rates of non-specific epididymitis.

Conclusion The decreased rate of chlamydial epididymitis diagnoses in men may be associated with increased chlamydia testing, however, the influence of other contributing factors should be explored.

P12 MANAGEMENT OF ACUTE EPIDIDYMO-ORCHITIS: AD HOC OR EVIDENCE BASED?

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Background/introduction A clear guideline exists for the management of acute epididymo-orchitis. Both the EAU and our local trust antibiotics guidelines state that patients aged 35 or younger, or those with suspected STI, be prescribed single dose ceftriaxone with a course of doxycycline; while patients over 35 receive ciprofloxacin. All patients should be investigated for an STI.

Aim(s)/objectives This study looks at how the guidelines are being implemented in the accident and emergency (A&E) department of a large teaching hospital.

Methods We reviewed the A&E notes of patients attending the department with suspected epididymo-orchitis between 1st May and 28th October 2014. 56 patients' notes were scrutinised for a record of sexual history, investigations performed and final management.

Results Of the 56-patient study cohort, 20 were aged ≤ 35 years (median age 51; range 36–84 years) and 36 > 35 years (median age 25; range 20–34 years). A sexual history was documented in 26 (46%) cases, with one patient tested for presence of STI and six (10%) advised to visit the GUM clinic. Antibiotics were prescribed for 55 patients; 28 (50%) received ciprofloxacin (mean age 53.5, range 21–91 years), two (aged 25 and 27 years) doxycycline, 13 (23%) both ciprofloxacin and doxycycline (mean age 36.5, range 20–63 years), and 12 (21%) received different antibiotics (mean age 50.8, range 21–83 years). 17 patients (30%) were prescribed antibiotics correctly according to the guideline.