sex and/or receptive anal sex. These swabs are analysed using the Aptima Combo II platform, for Neisseria gonorrhoea (GC).
Aim(s)/objectives With analysis costing £6.20 per swab we sought to explore cost effectiveness, review culture results and partner notification results.
Methods Inclusion criteria were heterosexual patients with exclusively extra-genital GC who did not present as a contact of GC. We performed a retrospective case note review of 54 sets of notes asserting symptom history, concurrent STI diagnosis, culture results and any positive contacts.
Results Over the year, a total of 13123 throat swabs were sent. There were 50 confirmed positive results giving swabs sent per positive result ratio of 262:1, or a cost of £1624.40 per positive result. For rectal swabs; a total of 1362 were sent. There were 4 positive results (all female) giving swabs sent per positive result ratio of 341:1, or a cost of £2114.20 per positive result. 2% of patients with a positive extra-genital swab result gave a history of throat or rectal symptoms. 18% had a concurrent STI diagnosis, 0% had a positive culture result from the same site. 6% had at least one subsequent positive contact, all of which were pharyngeal positive.
Discussion/conclusion Extra-genital testing has detected cases which would otherwise have been missed with purely genital screening. However numbers are too small to advocate a change in practice to routine extra-genital screening in all asymptomatic individuals.

P29 AUDIT OF RE-TESTING AND REINFECTION IN LONDON MEN WHO HAVE SEX WITH MEN WITH ACUTE STIS IN A LARGE GUM OUTPATIENT CLINIC

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Background Men who have sex with men (MSM) in the UK are at relatively high risk of acquiring new STIs. The British Association of Sexual Health and HIV recommend active recall of MSM diagnosed with sexually transmitted infections (STIs) for retesting after 3 months.
Objectives An audit was undertaken to assess the incidence of bacterial STIs, and rates of re-screening and re-infection amongst MSM attending a large genitourinary (GU) outpatient clinic in London.
Methods A retrospective audit of GU coding data on MSM attendees aged >18 years between January and December 2014 was performed. Data was collected on patient demographics, STI tests performed and diagnoses.
Results 397 MSM were diagnosed with 826 new bacterial STIs during the audit period (762 STIs over 534 episodes occurred in the initial 9 month period). 145 (37%) patients were HIV infected. In 98/534 (18%) episodes, a repeat screen was performed within 3 months (excluding screening within the initial 6 weeks after an STI was diagnosed); in 21 (21%) of these episodes, a further 1 ≥ STI was diagnosed. Overall, the mean time to re-screening during the study period was 108 days (excluding initial 6 weeks; range 43–282). In 149/534 (28%) of STI episodes, no repeat STI screen was performed within the period analysed.
Conclusion The incidence of STIs and re-infection in this high risk group is high, however prompt re-screening rates are low, highlighting the need for active recall. Routine 3 month text recall of MSM with an STI has since been implemented.

P30 GONORRHOEA: A RISING TIDE

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10.1136/sextrans-2015-052126.74

Background The prevalence of gonorrhoea in England increased by 15% between 2012 and 2013. In contrast, there was a 62% rise in gonorrhoea in our local area in the same time period.
Aim To identify potential areas for management improvement that may help reduce infection rates.
Methods A retrospective case note review of positive patients between 1st January and 30th June 2013 was conducted. Positive agar-based gonococcal culture or BD ProbeTec™ GC Q*x* Amplified DNA Assay results were included.
Results The 201 individuals reviewed had a mean age of 24 (range 16–53). 53% were male, 80% Caucasian and 89% heterosexual. There was no geographical postcode pattern seen. 100% resolution of infection at test of cure (TOC) was achieved in the 39% that attended. 10% TOC attendees became re-infected. 100% received Partner Notification (PN), of whom 45% had contacts attending for treatment and 36% declined to provide contact details.
Discussion Unlike the epidemic elsewhere in the UK, our outbreak is predominantly amongst male and female heterosexuals. As the majority were in the age range 16–25, targeted screening and health promotion could be delivered using the same resources as the National Chlamydia Screening Programme locally. TOC attendance was poor and the use of automatic text reminders and TOC postal kits maybe beneficial. The quality of information provided for PN can be improved with novel methods of non-standard PN. The high re-infection rate suggests a large reservoir of undiagnosed disease in our local population which needs addressing on a larger public health basis.

P31 DIFFERENCES IN DISTRIBUTION OF PLANTAR SKIN RASH OF SECONDARY SYPHILIS AND KERATODERMA BLENORRHAGICA

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10.1136/sextrans-2015-052126.75

Background/introduction Textbooks commonly assert that the most important cause of plantar skin rash is secondary syphilis (2°Syph), but there are many other possible differentials, the principal alternative STI diagnosis being keratoderma blenorrhagica (KB).
Aim(s)/objectives Observational study to quantify differences in distribution and character of plantar rash caused by 2°Syph or KB.
Methods We sourced colour photographs of confirmed 2°Syph and KB from personal slide collections, illustrated textbooks and online academic websites, checked for evidence of correct diagnosis and showing at least 80% of the full plantar surface. Lesion distribution was categorised between either the weightbearing ball and heel or non-weightbearing arch of the foot with gradations shown in the Table 1.
Results We found 50 images of 2°Syph and 25 of KB with reliably attributable clinical diagnoses. The overwhelming majority of 2°Syph lesions were entirely or almost entirely (42/50) confined to the non-weightbearing arch of the foot: Conversely KS lesions were almost all (18/25) distributed over the thicker weightbearing areas.

Abstract P31 Table 1 Distribution of lesions

	KBlenorrhagica	2°Syphilis
100% Weightbearing	10/25 (40%)	0
>90% Weightbearing	8/25 (32%)	0
>70% Weightbearing	5/25 (20%)	0
Other/Mixed	2/25 (8%)	5/50 (10%)
>70% Non-Weightbearing	0	7/50 (14%)
>90% Non-Weightbearing	0	12/50 (24%)
100% Non-Weightbearing	0	30/50 (60%)

Discussion/conclusion The plantar rash of 2°Syph is probably seen mostly in thinner areas of arch-of-foot epithelium because vasculitis is hidden under the thickly keratinised weightbearing sole. Any rash covering both areas must raise the possibility of an alternative or double diagnosis or an especially florid presentation.

P32 SURVEY OF KNOWLEDGE ABOUT GONORRHOEA IN PATIENTS WITH GONORRHOEA

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Background/introduction Gonorrhoea is a public health problem due to rising incidence and antimicrobial resistance. Health education is a proven health intervention. Planning interventions requires understanding of views of target groups.
Aim(s)/objectives Describe subjective knowledge of gonorrhoea and preferred methods of health education in individuals presenting with gonorrhoea. Identify differences across specified age groups and sexual orientation.
Methods A prospective study recruited 121 individuals with gonorrhoea. Participants completed a questionnaire. Data from questionnaires were anonymised and analysed.
Results Demographic aspects of this study are presented in a separate abstract. Subjective knowledge about gonorrhoea increases with age and is similar in MSM and heterosexuals. Popularity of mobile Apps decreases with age; 43.8% of 18–24 year olds, compared with 25% of over 44 year olds, regard them as beneficial educational tools. 64%, regardless of age or orientation, favour websites as the educational tool for the public. MSM prefer information on posters in social venues (50.7% vs 27.3% in heterosexuals) or by face-to-face interactions with healthcare workers (52.2% vs 23.3% in heterosexuals). Heterosexuals favoured more information in schools compared to MSM (50% vs 33%).
Discussion/conclusion Web-based information was the preferred education method across age groups and sexualities. Posters in bars and clubs would be a good way to target MSM especially as these venues have already been identified as high risk venues associated with GC infection. Future mobile App development should target 18–24 yr olds.

P33 IS TEST OF CURE NECESSARY AFTER DOXYCYCLINE THERAPY FOR RECTAL *CHLAMYDIA TRACHOMATIS* INFECTION?

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Background/introduction We reported a significantly higher treatment failure rate with azithromycin for the treatment of rectal *Chlamydia trachomatis* (CT) when compared to doxycycline (26.2% vs. 0%, p = 0.0025). One-week 100 mg doxycycline twice daily was subsequently recommended as the local first-line treatment for rectal CT.
Aim(s)/objectives To re-evaluate the efficacy of doxycycline therapy in the treatment of rectal CT.
Methods Data was retrospectively collected on all patients diagnosed with rectal CT from 1st October 2010 to 1st October 2013 at a large, inner city sexual health clinic. Information was collected on gender, concurrent sexually transmitted infection (STI), treatment received, adherence to antibiotic, risk of re-infection and 4-week test of cure (TOC). Assessment of risk of re-infection included completion of telephone follow-up, verification of contact tracing of regular partners and absence of unprotected sexual intercourse.
Results 959 patients were diagnosed with rectal CT during the study period. 660 (68.8%) patients received doxycycline therapy in line with local treatment protocol. TOC was performed in 473 (71.7%) patients, of which 22 (4.7%) were positive. Risk of re-infection was excluded in 5 cases (22.7%) and considered possible treatment failures.
Discussion/conclusion The treatment failure rate of doxycycline for rectal CT identified in this study is similar to that reported with azithromycin and is contradictory to our previous findings. The longer study period with larger study population may explain this result. These findings suggest that TOC following treatment of rectal CT is necessary and would not support preferential use of doxycycline over azithromycin.

Category: Clinical case reports

P34 TWO CASES OF ACUTE HEPATITIS E CAUSING A TRANSIENT TRANSAMINITIS IN HIV INFECTED MSM

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Background/introduction Hepatitis E Virus (HEV) is increasing in incidence. Transmission routes include faecal-oral, blood and zoonotically. Patients present with no symptoms; elevated liver enzymes; acute/chronic hepatitis and/or neuropathy. Evidence suggests poorer outcomes among HIV+ patients.
Aim(s)/objectives To describe known cases of HEV/HIV co-infection within a cohort of 2200 HIV+ patients.
Methods We present two cases.
Results Patient-1, a 63-year-old asymptomatic MSM with a 22-year history of HIV, recently re-started Truvada/darunavir/ritonavir: CD4 393(17%) cells/mm^3 and HIV VL 327,824 copies/ml. Routine bloods identified newly elevated ALT 477 IU/L: other liver function, clotting and liver ultrasound were normal. He had no STIs diagnosed in the preceding year nor risk factors for HEV. A hepatitis screen was performed. HEV IgG, IgM and PCR were positive. Treatment was supportive, with normalisation of ALT and negative HEV-PCR after eight weeks. Patient-2, a 41-year-old asymptomatic MSM with an 11-year history of HIV was ART naive: CD4 682(25%) cells/mm^3 and HIV VL 13,109 copies/ml. Routine bloods identified newly elevated ALT 459 IU/L: other liver function, clotting and liver ultrasound were normal. He had no STIs diagnosed in the preceding year