**Abstracts**

**P31 Table 1** Distribution of lesions

<table>
<thead>
<tr>
<th>Lesion</th>
<th>Kilennyorrhagica</th>
<th>2° Syphilis</th>
</tr>
</thead>
<tbody>
<tr>
<td>100% Weightbearing</td>
<td>10/25 (40%)</td>
<td>0</td>
</tr>
<tr>
<td>&gt;90% Weightbearing</td>
<td>8/25 (32%)</td>
<td>0</td>
</tr>
<tr>
<td>&gt;70% Weightbearing</td>
<td>5/25 (20%)</td>
<td>0</td>
</tr>
<tr>
<td>Other/Mixed</td>
<td>2/25 (8%)</td>
<td>5/25 (10%)</td>
</tr>
<tr>
<td>&gt;70% Non-Weightbearing</td>
<td>0</td>
<td>7/25 (14%)</td>
</tr>
<tr>
<td>&gt;90% Non-Weightbearing</td>
<td>0</td>
<td>12/25 (24%)</td>
</tr>
<tr>
<td>100% Non-Weightbearing</td>
<td>0</td>
<td>30/50 (60%)</td>
</tr>
</tbody>
</table>

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.

**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 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. Any rash covering both areas must raise the possibility of an alternative or double diagnosis or an especially florid presentation.
Correction


The figure given in the conclusion for the treatment failure rate of doxycycline for rectal CT at 19.2% is incorrect and refers instead to the proportion of positive test of cures that were attributed to treatment failure. It should read: “The treatment failure rate of doxycycline for rectal CT identified in this study was 0.9% compared with 0% that we had previously reported.” This alters the authors’ recommendations to: “Our data does support the recommendation of preferential use of doxycycline over azithromycin for the treatment of rectal CT” and “these findings suggest that test of cure (TOC) does not need to be performed in patients treated for rectal CT with doxycycline”.

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