

Abstract P228 Table 1

Variable	STI positive	Control	p-value
Non-consensual intercourse	9.62%	11.43%	0.7606
Other agencies involved	46.15%	40.00%	0.4622
School issues	15.38%	14.29%	0.8546
DSH/ED	3.85%	10.47%	0.2611
Alcohol misuse	23.08%	16.19%	0.3073
Drug misuse	17.31%	13.33%	0.6069

**P229** ARE CASES OF GONORRHOEA RISING IN VERY YOUNG PATIENTS IN SOUTH WEST LONDON? A RETROSPECTIVE CASE REVIEW OF PATIENTS AGED 18 YEARS AND YOUNGER DIAGNOSED WITH GONORRHOEA IN A LONDON TEACHING HOSPITAL GUM SERVICE

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**Background** Cases of Gonorrhoea continue to rise in the UK and young people (YP) remain disproportionately affected despite efforts to reduce infection rates.

**Aim** To identify if there been a true rise in Gonorrhoea cases in very YP ( $\leq 18$  years) attending our GUM service.

**Methods** We identified all GUM (New and Rebook) attendances and Gonorrhoea diagnoses from 01/01/2011–31/12/2014 in patients  $\leq 18$  from MILLCARE. Electronic records were reviewed for demographics, infection site (s), antimicrobial resistance, re-infection and Chlamydia co-infection.

**Results**

	Number of GUM attendances (% of total annual GUM attendances)			Number of Gonorrhoea diagnoses (% of annual GUM attendances by gender and total)		
	Male	Female	Total	Male	Female	Total
2011	111 (22.0%)	393 (78.0%)	504	0 (0%)	5 (1.3%)	5 (1.0%)
2012	135 (21.0%)	508 (79.0%)	643	1 (0.7%)	16 (3.1%)	17 (2.6%)
2013	482 (21.5%)	1764 (78.5%)	2246	7 (1.5%)	33 (1.9%)	40 (1.8%)
2014	237 (19.5%)	980 (80.5%)	1217	7 (3.0%)	30 (3.1%)	37 (3.0%)
Total	965 (20.9%)	3645 (79.1%)	4610	15 (1.6%)	84 (2.3%)	99 (2.1%)

There were 99 Gonorrhoea diagnoses in 84 patients, 94/99 (84.4%) in females and 15/99 (15.2%) in males (5/15 (33.3%) MSM). 1/84 (1.2%) was HIV+ (MSM). 26/99 (26.2%) infections were in White, 19/99 (19.2%) in Caribbean/Mixed-Caribbean, 11/99 (11.1%) in African/Mixed-African and 7/99 (7.1%) in Other-Mixed ethnicities. 80/84 (95.2%) were UK born. Age range was 15–18.

83/99 (83.8%) were genital and 12/99 (12.1%) were multiple site infections. We found concurrent Chlamydia in 53/99 (53.3%). Antimicrobial resistance was detected in 15/68 (22%) culture+ cases, 13/15 (86.7%) in females and 2/15 (13.3%) in MSM. 11/84 (13.1%) patients had  $\geq 1$  re-infection (positive test at  $\geq 3$  months), 10/11 (90.9%) females and 1/11 (9.1%) MSM. Mean time to re-infection was 5.1 months.

**Discussion** NAAT testing was introduced into our service preceding the study period. We found Gonorrhoea diagnoses in patients  $\leq 18$  have increased three-fold in 4 years in our clinic with high rates of Chlamydia co-infection, antimicrobial resistance and re-infection. MSM, females and patients of Black/Mixed ethnicity are disproportionately affected. Further work is

required to investigate factors contributing to the observed rise in Gonorrhoea in YP, and strategies to reduce infection rates.

## Category: Viral sexually transmitted infections

P230 WITHDRAWN

P231 WITHDRAWN

**P232** CASE REPORT: AN HIV POSITIVE PATIENT WHO HAS TWICE SPONTANEOUSLY CLEARED HEPATITIS C INFECTION

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**Introduction** A 26% spontaneous clearance rate of Hepatitis C (HCV) in HIV negative populations is estimated, although the extent may be higher. Spontaneous clearance rates in HIV/HCV co-infected populations are lower. We report an HIV positive patient who has twice spontaneously cleared acute HCV infection.

**Case report** A 43 year old MSM diagnosed HIV positive in 1999 (WT virus, Nadir CD4 300) had evidence of past resolved Hepatitis A and B at time of HIV diagnosis. He commenced antiretroviral therapy (ARVs) in 2001 achieving virological suppression (VL  $\leq 40$ ). Hepatitis C was diagnosed in 2008 on tests prompted by raised LFTs: HCV antibody positive, HCV RNA 55 iu/ml, genotype not available. HCV antibody was negative 12 weeks earlier. Seroconversion was asymptomatic and associated with a transient rise in serum alanine transaminase (peak 189). HCV RNA was undetectable 2 weeks later and remained so for 5 years. He re-presented with symptomatic acute Hepatitis C in 2013: HCV RNA 59258 iu/ml, genotype 1, ALT 519. ALT normalised and HCV RNA fell to the limit of sensitivity of the assay (12 iu/ml) within 2 weeks. HCV RNA remained negative 1 year later. Re-infection occurred during a self imposed ARV treatment interruption and was associated with injecting drug use, high sexual risk taking behaviour and co-infection with bacterial STIs. Acute HCV was diagnosed within 4 weeks of restarting ARVs.

**Discussion** As spontaneous clearance of HCV in HIV/HCV co-infected individuals is less common than those mono-infected, it is of interest that this patient has twice spontaneously cleared HCV.

**P233** IS ROUTINE BLOOD MONITORING FOR SUPPRESSIVE HERPES TREATMENT NECESSARY?

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**Background** There is no published evidence on the need for routine blood monitoring for people requiring daily oral acyclovir. Locally clinical practice differed between services. Dose reduction in moderate to severe renal impairment is recommended. Guidance for intravenous administration recommends measuring full blood count (FBC), renal (U&E) and liver function (LFTs) periodically.