same six months in 2007 to 2014. The total number of cases identified in 2015 were 151.

Results

Abstract P055 Table 1

	2007	2008	2009	2011	2012	2013	2014	2015
TOC (%)				– (36)	91 (66)	84.6 (53)	91 (60)	91 (60)
(Had TOC%)								
C4	100	100	100	98.60	100	100	100	99.3
Treatment (%)								
PN (%)	82	95	92	98.60	100	100	100	96.7
PIL (%)	32	64	81	61	50	66	27	74
1st line (%)	77	96	100	97	88	100	97	93.4

Discussion/conclusion To my knowledge, this is the longest continuous audit of the management of *N.gonorrhoea* in the UK. I have seen continuous improvements in the performance of all five domains. We introduced an electronic reminder to provide patients with an information leaflet at the end of 2014. This has shown a marked improved from 27% to 74%. We aim to achieve full BASHH compliance in 2016.

P056

INFLUENCE OF COUNTRY OF BIRTH ON RISK OF STI DIAGNOSIS AMONG BLACK CARIBBEANS IN ENGLAND IN 2014

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Background/introduction In England, people of Black Caribbean (BC) ethnicity are disproportionately affected by sexually transmitted infections (STIs), but it is unclear whether this is associated with their country of birth.

Aim(s)/objectives To examine differences in STI diagnoses among UK- and Caribbean-born BC people.

Methods Data on STI diagnoses in BC people attending genito-urinary medicine (GUM) clinics and living in England were obtained from the GUM Clinic Activity Dataset (GUMCADv2). Associations between being UK- or Caribbean-born and diagnosis with an STI were derived using univariate and multivariable multilevel logistic regression models adjusted for age, gender/sexual-orientation, residence, and HIV status.

Results BC people made 231,719 attendances in 2014; 81.9% were UK-born. The median age (years) was 25 for UK-born and 34 for Caribbean-born people ($p \leq 0.001$). Chlamydia, non-specific genital infection and gonorrhoea were the most commonly diagnosed STIs among UK- (37.4%, 19.5% and 13.7%) and Caribbean-born attendees (32.1%, 25.2% and 13.1%). From the multilevel analysis, UK-born attendees were less likely to be diagnosed with chlamydia (aOR 0.87 [95%CI 0.81–0.94]) and trichomoniasis (0.83 [0.71–0.97]), and more likely to be diagnosed with genital warts (1.24 [1.07–1.45]) than Caribbean-born attendees. The adjusted odds of a gonorrhoea diagnosis did not vary by country of birth.

Discussion/conclusion STI rates among black Caribbeans attending GUM clinics in England are high and might be influenced by STI epidemiology in their country of birth. Studies on the effectiveness of interventions aimed at reducing the burden of STIs in all black Caribbeans are urgently needed.

P057

NEISSERIA GONORRHOEA (GC): PERSISTENCE OF DNA DETECTION AFTER SUCCESSFUL THERAPY AND CHANGING PATTERN OF ANTIBIOTIC SENSITIVITY, 2007–2015

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Background/introduction Nucleic acid amplification testing (NAAT) is widely used in GUM clinics to diagnose GC infection; its in-built high sensitivity may potentially detect DNA from non-viable organisms following successful treatment. The BASHH national guidelines stipulate that test-of-cure (TOC) with NAAT should take place 2 weeks post-treatment. The purpose of this study was to determine whether this is an adequate time interval to perform TOC. We also analysed the changing pattern of antibiotic sensitivity between 2007–2015.

Aim(s)/objectives All GC cases at our clinic between 1st January and 30th June in 2007–2015 were identified and assessed for antibiotic sensitivity and TOC.

Methods In 2015 there were 151 cases; culture and sensitivity results were available for 99 cases. TOC with NAAT was done in 81 cases. There were 10 cases where the NAAT was SDA positive but PCR negative. Overall a TOC with NAAT was performed between 7 and 50 days post-treatment with a mean, median and mode of 17, 14 and 14 days respectively.

Abstract P057 Table 1 Gonorrhoea 2007–2015

	2007	2009	2011	2012	2013	2014	2015
% fully sensitive	46	67	59	49	79	59	43
Resistance to 1 antibiotic group	27	15	20	38	10	20	23
Resistance to 2 antibiotic groups	15	10	16	8	6	13	21
Resistance to 3 antibiotic groups	12	2	5	3	2	8	5

Conclusion None of the cultures were resistant to ceftriaxone. However prevalence of multi-drug resistance in *N.gonorrhoea* has shown gradual decline from 27% in 2007 to 8% in 2013. The trend has reversed in 2014 with increasing multi-drug resistance to 26% in 2015. Since 2013 I have also looked at the persistence of DNA detection following successful therapy and this supports the BASHH Guidelines of TOC 2 weeks post treatment.

P058

TWO CASES OF DELIBERATE ANTIRETROVIRAL OVERDOSE: RALTEGRAVIR AND TENOFOVIR DISAPROXIL FUMARATE/EMTRICITABINE

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Background/introduction There is a high incidence of psychiatric illness amongst those living with HIV. This is associated with a risk of deliberate self harm including overdose with antiretrovirals. There are a small number of publications describing overdose with antiretrovirals but none describing overdose with raltegravir.

Aim(s)/objectives In this report we aim to describe two cases of overdose with antiretrovirals: the management, investigations and resultant complications.

Methods The patient case notes and laboratory test results were reviewed.