Low levels of CT positivity in this cohort demonstrate the importance of further investigations. Correct pNGU treatment may also lead to fewer visits and reduced burden on the service.

## P087 WHERE HAS ALL THE MYCOPLASMA GONE?

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**Background** Non gonococcal urethritis (NGU) is thought to be most often due to *Chlamydia trachomatis* (CT), *Mycoplasma genitalium* (MG) and *Ureaplasma urealyticum*. Standard doses of Azithromycin 1g stat may be insufficient to clear MG and may induce resistance to macrolides while doxycycline is not sufficient to clear MG. Doxycycline has been advocated as first line therapy for NGU allowing extended dosage with Azithromycin in those that do not clear with first line therapies.
**Aim** To look at the current pathways for managing NGU and assess how often patients who have first line Doxycycline return for further therapy.
**Methods** A retrospective review of all patients initially treated for NGU in August and September 2015 across a sexual health trust.
**Results** Of the 208 cases reviewed, 26.4% were due to CT. 99.5% of all cases were treated with a first line antibiotic; with 95.2% receiving Doxycycline 100mg bd for 7 days compared to 4.3% receiving Azithromycin 1g stat. In both the CT and non-CT groups 9%, returned within 90 days after experiencing symptoms despite treatment. Of these, only 15.8% were diagnosed with persistent NGU and treated with extended Azithromycin.
**Conclusion** Current pathways designed to preserve macrolide therapy using Doxycycline initially result in few patients reattending with persistent symptoms than would be anticipated. The impact of Doxycycline on reducing MG load and related symptoms should be factored into advice given to patients who may dismiss mild symptoms or be reassured by negative CT/NG NAATs often communicated to them by text.

## P088 SEXUAL CONTACT IS THE TRIGGER! WOMEN'S VIEWS AND EXPERIENCES OF THE TRIGGERS FOR THE ONSET OF BACTERIAL VAGINOSIS AND EXACERBATING FACTORS ASSOCIATED WITH RECURRENCE

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**Background/introduction** Bacterial vaginosis (BV) is the most common vaginal infection affecting women of childbearing age. While the aetiology and transmissibility of BV remain unclear, there is strong evidence to suggest an association between BV and sexual activity.
**Aim(s)/objectives** This study aimed to explore women's views and experiences of the triggers for BV onset and factors associated with recurrence
**Methods** A descriptive, social constructionist approach was chosen as the framework for the study. Thirty five women of varying sexual orientation who had experienced recurrent BV in the past five years took part in semi-structured interviews.
**Results** The majority of women predominantly reported sexual contact triggered the onset of BV and sexual and non-sexual factors precipitated recurrence. Recurrence was most commonly referred to in terms of a 'flare-up' of symptoms. The majority of women did not think BV was an STI however many reported being informed this by their clinician. Single women who attributed BV onset to sex with casual partners were most likely to display self-blame tendencies and to consider changing their future sexual behaviour. Women who have sex with women (WSW) were more inclined to believe their partner was responsible for the transmission of or reinfection with BV and seek partner treatment or change their sexual practices.
**Discussion/conclusion** Findings from this study strongly suggest women believe that BV onset is associated with sexual activity, concurring with epidemiological data which increasingly suggest sexual contact is associated with the development of BV. There was some evidence to suggest possible transmission among WSW reinforcing the need for new approaches to treatment and management strategies.

## P089 DETECTION OF *NEISSERIA GONORRHOEAE* BACTERIAL LOADS IN THE PHARYNX AND SALIVA AMONG MEN WHO HAVE SEX WITH MEN

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**Background/introduction** Studies have shown that *N. gonorrhoeae* can be cultured in human saliva among individuals with pharyngeal gonorrhoea. As saliva could potentially act as a carrier for gonorrhoea transmission during sex, the bacterial load of *N. gonorrhoeae* in saliva may influence the transmissibility of gonorrhoea.
**Aim(s)/objectives** To quantify the gonococcal bacterial load in the pharynx and saliva among men who have sex with men (MSM) with untreated pharyngeal gonorrhoea.
**Methods** MSM who tested positive for pharyngeal gonorrhoea by culture were recalled for antibiotic treatment within 14 days between October 2014 and March 2015. The gonococcal bacterial load was estimated using real-time quantitative PCR (qPCR) by interpolating against a standard curve generated with known gonococcal DNA copy numbers. The median of gonococcal bacterial load in the pharynx and saliva was calculated and compared between culture positivity using Mann-Whitney *U* test.
**Results** A total of 33 men were included in this study. At the time of treatment, the median gonococcal bacterial load in the pharynx was similar in men who were culture-positive ($2.5 \times 10^5$ copies/swab) and culture-negative ($2.9 \times 10^4$ copies/swab) ($p = 0.166$), and similar in the saliva in culture-positive: $2.2 \times$

$10^5$ copies/ml compared to culture-negative: $2.7 \times 10^5$ copies/ml samples ($p = 0.499$).

**Discussion/conclusion** The gonococcal bacterial loads were similar between saliva and the pharynx and not influenced by culture status. Saliva could be important in the transmission of gonorrhoea such as oral-anal sex and saliva use as a lubricant for anal sex.

## P090 ASSORTATIVE SEXUAL MIXING PATTERNS IN MALE-FEMALE AND MALE-MALE PARTNERSHIPS IN MELBOURNE, AUSTRALIA: IMPLICATIONS FOR HIV AND STI TRANSMISSION

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**Background/introduction** Assortative (like-with-like) mixing pattern has become a new and important focus in HIV/STI research in recent years in order to understand the mixed sexual network. There are very limited data on sexual mixing patterns, particularly in an Australian population.

**Aim(s)/objectives** To understand the assortative sexual mixing patterns for age, number of partners, and condom use in male-female and male-male partnerships in Melbourne between 2011 and 2014.

**Methods** 1165 male-female and 610 male-male partnerships were included. Correlation between age of partners was examined by the Spearman's rank correlation. The Newman's assortativity coefficient was used as an aggregate quantitative measurement of sexual mixing of number of partners and condom use.

**Results** There was a strong positive correlation between age of partners in both male-female (rho = 0.709; $p < 0.001$), and male-male partnerships (rho = 0.553; $p < 0.001$). The assortative mixing pattern for number of partners was similar in male-female ($r = 0.255$), and male-male partnerships ($r = 0.264$). This pattern decreased over time in male-male (p = 0.034) but not in male-female ($p = 0.718$) partnerships. There was a stronger assortative mixing pattern for condom use in male-male ($r = 0.517$) compared to male-female ($r = 0.382$) partnerships.

**Discussion/conclusion** Male-female and male-male partnerships have a high assortativity mixing patterns with respects for age, number of partners, and condom use. Individuals are more likely to connect with partners with of similar age and sexual experience. The sexual mixing pattern is not purely assortative; and hence it may lead to increased HIV and STI transmission in certain risk groups.

## P091 EVALUATION OF THE CURRENT AND PROSPECTIVE ROLE OF POOLED SAMPLING FOR SEXUALLY TRANSMITTED INFECTION TESTING: A WEB-BASED SURVEY OF GENITOURINARY MEDICINE SERVICES IN ENGLAND

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**Introduction** *Chlamydia trachomatis* and *Neisseria gonorrhoeae* testing guidance recommends extragenital screening with locally validated nucleic acid amplification tests for patients reporting receptive oral and/or anal sex, with anatomical sites sampled and tested separately. Within-patient pooled sampling (PS) could be more cost effective for triple -site (genital/oral/anal) testing, but may require establishment of complex management pathways and loss of information to guide risk assessments and treatment.

**Objectives** We reviewed the evidence on the cost effectiveness of PS and explored current opinion and practice among genitourinary medicine (GUM) clinics in England.

**Methods** Global literature on PS was reviewed. A web-based survey was distributed to GUM clinical leads throughout England on 11/02/16.

**Results** Published evidence supports multi-patient combined aliquot PS for population screening, however evidence for within-patient PS is sparse. 44/223 (19.7%) services responded to the web survey. One service (2.3%) reported current PS and 2 (4.5%) were awaiting implementation. Of the 41 services not pooling, 4 (9.8%) were considering future implementation. Commonly reported barriers to implementation of PS were: loss of infection site information (30/44, 68.2%), absence of national guidance (26/44, 59.1%), and decreases in assay sensitivity/specificity (17/44, 38.6%). Only 6/44 (13.6%) considered the current level of evidence sufficient to support PS, with 35/44 (79.5%) requesting further validation studies, 34/44 (77.3%) national guidance, and 23/44 (52.3%) more cost effectiveness data.

**Conclusion** PS is currently uncommon in GUM services across England. Best practice evidence-based guidance on the appropriate use of PS will be needed if PS is introduced more widely as part of cost-saving measures.

## P092 PELVIC INFLAMMATORY DISEASE: A REVIEW OF PRESENTATIONS TO OUR SERVICE

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**Background/introduction** Pelvic inflammatory disease (PID) is an important complication of the sexually transmitted infections *Chlamydia trachomatis* and *Neisseria gonorrhoea*.

**Aim(s)/objectives** We sought to review the presentation and management of women treated for PID attending our service.

**Methods** We used the SHHAPT code C5A to identify women diagnosed with PID between 01/06/2015–30/11/2015. We performed a retrospective case note review of all women, collecting demographic data and details of their presentation and management.

**Results** 50 cases were identified. The women ranged from ages 17–40 years, median 23.5 years. Presenting complaints were pelvic pain (38/50), discharge (21/50), dyspareunia (14/50) and bleeding irregularities (14/50). The majority of women (40/50) reported having a regular male partner, and most (42/50) had had one partner only in the preceding 3 months. 4/50 (8.0%) women tested positive for chlamydia, all of whom were aged less than 25 years. No other sexually transmitted infections were identified. The rate of chlamydia amongst women less than 25 treated for PID was 4/31 (12.9%). Less than half of women (19/50) attended for follow up, and there was documentation of the regular partner attending for treatment in only 14/40 cases.