

$10^5$  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 gonorrhoeae*.

**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.