Further work is required to establish its suitability for detecting the other organisms claimed.

P170 RISK FACTORS FOR *MYCOPLASMA GENITALIUM* INFECTION IN SYMPTOMATIC MALES, FEMALES AND MEN WHO HAVE SEX WITH MEN FROM THREE CLINICAL SETTINGS IN LONDON

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Background/introduction *Mycoplasma genitalium* (MG), a sexually transmitted infection (STI), is increasingly recognised as a cause of major reproductive health sequelae. Treatment has become increasingly difficult due to macrolide and fluoroquinolone antibiotic resistance. MG is not routinely tested for in most UK genitourinary medicine (GUM) clinics, and limited risk-factor data exist for infection in at-risk populations and in different anatomical sites.

Aim(s)/objectives To determine risk factors for MG infection in symptomatic male and female patients accessing three London GUM clinics.

Methods Patients aged ≥16 years, symptomatic of an STI (or Chlamydia, Gonorrhoea, *Trichomonas vaginalis*, or non-specific urethritis contact) were consented. Additional-to-routine samples provided were vulvovaginal swab (VVS) (females), first void urine (FVU) (men-who-have-sex-with-women (MSW), (men-who-have-sex-with-men (MSM)), pharyngeal and rectal swabs (MSM). Samples were tested using the FTD Urethritis Plus Test kit and positives confirmed by Polymerase Chain Reaction. Risk factors were analysed using univariate and multivariate logistic regression.

Results MG was detected in: 10.7% (95% CI 7.9%–13.5%) patients; 7.9% (95% CI 4.86%–10.94%) VVS; 19.4% (95% CI 11.76%–27.04%) MSW urine; 1.6% (95% CI 0%–4.72%) MSM urine; 0% MSM pharynx; 8.1% (95% CI 1.31%–14.89%) MSM rectum.

Abstract P170 Table 1 Risk factors associated with MG infection

Risk	Male	Odds Ratios (95% Confidence interval) Univariate MSW	Odds Ratios (95% Confidence interval) Univariate Females
Age	16–19	1*	1*
	20–24	0.06 (0.01–0.61)	0.46 (0.15–1.40)
	25–34	0.16 (0.02–1.08)	0.26 (0.08–0.79)
	34–44	0.24 (0.03–2.03)	0.08 (0.01–0.68)
Ethnicity	White	1	1
	Mixed	10.00 (0.61–162.66)	2.98 (0.88–10.13)
	Asian	7.00 (0.46–96.44)	2.13 (0.24–18.76)
	Black	8.33 (1.78–38.97)	1.58 (0.60–4.19)
Symptoms	Discharge	1	-
	Pain	0.68 (0.24–1.89)	-
Gonorrhoea Contact	No	-	-
	Yes	-	11.5 (1.54–85.64)

*Only ages 16–19 remained a risk factor in the multivariate analysis

Discussion/conclusion MG positivity was highest in MSW compared to the other patient groups, with younger age being the only risk factor for infection, remaining after multivariate analysis. The presence of rectal MG despite a lack of urogenital infection in MSMs warrants further investigation with a larger cohort. Overall the results indicate high MG positivity across symptomatic male and female populations.

P171 RAPID RELIABLE HIV POINT OF CARE TESTING

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Background Our outreach HIV Point of care testing (POCT) programme changed from 4th generation testing to 3rd generation POCT kits in August 2014, which led to a significantly quicker turnaround time for results and greater convenience for both outreach staff and patients. We continued to confirm all POCT serology by conventional laboratory testing.

Aims To compare 3rd and 4th generation POCT in clinical practice and review the need for laboratory confirmation of all samples.

Methods The INSTI™ HIV-1/HIV-2 Antibody Test was used for POCT testing at a city centre outreach service from August 2014 until July 2015. All samples were also tested in parallel, in real-time, by standard laboratory tests for HIV. Results were compared retrospectively.

Results POCT was provided for 399 patients. 31 patients were excluded. Of the remaining 368 patients, there were 6 true positive results (1.6%) and no false-negatives or false-positives. By contrast, our previous evaluation of Alere Determine™ 4th generation testing, with a sample size of 367, found 3 true positives (0.8%); 2 false positives (0.6%); and 3 false negatives (0.8%), leading to negative predictive value 99.2%; positive predictive value 60%; sensitivity 50%; specificity 99.4%. This was a significant underperformance in clinical practice compared with advertised values.

Discussion INSTI™ is outperforming Alere Determine™ in our local experience. We intend to continue using 3rd generation POCT in our outreach programme. Given INSTI™'s performance, the question now raised is can we consider moving away from carrying out backup serology in all cases?

P172 HIGH HIV INCIDENCE IN MSM DIAGNOSED WITH EARLY SYPHILIS: A ROLE FOR PREP?

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Background. Understanding the risk factors for HIV acquisition allows targeted interventions to reduce HIV transmission such as PrEP.

Aims/Objectives. To evaluate HIV incidence in HIV-negative MSM with early syphilis infection.

Methods. A retrospective case-note review of MSM who were diagnosed with early syphilis between January and June 2014 at a London sexual health clinic.

Results. 206 MSM were diagnosed with early syphilis: 110 HIV-negative; 96 HIV-positive. For 110 HIV-negative MSM, median