

Results In secondary care 25 patients (20 men & 5 women) were treated for gonorrhoea over two months. In these patients 22 had a positive NAATs test, of these 17 had a positive culture giving a positive culture yield of 77.2%.

In comparison the community service identified 10 patients in the first month of the new contract with a positive NAATs test, of these 9 had a culture. 1 culture was positive giving a NAATs/culture concordance rate of 11.1%; this is to be re-audited by the community service.

Discussion Accurate cultures are vital for the treatment of gonorrhoea, particularly in areas where antibiotic resistance is high. Appropriate storage and prompt processing is important to ensure the viability of these tests. This audit raises a question about viability of *Neisseria gonorrhoeae* during transfer from community settings to the central hospital laboratory.

P026 NEISSERIA GONORRHOEAE (GC): CHANGING PATTERN OF ANTIBIOTIC SENSITIVITY AND PERSISTENCE OF DNA DETECTION 2007 – 2016

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Introduction Nucleic acid amplification testing (NAAT) is used in GUM clinics to diagnose GC infection; however its in-built sensitivity potentially detects DNA from non-viable organisms following successful treatment. BASHH guidelines stipulate that test of cure with NAAT (TOC) should take place 2 weeks post-treatment.

This study aims to determine whether this is an adequate time interval to perform TOC. We also analysed the changing pattern of antibiotic sensitivity between 2007 – 2016.

Methods All GC cases at our clinic between 01/01 and 30/06 in 2007–2016 were identified, assessed for antibiotic sensitivity and analysed for TOC data from 2013–2016.

Results Of 131 cases in 2016, culture and sensitivities were available for 80, with TOC in 63.

Abstract P026 Table 1

Susceptibility to Antibiotic groups	2007 (%)	2009 (%)	2011 (%)	2012 (%)	2013 (%)	2014 (%)	2015 (%)	2016 (%)
Fully sensitive to antibiotic testing panel	46	67	59	49	79	59	43	55
Reduced susceptibility to 1	27	15	20	38	10	20	23	23
Reduced susceptibility to 2	15	10	16	8	6	13	21	15
Reduced susceptibility to 3	12	2	5	3	2	8	5	6
Reduced susceptibility to 4								1

TOC was performed between 6 and 77 days post-treatment with mean, median and mode of 18, 14 and 14 days respectively.

Discussion No cultures were resistant to ceftriaxone. This is the first year a case has shown reduced susceptibility to 4 antibiotic groups. From 2015–2016 there has been an increase in GC fully sensitive to the antibiotic testing panel.

Our data supports BASSH guidelines for TOC 2 weeks post-treatment.

P027 RE-TESTING OF PATIENTS WITH POSITIVE CHLAMYDIA RESULTS IN PRIMARY CARE

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Introduction We aimed to establish how many young people (aged 15–24 years) diagnosed with genital Chlamydia infection in General Practice (GP) in 2015 in an inner city area had Partner Notification (PN) discussed with them and were offered repeat testing three-six months after initial diagnosis in line with BASHH guidelines.

Methods We identified young people with positive Chlamydia diagnoses made in GP in 2015 by searching the Chlamydia screening dataset from the hospital laboratory. We cross referenced with subsequent data sets for the year 2015 onwards to see if/when the patient was retested and where they were retested. For those re-tested in local GU clinics, we checked their records for evidence of PN initiated in primary care.

Results Preliminary data from January – June 2015 shows that sixty nine 15–24 year olds were diagnosed with Chlamydia in GP; 11 re-tested within six months, seven of these between one and three months post-initial infection of which one was positive. Three of the 11 re-tested in GU clinics; two of these reported PN initiated by GP.

Discussion Results so far show less than 1 in 5 young people diagnosed with Chlamydia in GP are being re-tested appropriately. It is possible that patients are travelling outside the area for re-testing and are missed by our sampling. Recommendations should include routine recall in GP for re-testing after three months to increase re-test rates.

P028 CHARACTERISING NEISSERIA GONORRHOEAE (NG) INFECTIONS AND TREATMENT IN A LARGE, URBAN COHORT

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Introduction Better detection and more frequent testing may explain increases in NG. We wished to characterise patients attending our clinics with NG, and audit management against BASHH standards.

Methods 300 sequential NG patients attending in 2016 were reviewed. Data collected: demographics, NAAT/culture positivity (per site), antimicrobial treatment and resistance, and test of cure (TOC).