

**Results** Mean age was 34 (17–65); 92% male; 75% white; 86% MSM. 415 site specific infections captured. Site distribution by NAAT, culture concordance/sensitivities, and TOC are presented below:

**Abstract P028 Table 1** Gonorrhoea infections

NAAT+ by SITE	Sexuality			Culture results			Test of Cure	
	MSM	Hetero – Male	Hetero – Female	Cultures taken	Culture negative	Cipro- floxacin resistance	TOC Done	TOC Failure
<b>VVS</b>	NA	NA	7% (21/ 300)	76% (16/21)	19% (3/16)	7.6% (1/13)	76% (16/ 21)	0% (0/16)
<b>Urethra</b>	42% (126/ 300)	7% (21/ 300)	NA	90% (132/147)	3.7% (5/132)	33% (43/127)	53% (78/ 147)	2.6% (2/78)
<b>Pharynx</b>	37% (111/ 300)	0.7% (2/300)	1% (3/300)	68% (79/116)	51% (37/72)	43% (18/42)	66% (77/ 116)	5.2% (4/77)
<b>Rectum</b>	43% (128/ 300)	0.3% (1/300)	0.7% (2/300)	63% (83/131)	12% (10/83)	48% (35/73)	65% (85/ 131)	3.5% (3/85)

75% NAAT+ patients (310/415) had cultures performed. There was one case of ciprofloxacin and azithromycin resistance (MSM). 96% (287/300) received ceftriaxone plus azithromycin. Reasons for alternatives related to penicillin allergy. Median time to treatment 0 days (0–45d). 63% (189/300) attended for TOC (median time: 21d (7–188d)) and 94% (177/189) patients tested negative. Failed TOC was due to reinfection in 92%.

**Discussion** Our clinics maintain reasonable adherence to BASHH standards. Cephalosporin resistance was not observed. TOC times can be lengthy.

#### P029 AUDITING GONORRHOEA TREATMENT AND ANTIBIOTIC SENSITIVITY

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**Introduction** With diagnoses of Gonorrhoea on the rise and increased rates of resistance being reported, nurses carried out and audit to establish the level of compliance with current British Association of Sexual Health and HIV guidelines in relation to the treatment of patients diagnosed with GC and to analyse antibiotic sensitivity.

**Methods** Retrospective case note review of episodes coded B was carried out looking at age, ethnicity, sexual orientation, co-infections, treatment, resistance, number of partners in past 3 months, test of cures and follow up serology.

**Results** 69 cases reviewed, 33 MSM, 32 heterosexual, 4 bisexual. 10 patients were known HIV positive, 12 patients had 1 other co-infection, 4 had 2 other co-infections.

66 (96%) treated with first therapy of Ceftriaxone 500mg IM/Azithromycin 1G, 19 of these were also given Doxycycline 100mg twice daily for 1 week. 2 (3%) treated with Ceftriaxone 500mg IM/Doxycycline 500mg twice daily for 1 week. 45 (65%) fully sensitive to recommended antibiotics 13 (19%)

reduced sensitivity to 1 antibiotic group 8 (11%) reduced sensitivity to 2 antibiotic groups. 4 (5%) reduced sensitivity to 3 antibiotic groups Our 5 cases of high level Azithromycin resistance were included. No cultures were resistant to Ceftriaxone

**Discussion** Treatment and management was in line with BASHH guidelines, it also highlights the developing problem with resistant infection, the importance of monitoring antibiotic sensitivity and effective partner notification in the effort to treat the infection adequately and reduce risk of transmission.

#### P030 MANAGEMENT OF RECTAL CHLAMYDIA IN AN URBAN SEXUAL HEALTH CENTRE

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**Introduction** We reviewed management of rectal chlamydia in our clinic and adherence to 2015 BASHH audit standards.

**Methods** Electronic patient records of 100 consecutive patients diagnosed with rectal chlamydia prior to 31 July 2016 were reviewed with respect to gender, sexuality, HIV status, symptoms, STI screening, treatment, test of cure (TOC) and partner notification (PN).

**Results** 64% were female (all heterosexual). 94% males were MSM; 18% were HIV positive. 1 male presented with rectal symptoms (pain). 23% patients had other genital symptoms. 76% were asymptomatic. 71% had concomitant STIs (including chlamydia at other sites). 90% received doxycycline 100mg bd for at least 1 week. 24% were treated with azithromycin before being recalled for doxycycline. Reasons included; not initially tested for rectal infection, attendance as a contact, initial treatment for presumed GC. All patients were advised to attend for TOC; 58% attended. All TOC were negative. All HIV positive patients were tested for LGV (1 positive). 1 MSM with rectal pain was not tested for LGV but subsequent TOC was negative. 36% received written information. PN was performed in 99% of cases with 81% of traceable contacts reported as attended and 47% of contacts being verified as attended.

**Discussion** High numbers of patients were issued with azithromycin as initial treatment requiring recall for doxycycline. This is concerning, particularly in an era of increasing antibiotic resistance. Education sessions have been provided, highlighting the importance of sexual history taking and use of doxycycline as first line chlamydia treatment where rectal infection is possible.

#### P031 EPIDEMIOLOGICAL STUDY ON SYPHILIS DIAGNOSES AT A LOCAL GENITOURINARY CLINIC (GUC)

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**Introduction** In 2015 our country reported 11.5 confirmed syphilis cases per 100 000 population, which is one of the highest rates in Europe. The objective of our study was to analyse the epidemiological characteristics of patients diagnosed with syphilis.