

**Methods** A retrospective analysis of medical records of patients attending the local GUC with a diagnosis of syphilis from 2002–2015 was carried out. Data concerning patient demographics (age, gender and sexual orientation), year of diagnosis, syphilis stage, treatment regime, HIV/STIs co-infections, partner notification and follow up were recorded.

Data collected was inputted in an excel database.

**Results** In the study period a total of 291 patients were diagnosed with syphilis. 82.6% were males (n=238); 48.6% (n=143) were MSM and 5.2% (n=5) bisexual men. Syphilis was diagnosed in the primary stage in 11.3% of patients, secondary in 9.6%, early latent in 30.9% and late latent in 47.4%. All patients with syphilis were tested for HIV and 16.1% (n=147) resulted HIV positive, 74.5% of them (n=35) were MSM. Partner notification was not possible and/or not reported in 40.5% (n=118) of patients. In 21% (n=61) of cases, it was not possible to establish whether the treatment was successful because these were lost to follow up.

**Discussion** As the syphilis rates continue to rise so rapidly, it is very important to have robust mechanisms in place to limit spread such as proactive recall for treatment and follow up and education and support regarding safer sexual practices.

#### P032 CHARACTERISTICS OF A HIGH SYPHILIS INCIDENCE COHORT IN AN INNER-CITY LONDON CLINIC

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**Introduction** Syphilis cases continue to increase in London. We aimed to investigate the characteristics and risk factors of patients diagnosed with syphilis at our centre.

**Methods** Retrospective case note analysis of all syphilis cases diagnosed in our sexual health clinic in 2016.

**Results** 56 cases were identified; mean age was 42 (range 16–69 years), with 80% male. The two commonest ethnicities were Black Caribbean (20%) and White Other (20%). 18% were HIV positive, and 18% had concomitant STIs, with one new HIV diagnosis. 26% had been treated for syphilis previously.

Just under a third of patients were symptomatic, the rest being identified through routine screening in clinic or through online testing. Just over a fifth of the cases (12/56) were primary syphilis, with secondary syphilis diagnosed in 7% of patients. All primary and secondary syphilis cases occurred in MSM, and there was a correlation with reported chemsex, with 38% prevalence.

Two of the patients were vulnerable, one being a vulnerable child aged 16. One of the patients was on PREP.

There were 21 cases in heterosexual patients, all were late latent syphilis. Heterosexual men were older (mean 50 years); most heterosexual patients came from regions with high syphilis rates and endemic treponematoses.

**Discussion** There is high ongoing transmission of syphilis in MSM in our cohort, linked to risky sexual practices and drug use. Increased awareness of syphilis symptoms might facilitate earlier presentation to clinics. As many patients were asymptomatic, there is a pressing need for regular screening in high risk groups.

#### P033 IMPROVING CLINICAL STANDARDS IN GU MEDICINE: A RETROSPECTIVE AUDIT OF NEISSERIA GONORRHOEA

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**Introduction** We present a retrospective analysis of clinic performance in the 5 domains of management and treatment of Neisseria gonorrhoeae (GC) according to current British Association of Sexual Health and HIV (BASHH) guidelines.

**Methods** All cases of GC diagnosed at our clinic between 1<sup>st</sup> January and 30<sup>th</sup> June 2016 were identified. The case notes were reviewed and assessed against current BASHH criteria. This was compared with data from the same clinic for the same six months (1<sup>st</sup> January to 30<sup>th</sup> June) in 2007-2015.

**Results** 87% of patients treated for GC were recommended to have a test of cure (TOC) (61% had a TOC.). 100% of with GC were screened for Chlamydia trachomatis or received presumptive treatment for this. 88% of patients with GC had partner notification carried out. 56% of patient's received written information about GC. 97% of patients with GC received 1<sup>st</sup> line treatment, or the reason for not doing so was documented.

**Discussion** We have demonstrated consistent improvement in 2 of the 5 domains compared with previous years' data. Recommending a test of cure, partner notification and offering patient information leaflets have decreased over the last year. To address this, teaching sessions were carried out and a quality improvement project to ensure patient information leaflets are offered is underway.

Further staff training and awareness of management of N. gonorrhoeae will be addressed on a regular basis and a re-audit is recommended next year.

#### P034 ASSOCIATION OF MYCOPLASMA GENITALIUM AND PERSISTENT ABDOMINAL PAIN- WHAT SRH DOCTORS UNDERTAKING ULTRASOUND NEED TO KNOW?

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**Introduction** The 2016 European guideline on Mycoplasma Genitalium (MG) states that significant association is found between MG and pelvic inflammatory disease (PID). MG is diagnosed through nucleic acid amplification testing. The aim of this study was to find out about the importance of testing for MG in patients with persistent abdominal pain.

**Methods** It was a retrospective analysis of patients who were tested for MG in Sexual and Reproductive healthcare (SRH) consultant ultrasound clinic over a period of 17 months. The inclusion criterion for testing was persistent symptoms after PID treatment.

**Results** 9 patients were tested for MG in consultant led SRH ultrasound clinic. All were initially treated by other clinicians for PID with standard treatment but did not respond and were referred to SRH ultrasound clinic to exclude other pathology. Ultrasound for all of the patients was normal with no adnexal masses or free fluid. Pregnancy test was done in all cases and it was negative; all patients were also negative for chlamydia and Gonorrhoea. MG testing was done in all 9