

comparing sample sites oropharyngeal swabs have a significant lower load ( $p < 0.001$ ), whereas urine samples have a significant higher load ( $p < 0.001$ ). Genital and anorectal swabs loads do not differ ( $p = 0.315$ ). Lower bacterial load appears to be correlated with older patients.

**Conclusion** NG bacterial load is for a large part driven by sample site. Oropharyngeal NG infections are often asymptomatic which could be related to a lower bacterial load. However, the role of the observed load differences in transmission and symptoms should be addressed in future studies.

### P3.226 OROPHARYNGEAL TESTING AND POSITIVITY AT THE STI CLINIC IN THE PAST 5 YEARS; TESTING MORE AND FINDING EVEN MORE

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10.1136/sextrans-2017-053264.461

**Introduction** Oropharyngeal *Chlamydia trachomatis* (CT) and *Neisseria gonorrhoeae* (NG) are not routinely tested for in STI clinic attendees. Although oropharyngeal infections are often asymptomatic, they contribute to transmission in the population. Routine systematic oropharyngeal testing was implemented in men who have sex with men (MSM) in 2010, and on behavioural indication in heterosexuals, but it is unknown whether this was successful in practice. Moreover, data on oropharyngeal testing and CT/NG positivity in heterosexuals is limited.

**Methods** Men and women aged  $>16$  years attending our STI-clinic between 2009–2015 were included ( $n = 47317$ ). Specimens were tested using NAATs. Data were collected on demographics and sexual behaviour. Multivariable backward logistic regression analyses were used to test associations with oropharyngeal testing and oropharyngeal CT and NG. Tested determinants were age, sex, symptoms, number of sex partners and warned by (ex) partner.

**Results** Oropharyngeal testing in heterosexuals increased yearly from 13% in 2009 to 16% in 2015 (OR 1.3, 95% CI 1.2–1.3). In MSM, testing increased from 88% to 98% (OR 1.6, 95% CI 1.5–1.8). Oropharyngeal CT positivity varied between 1.0%–1.6% in women (54/4198), between 0%–1.3% in heterosexual men (13/2226) and between 0.8%–1.5% in MSM (79/8158), but was not associated with year of testing. Oropharyngeal NG positivity varied between 1.5%–3.4% in women (123/4201), between 0.6%–4.1% in heterosexual men (61/2226) and between 2.8%–6.4% in MSM (406/8156). Oropharyngeal NG positivity increased with year of testing in heterosexual men (OR 1.2, 95% CI 1.01–1.4) and MSM (OR 1.2 95% CI 1.1–1.2).

**Conclusion** Routine oropharyngeal testing in MSM was successfully implemented in practice. Oropharyngeal CT positivity remained stable after increased oropharyngeal testing in all groups, and in women also for oropharyngeal NG. In heterosexual men and MSM, increased oropharyngeal testing led to increased oropharyngeal NG positivity. This justifies routine oropharyngeal testing in MSM, and warrants careful monitoring in heterosexuals.

### P3.227 HIGH SUBSTANCE USE AND RISK FOR STI IN YOUNG HETEROSEXUALS AND MSM

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10.1136/sextrans-2017-053264.462

**Introduction** Substance use to enhance sexual pleasure and performance is well known among men who have sex with men (MSM). Studies report a higher *Chlamydia trachomatis* (CT) and *Neisseria gonorrhoeae* (NG) prevalence among MSM who use substance before or during sex. Limited data exist on substance use in relation to CT and NG prevalence among young heterosexuals.

**Methods** CT and NG tested men and women aged  $<25$  years attending our STI-clinic between 2010–2015 were included ( $n = 3526$ ). Specimens were tested using nucleic acid amplification tests. Data were collected on demographics, sexual behaviour, smoking, alcohol intake and drug use; marijuana, gamma hydroxy butyrate (GHB), ketamine, cocaine, heroin, speed, ecstasy and poppers. Univariable and multivariable backward logistic regression analyses were used to test associations between substance use and CT/NG. Tested determinants were age, symptoms, number of sex partners and warned by (ex) partner.

**Results** CT prevalence was 13.6% ( $n = 300$ ) for women, 15.4% ( $n = 153$ ) for heterosexual men and 10.6% ( $n = 35$ ) for MSM. For NG this was 1.0% ( $n = 23$ ), 1.4% ( $n = 14$ ), and 15.8% ( $n = 52$ ) respectively. Substance use before or during sex varied between 26%–40% for drugs, 44%–67% for alcohol and 51%–64% for cigarette smoking. Among drug users, 39%–45% used multiple drugs, most often marijuana (84%), ecstasy (81%) and cocaine (51%). In young heterosexuals, smoking was independently associated with CT in women (OR 1.3 95% CI 1.1–1.7), and ketamine use in men (OR 4.5, 95% CI 1.6–12.7). For MSM, GHB use was independently associated with CT (OR 3.8, 95% CI 1.2–12.2) and ketamine use with NG (OR 4.7, 95% CI 1.3–16.9).

**Conclusion** Substance use before or during sex was reported often among young heterosexuals and MSM, and led to greater CT and NG (for MSM) risk. Different substance use was associated with different STI in different risk groups, therefore targeted care is an imperative. Prevention in STI clinics should include discussing drug use before or during sex, also in heterosexual youngsters.

### P3.228 STI PREVALENCE AMONG MALE VICTIMS OF A SEXUAL ASSAULT: DATA FROM 12 YEAR PERIOD, STI CLINIC AMSTERDAM, THE NETHERLANDS

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10.1136/sextrans-2017-053264.463

**Introduction** Little is known about male sexual assault victims (SAV), frequency of health care seeking after such assaults and the prevalence of sexual transmitted infections (STI). The objective of this study was to assess the prevalence of STI among male SAV attending the STI clinic of Amsterdam, the Netherlands.

**Methods** In the electronic patient database, sexual assault (SA) is recorded as one of the reasons for visiting the clinic. We collected routine clinical data from the period 2005–2016.