throat symptoms and simultaneous pharyngeal chlamydia and urethral and rectal gonorrhoea. We excluded repeat testers within 3 months of treatment including test of cure samples from the analysis.

Results A total of 6613 MSM attended for pharyngeal testing and 383/6613 (5.8%) had a confirmed positive pharyngeal gonorrhoea NAAT. Pharyngeal gonorrhoea culture samples were taken in 270/383 (70%) and 73/270 (27%) were culture positive with available antimicrobial sensitivities. Only 7/73 (10%) had a fully sensitive organism. 28 (7%, 95% CI=5.11–10.36) reported throat symptoms at presentation. Overall, the presence of pharyngeal symptoms was not associated with positive gonorrhoea cultures (OR=1.9, CI=0.78–4.62, $p=0.2$), pharyngeal chlamydia (OR=1.6, CI=0.19–13.32, $p=0.7$), HIV status (OR=1.1, CI=0.47–2.57, $p=0.8$), or age [$p=0.3$].

Conclusions Pharyngeal gonorrhoea is usually asymptomatic and culture sensitivity is poor. Increasing effort is required to increase pharyngeal gonorrhoea culture testing and sensitivity, including ensuring clinical staff are using optimal sampling techniques and reliable transport of gonorrhoea culture samples to testing laboratories to maintain gonorrhoea AMR surveillance.

P034 PRIMARY SYPHILIS PRESENTATION CHARACTERISTICS AND SEROLOGICAL RESPONSE, IS THERE STILL MORE TO LEARN?

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Background Rates of infectious syphilis has significantly increased in men who have sex with men (MSM). Recent data has shown that primary syphilis does not always present with painless genital lesions. Our aim was to describe the clinical characteristics, serological response and management of primary syphilis in HIV-positive and negative MSM.

Methods We reviewed the microbiological and demographic data of MSM presenting with primary syphilis between January 2016 – March 2020 in our clinic-based population in Brighton, UK.

Results There were 111 cases of primary syphilis in MSM, the median age was 46 years (IQR=37–53 years) and 40 (36%) were living with HIV. 56/111 (50%) of MSM presented with painful lesions and 14% with extra-genital lesions. Extra-genital lesions were significantly more likely to be painful than genital lesions (OR 4.72; 95%, CI1.25–17.83, $p=0.02$). Overall, serology had a sensitivity of 80% (57/71) compared with *Treponema pallidum* PCR. Serology was more sensitive in MSM with no previous syphilis (OR= 3.38, 95%CI1.002–11.43, $p<0.05$). There were no differences in the characteristics, serological response or management between HIV positive and negative MSM.

Conclusion Fifty percent of MSM with primary syphilis presented with painful lesions; extra-genital lesions are more likely to be painful than genital lesions and serology is sensitive in 80% of MSM, and there were no differences between HIV positive and negative MSM. Understanding the characteristics of primary syphilis will underpin public health campaigns.

P035 THE SENSITIVITY AND ASSOCIATED FEATURES OF CULTURE POSITIVE RECTAL GONORRHOEA IN MEN WHO HAVE SEX WITH MEN

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Background Rectal *Neisseria gonorrhoea* is an important sexually transmitted infection in men who have sex with men (MSM). The past decade has seen and increasing rates of rectal gonorrhoea and antimicrobial resistant (AMR) gonorrhoea associated with recreational drug use, geo-spatial mobile phone dating apps and HIV risk reduction strategies including undetectable = untransmissible (U=U) and HIV pre-exposure prophylaxis (PrEP). Our aims were to review the microbiological findings and clinical characteristics of MSM with rectal gonorrhoea.

Methods A cross sectional study between January 2018–December 2019 to characterise the clinical and laboratory features of MSM with rectal gonorrhoea from our large clinic population of MSM attending the sexual health clinic in Brighton, UK.

Results There were 12,186 MSM attendances during the study period, of which 379/12186 (3.1%, CI=2.8–3.4) had a positive rectal gonorrhoea NAAT. The median age was 34 (IQR= 27–34), 103/379 (27%) were HIV positive and 72/379 (19%) also had rectal Chlamydia. HIV positive MSM with rectal gonorrhoea were significantly older than HIV negative MSM ($p=0.001$). 73/379 (19%, 95%CI= 15.6 to 23.5) presented with ano-rectal symptoms. Gonorrhoea culture was performed in 291/379 (77%) overall and was positive in 190/291(65%); MSM with symptomatic gonorrhoea were more likely to be culture positive than asymptomatic MSM (OR= 8.04, CI 3.34–19.35, $p>0.0001$). There were no differences in age or HIV status between MSM with symptomatic versus asymptomatic mono or dual (Chlamydia) infections.

Conclusion Most MSM with rectal gonorrhoea are asymptomatic and asymptomatic MSM are significantly less likely to have gonorrhoea cultures taken and have a positive culture than symptomatic MSM. Measures are needed to ensure that all MSM (including asymptomatic) with rectal gonorrhoea have cultures taken prior to treatment to maintain adequate surveillance of AMR to prevent the urgent threat of multidrug resistance to gonorrhoea in MSM.

P036 ESTIMATING THE PREVALENCE OF ZOLIFLODACIN RESISTANCE MUTATIONS AMONG A GLOBAL DATABASE OF NEISSERIA GONORRHOEA WHOLE GENOME SEQUENCES

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Background Zoliflodacin is a novel antibiotic currently being evaluated in the treatment of uncomplicated *N. gonorrhoeae* infections. Three amino acid alterations have been associated