P117 DISSEMINATED GONOCOCCAL INFECTION CASE SERIES: CLINICAL PRESENTATIONS, MICROBIOLOGY FINDINGS AND WHOLE GENOME SEQUENCING RESULTS

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Background Disseminated gonococcal infection (DGI) is a rare complication of *Neisseria gonorrhoeae* (NG) infection arising from bacteraemia. It classically manifests as one or more of acute arthritis, tenosynovitis and dermatitis, more commonly in females. Anecdotally, DGI is increasing. We describe eight cases of DGI; seven presented within 13 months.

Methods All cases presented/referred, to STI/ID at a large teaching hospital, in England and diagnosed with proven/probable DGI.

Demographic, clinical and microbiological data were prospectively collected.

Whole genome sequencing (WGS) of positive cultures was undertaken.

Results Three proven (synovial fluid/skin NG culture positive) and five probable cases were identified, all males (7/8 MSM), and most (7/8) with no genital symptoms. Hip and wrist were the most commonly affected joints. Dermatitis featured in 5/8. All were NG NAAT-positive at an extra-genital site (pharynx or rectum); only 3/8 were urine NAAT-positive. Five cultured isolates from five patients underwent WGS: 2/5 had no linkage to other DGI or database isolates, 3/5 were 8–20 single nucleotide polymorphisms apart and from ST-7822, one of commonly circulating lineages in England. 6/8 presented initially to non-STI specialties, and experienced a delay in diagnosis and initiation of appropriate antibiotic therapy (mean 10.7 versus 4 days). Five required hospital admission (mean stay 14.4 days).

Conclusion This is the first study of WGS in DGI. DGI cases were not all associated with a single clone or outbreak, but several were from the same lineage, consistent with ST-7822 possibly causing more invasive infection. Our series supports an increased rate of DGI (our department saw <1 case/year historically). This may be related to host factors combined with increased NG prevalence in MSM worldwide. The cases demonstrate the lack of genital symptoms, which may contribute to delay in management and highlights the importance of extra-genital NAAT testing and awareness outside of STI services.

P119 COMMUNITY-DIRECTED BACTERIAL SEXUALLY TRANSMITTED INFECTION (STI) TESTING INTERVENTIONS AMONG MEN WHO HAVE SEX WITH MEN (MSM): AN E-DELPHI STUDY

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Background Canadian clinical guidelines recommend at least annual and quarterly sexually transmitted infection (STI) testing among sexually active men who have sex with men (MSM), including those on HIV PrEP or in HIV care. We built consensus around interventions to improve local STI testing services for MSM using a web-based ‘e-Delphi’ process.

Methods We recruited Experts for a Community Panel (MSM who sought/underwent STI testing in the preceding 18 months, conducted 09/2019–11/2019) and a Provider Panel (offered STI testing to MSM in the past 12 months, conducted 02/2020–05/2020). Experts prioritized 6–8 potential interventions, generated from a literature review, on a 7-point Likert scale of ‘Definitely not a priority’ to ‘Definitely a priority’ over 3 survey rounds. Consensus was defined as $\geq 60\%$ within a ± 1 response point. Summaries of panel responses were given in successive rounds. We report the percentage of ‘a priority’ at the final round of survey.

Results Among Community Experts, 43/51 (84%) completed all rounds; 19% HIV-positive, 37% HIV-negative on PrEP, 42% HIV-negative not on PrEP. We reached consensus on 6 interventions – Client Reminders (95%), Express testing (88%), Routine testing (84%), Online booking app (84%), Online testing (77%) and Nurse-led testing (72%). Experts favoured interventions that were convenient while also maintaining a relationship with their provider. Among Provider Experts, 37/48 (77%) completed all rounds; 59% were physicians. Consensus was reached on the aforementioned interventions (range 68%–100%) but not reached for Provider Alerts (19%) and Provider Audit and Feedback (16%). Express, Online and Nurse-led testing were prioritized by >95% of Experts because of streamlined processes and decreased need to see a provider.

Conclusions Both panels were enthusiastic about innovations that make STI testing more efficient. However, Community Experts preferred convenient interventions that involved their provider while Provider Experts favoured interventions that prioritized patient independence and reduced patient-provider time.

P120 INCARCERATION AND SUBSEQUENT PREGNANCY LOSS AMONG BLACK AND WHITE WOMEN: EXPLORATION OF SEXUALLY TRANSMITTED INFECTIONS AS A MEDIATING PATHWAY

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Background Incarceration is linked to risk of sexually transmitted infection (STI) post-release among women in the United States. There has been little examination of incarceration’s association with related sexual and reproductive outcomes such as pelvic inflammatory disease (PID) and pregnancy loss, or the role of STI in this relationship and whether these relationships differ between Black and white women.

Methods Using data from the National Longitudinal Study of Adolescent to Adult Health, we examined cross-sectional associations between incarceration (Wave IV; 2007–08; ages 24–34) and history of STI and PID (n=5968), and