Organized by
IUSTI Europe

IUSTI
INTERNATIONAL UNION AGAINST SEXUALLY TRANSMITTED INFECTIONS EUROPE

Hosted by:

1st Department of Dermatology-Venereology
National and Kapodistrian University of Athens
Medical School
«Andreas Syggros» Hospital

Under the Auspices of the:

ΕΛΛΗΝΙΚΗ ΔΕΡΜΑΤΟΛΟΓΙΚΗ ΚΑΙ ΑΦΡΟΔΙΣΙΟΛΟΓΙΚΗ ΕΤΑΙΡΕΙΑ
HELLENIC SOCIETY OF DERMATOLOGY AND VENEREOLOGY

38th IUSTI EUROPE CONGRESS

Sexual health from Hippocrates to AI

www.iustieurope2025.org

October
9-11 2025

Hotel Divani Caravel
Athens, Greece

BOOK OF ABSTRACTS

Congress Organizing Bureau
ERASMUS
Conferences & Events

CONTENTS

Organization – Committees.....3
Opening Lectures.....5-6
Plenary Lectures.....8-11
Symposia.....13-22
Sessions.....24-48
Workshops.....50-51
Free Communications.....53-96
ePoster Presentations.....98-242

Organization

Organized by:

IUSTI
INTERNATIONAL UNION AGAINST SEXUALLY TRANSMITTED INFECTIONS
EUROPE

Hosted by:

1st Department of Dermatology-Venereology
National and Kapodistrian University of Athens
Medical School
«Andreas Syggros» Hospital

Under the auspices of the:

ΙΑΤΡΙΚΗ ΣΧΟΛΗ ΑΘΗΝΩΝ • ATHENS MEDICAL SCHOOL • 1837 •

ΕΛΛΗΝΙΚΗ ΔΕΡΜΑΤΟΛΟΓΙΚΗ ΚΑΙ ΑΦΡΟΔΙΣΙΟΛΟΓΙΚΗ ΕΤΑΙΡΕΙΑ
HELLENIC SOCIETY OF DERMATOLOGY AND VENEREOLOGY

Committees

Congress President: **Electra Nicolaidou** (Greece)

Congress Vice President: **Alexandros Stratigos** (Greece)

Local Organizing Committee

Vasiliki Chasapi (Greece)
Antonis Chlinos (Greece)
Evangelos Daskalakis (Greece)
Anastasios Giannoukos (Greece)
Stamatios Gregoriou (Greece)
Roxani Kapranou (Greece)
Ourania Kotsafti (Greece)
Vassiliki Nikolaou (Greece)
Evdoxia Panou (Greece)
Sofia Papanikou (Greece)
Vasilios Paparizos (Greece)
Efthymia Soura (Greece)
Irene Stefanaki (Greece)
Varvara Vasalou (Greece)
Georgia Vrioni (Greece)

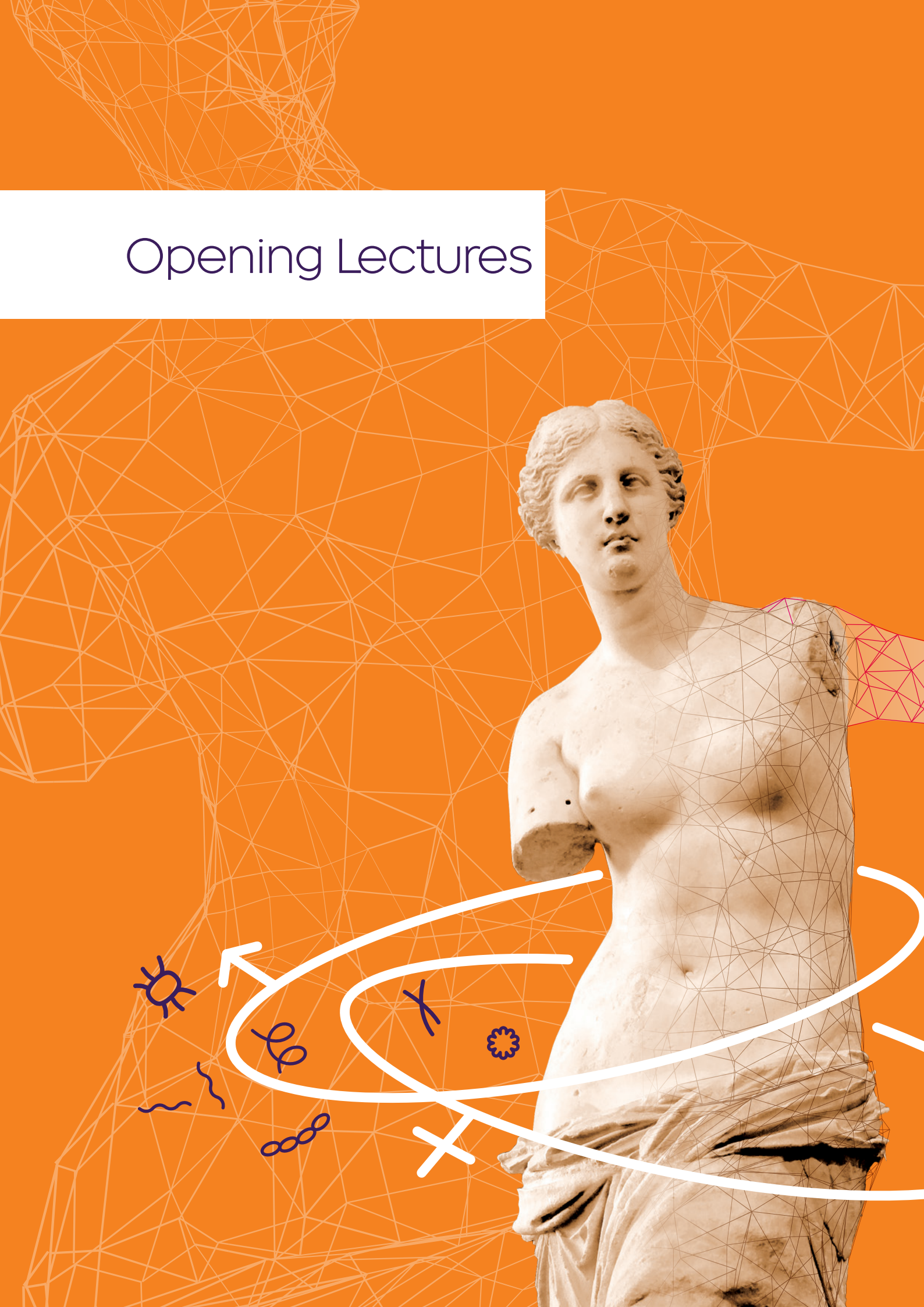
International Scientific Committee

George-Sorin Tiplica (Romania) - Chair
Carmen Lisboa (Portugal) - Vice Chair

Members

Mircea Betiu (Moldova)
Martin Chio (Singapore)
Claire Dewsnap (United Kingdom)
Sébastien Fouéré (France)
Deniz Gökengin (Turkey)
Usha Hartgill (Norway)
Eija Hiltunen-Back (Finland)
Alexander Katoulis (Greece)
Chris Kenyon (Belgium)
Vesta Kucinskiene (Lithuania)
Gemma Martin Ezquerra (Spain)
John McSorley (United Kingdom)
Maciej Pastuszczak (Poland)
Andrei Tanasov (Romania)

Opening Lectures



Hippocrates to now – Aspects of Our Civilisation

Michael Waugh

Leeds Teaching Hospitals -General Infirmary at Leeds, Pudsey, United Kingdom

Hippocrates 460-c.370 BC-Kos. His school was the first to record case histories based on clinical bedside observation. Galen later was the most prominent to follow till his views on anatomy were questioned by Vesalius and in physiology by Harvey. Meanwhile the Greek tradition passed into the Islamic World with teachers such as Rhazes (865-925), Avicenna (980-1037) -urethral discharge-irrigations-and Jabir, Arabian alchemy -introduction of cinnabar – mercury sulphide, arsenicals, zinc oxide, and antimony all used later in venereology. Moses Maimonides (1135-1204) is best known for his description of probably gonorrhoea – urethral discharge without any feeling of amorousness.

Kieron Leslie is going to talk on Europe`s outbreaks of syphilis but there are some early allusions to public health measures at the time from Fallopius (1523-1562) in Padua and the writings of Sudhoff after 1912 on measures against the syphilis epidemic.

What of scientific basis /clinicians / great teachers since then in Progress in Venereology/ Sexual Health? My list would include Herman Boerhaave (1668-1738)- Leiden; Jean Astruc (1684-1766)-France; Benjamin Bell (1749-1805) -Edinburgh; Philippe Ricord (1800-1889)- Paris, Jean Alfred Fournier (1832-1914)-Paris and the German speaking school-Albert Neisser (1855-1916), Fritz Schaudinn (1871-1906) & Eric Hoffmann (1868-1959), August Paul Wassermann (1866-1925), Paul Ehrlich (1854-1915).

And just off mainstream – condoms -Daniel Turner (1667-1740) - latex condoms 1920s.Epidemiology- Alexandre Parent du Chatelet (1790-1836) De la prostitution dans la ville de Paris.

And more modern times-sulphonamides, penicillin and its use in syphilis -1943-John Mahoney et al. Antibiotic resistance from penicillin resistant gonorrhoea, the rise of realisation about Chlamydia trachomatis, Enteric infections in MSM, and HIV/AIDS 1981 and Highly Active Anti-Retroviral Therapy (HAART) 1996.And HPV immunisation for all to prevent not only genital HPV but associated cancers. All the time much better understanding of the needs of women and STIs. And oh, so slowly, oh so slowly for STIs the rights of men who have sex with men. And so, progress continues- a perpetual mobile in sexually transmitted infections. Artificial intelligence hopefully will help us see through problems faster but there is no better specialist than a well informed and busy clinician.

Eros and Ethics; From Plato and Epicurus

Andreas Katsambas

University of Athens, Medical School, Athens, Greece

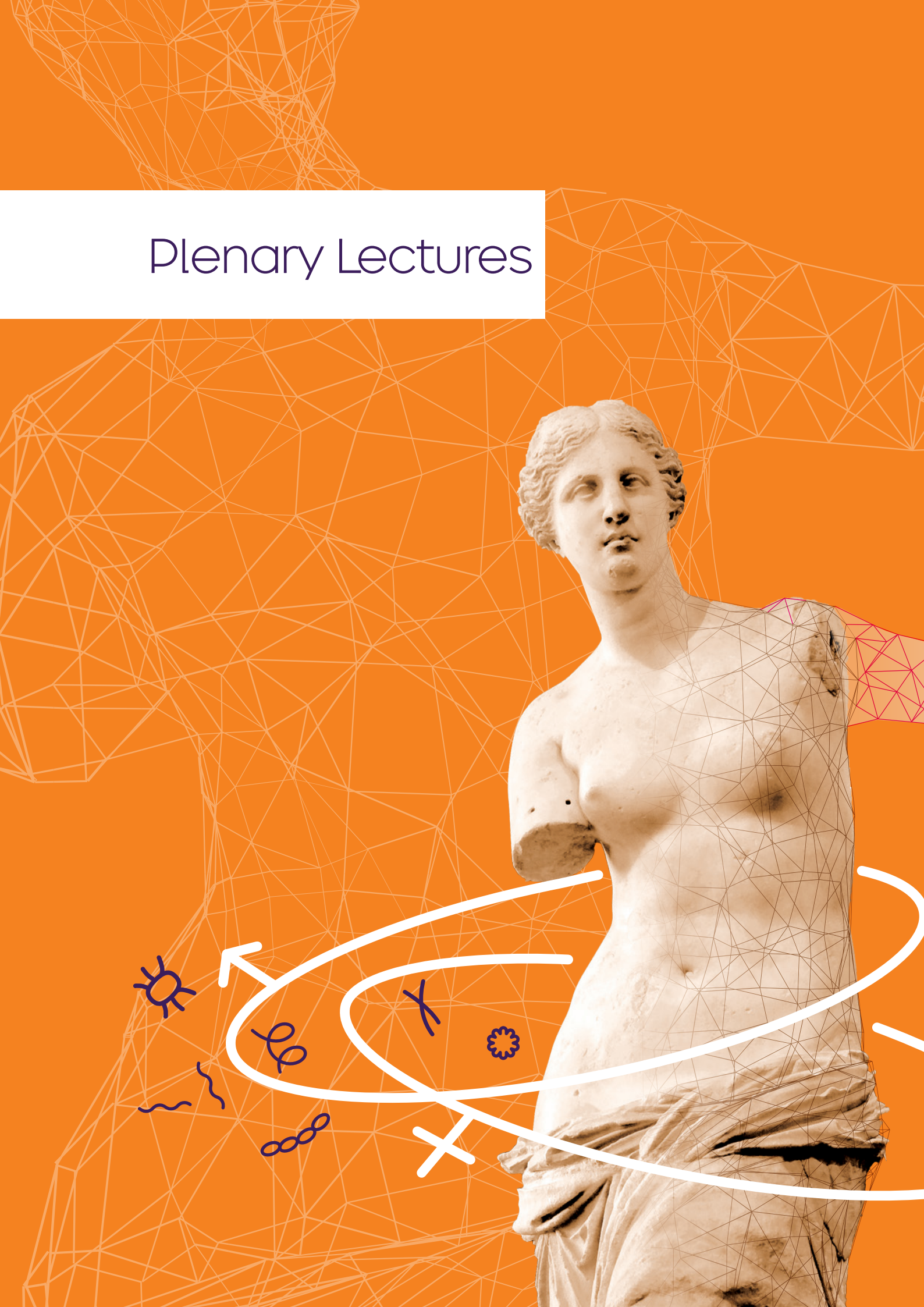
The philosophies of Plato and Epicurus often contrasting, yet profound insights into the nature of Eros (love) and ethics (Eros ethical implications).

For Plato, Eros is a motivating force, which guides the soul towards truth and the good, integrating love deeply into the ethical and philosophical pursuit of wisdom.

Epicurus, on the other hand, consider that eros, particularly in its intense and passionate forms, often seems to be a source of disturbance. Epicurus advises moderation, suggesting that while love and friendship can contribute to happiness, Eros, in the form of uncontrolled desire can lead to turmoil, distracting from the serene life (ataraxia), he appeals.

In conclusion, while Plato elevates Eros as a force leading the soul towards happiness and ethical living, Epicurus treats Eros with skepticism, focusing on its potential to disrupt inner peace.

Plenary Lectures



PL1.1 | Syphilis still a difficult diagnosis

Marco Cusini

IRCCS Policlinico Milano, Milano, Italy

Syphilis has long been known as the Great Imitator (Σύφιλη, ο μεγάλος μιμητής), a title it earned from its first descriptions in the 16th century, and even today, diagnosis can remain challenging.

The difficulties in achieving an accurate diagnosis of syphilis involve several aspects: from obtaining a thorough clinical history, to making a clinical diagnosis, to the direct detection of Treponema pallidum—when possible—and to the correct interpretation of serological tests.

A detailed patient history is fundamental in guiding the diagnostic process. Several critical elements must be considered, including assessing the risk of infection, estimating the likely time of exposure, and evaluating the potential risk of transmission to sexual partners. Collecting a sexual history—especially in the context of sexually transmitted infections—can be particularly challenging. Patients are often reluctant to discuss sexual behaviors, number of partners, or substance use, which can lead to missing key information.

Clinical diagnosis can be difficult, not only for young physicians but also for experienced clinicians, who may overlook cases of syphilis. The term megalos mimetis aptly describes the polymorphic nature of syphilitic lesions. This is especially true in secondary syphilis, which can present with a wide array of clinical manifestations. Some of these have even been described with terms inspired by nature or particular patterns—such as the "corymbiform pattern" or the "omnibus sign."

With regard to direct diagnosis, the development of nucleic acid amplification tests (NAATs) has significantly improved both the sensitivity and specificity of detecting the infection. Nevertheless, these tests are not always widely available, and their results are not immediate. The ability to identify T. pallidum using dark-field microscopy remains a valuable diagnostic tool. This technique requires skill and experience. Indeed, the first time a young STI physician detects T. pallidum is often considered a milestone in their professional development.

Finally, serological testing for syphilis continues to pose challenges and uncertainties. The timing of serologic response following treatment and the interpretation of cerebrospinal fluid serology are just two examples of potentially complex scenarios clinicians may face.

PL1.2 | Oral syphilis

Pille Konno

Syphilis is a systemic sexually transmitted infection caused by Treponema pallidum, with a rising incidence worldwide. While mucocutaneous lesions are commonly observed on the genitalia, oral manifestations are increasingly reported and may represent the sole clinical feature, posing diagnostic challenges. We compiled data from articles on "oral syphilis" published in PubMed over the last 10 years (using the “full text available” filter) and provide an overview. Primary oral lesions typically present as painless ulcers, while secondary syphilis can produce mucous patches, whitish plaques, or maculopapular eruptions. Their nonspecific appearance often leads to misdiagnosis as aphthous ulcers, candidiasis, or other oral conditions. Timely recognition, supported by serological testing and, when necessary, digital dermoscopy, histopathology, is essential for prompt treatment and prevention of systemic complications. This presentation reviews the epidemiology, clinical spectrum, diagnostic approaches, and management strategies for oral syphilis, emphasizing the importance of clinician awareness of atypical presentations.

Keywords: oral syphilis, Treponema pallidum, mucocutaneous lesions, diagnosis, dermoscopy, sexually transmitted infections

PL1.4 | Exploring Alternative Syphilis Treatments: Linezolid and Cefixime for Early Syphilis, Neurosyphilis, and Pregnancy

Susana Muñoz-Gómez[1,2], Oriol Mitjà[1,2,3], Roser Escrig-Sarreta[1,2], Camila G Beiras[1,2], Sara Buezo[1,2], Clara Pérez-Mañá[1,2], Adrià Mendoza[1]

[1]Skin Neglected Tropical Diseases and Sexually Transmitted Infections Section, Fight Infectious Diseases Foundation, University Hospital Germans Trias i Pujol, Badalona, Spain; [2]Department of Medicine, Universitat Autónoma de Barcelona, Bellaterra, Spain; [3]Infectious Diseases Department, Universitat de Vic-Universitat Central de Catalunya, Vic, Spain

Syphilis remains a significant public health concern, disproportionately affecting vulnerable populations, including individuals with limited healthcare access and pregnant women. In 2022, an estimated 8 million people acquired the infection globally. High-risk groups encompass young people, men who have sex with men, and sex workers. Untreated maternal syphilis poses a 50% transmission risk to the fetus, leading to adverse birth outcomes in 50–80% of cases. Congenital syphilis continues to be a severe issue, affecting nearly 200,000 newborns annually.

While penicillin is the standard treatment, its limitations—such as allergic reactions, supply shortages, and healthcare access barriers—highlight the urgent need for alternative therapies. An in-vitro study tested various antibiotics against T. pallidum, identifying amoxicillin, ceftriaxone, several oral cephalosporins, tedizolid, and dalbavancin as effective at concentrations achievable in human plasma. Prolonged exposure to linezolid did not induce resistance, reinforcing its potential role in syphilis treatment. Among oral cephalosporins, cefixime showed strong anti-treponemal activity, making it a promising candidate for use during pregnancy.

Linezolid has shown promise in early-stage syphilis and may offer a viable alternative for neurosyphilis due to its ability to penetrate the central nervous system. Additionally, pregnant women with syphilis require optimized treatment strategies to prevent congenital transmission, yet clinical trials in this population remain scarce. Based on antibiotic studies, cefixime has been selected for a prospective clinical trial to assess its efficacy and safety in preventing congenital syphilis.

In conclusion, linezolid and cefixime represent promising alternatives across three key syphilis management scenarios: early-stage syphilis, pregnancy, and neurosyphilis. Implementing these strategies could significantly improve outcomes for those most affected by syphilis, reducing complications and congenital transmission.

Public Heath implications of doxy-PEP

Henry de Vries

Amsterdam University Medical Centre, Amsterdam, The Netherlands, [2]Public Health Service Amsterdam, Amsterdam, The Netherlands

Randomized controlled trials (RCT) from the USA and France have shown that doxycycline post-exposure prophylaxis (doxyPEP) prevents syphilis and chlamydia among men who have sex with men (MSM). The effect on gonorrhea is more limited and setting-dependent, likely due to varying levels of tetracycline resistance in Neisseria gonorrhoeae. On an individual level, doxyPEP and doxyPrEP may lead to fewer STIs and more sexual freedom. However, both biomedical interventions raise broader public health questions.

DoxyPEP implementation varies internationally: some countries cautiously support it (e.g.,Australia and Germany), while some US cities like San Francisco and Seattle have fully embraced it. In most continental European countries, public health recommendations do not advice doxyPEP use for the prevention of STIs. The main concern is that widespread doxyPEP use increases antibiotic consumption, resulting in the emergence and transmission of resistant pathogens, while also inducing resistance genes abundances in the microbiome.

Recent data show that doxyPEP is already being used, often without medical supervision. In a recent study, we found individuals in the Netherlands source doxycycline through online vendors, drug dealers, or informal networks (Teker et al,. Eurosurveillance). Some individuals used doxycycline daily. Alarmingly, 8.5% of 246 respondents used antibiotics other than doxycycline, none proven effective nor safe for this purpose. For example, some reported azithromycin usage, which interacts with certain HIV medications, and easily induces antimicrobial resistance due to its long half-life. Additionally, 15.5% did not know which antibiotic they had used. In this presentation I will discuss the urgent need to understand antimicrobial prophylaxis use against STI in real-world settings – both formally and informally – and its public-health and individual-level consequences beyond clinical trial settings.

Symposia

SY1.1 | Engaging male sexual partners of Syrian refugee women in care: Findings from an ongoing implementation science study to address reproductive tract infections in a humanitarian setting of protracted forced displacement

Sasha Fahme

Weill Cornell Medicine, New York, United States

Genital infections are prevalent, poorly characterized, and inadequately treated among Syrian refugee women in Lebanon. Sexual health outcomes in this population are strongly associated with violence, war trauma, food insecurity, and poor mental health. Challenges with partner notification and sexual health stigma are major barriers to accessing sexually transmitted infection (STI) care. This research examines mechanisms for engaging Syrian refugee men in sexual health care as part of a larger implementation science study which seeks to adapt, test, and evaluate a peer-led sexual health intervention in Lebanon. We are utilizing the sequential ADAPT-ITT model to systematically adapt and pilot test an evidence-based intervention, originally conducted in Peru to improve cervical cancer screening among rural-dwelling women, to apply to recurrent genital infections among Syrian refugee women in Lebanon. We recruited Syrian refugee women with recurrent genital infections, male community leaders, and healthcare workers who provide care to this population to participate in focus group discussions aimed at eliciting strategies to garner men's support of a women's sexual health intervention, address sexual health stigma in this population, and engage men in STI screening and treatment. Data collection and analysis are ongoing. Data are being iteratively analyzed using an interpretative phenomenological approach and are thematically organized using the social ecological model, delineating barriers and facilitators to intervention participation and care retention. Our findings will directly inform implementation strategies for a refugee-led, evidence-based sexual health intervention. The intervention will be analyzed in a single-group feasibility study of rural-dwelling Syrian refugee women in Lebanon, which will assess implementation outcomes of acceptability, appropriateness, and feasibility, as well as sexual health self-efficacy and genital infection recurrence. These data will guide refinement of this intervention for a hybrid type I effectiveness-implementation cluster-randomized trial.

SY1.3 | STDs in patients of ethnic origin, don't get caught out

Colm O'Mahony

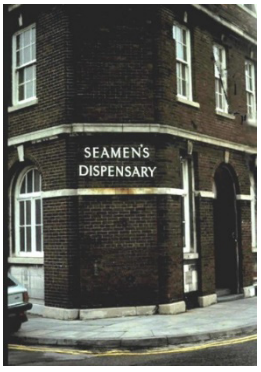
University Of Chester Medical School, Chester, United Kingdom

There was a famous clinic in Liverpool docks called the Seamens Dispensary.(Fig 1) I worked there for many years and saw cases of STD in merchant Seamen from all over the world. Gonorrhoea, syphilis, chancroid (Fig2) and LGV (Fig 3) were common. Most STD's that present with discharge or ulcer are similar, irrespective of skin colour. Rashes of course, are a complicated clinical scenario.

There are many so called neglected tropical diseases (NTD) That can present with rashes and ulceration and consideration needs to be given, as to whether this is a sexually transmitted disease presentation or not. Knowledge of where the migrant has originated from and awareness of incidence of infections like Yaws, is also important in coming to conclusions.

Polymerase chain reaction (PCR) if available, is useful. Serological testing for HIV, syphilis and Hepatitis should be done as a routine, and urgently, if a migrant is pregnant. Many come from endemic areas and will not have had appropriate antenatal care. Testing needs to be as normalised as possible so the migrant does not feel singled out for investigations of an STD nature.

WHO in 2018 published a superb illustrated document called "Recognising Neglected Tropical Diseases through changes on the skin". This illustrated pdf could prove very useful.



SY1.5 | Addressing HIV in migrants and refugees in the Greek islands

Konstantinos Protopapas

The Greek islands have become a critical entry point for refugees and migrants seeking safety in Europe. While immediate concerns often focus on shelter, security, and asylum procedures, health remains an essential yet under-addressed dimension of the migration crisis. Among the health challenges faced by displaced populations, HIV stands out as both a medical and human rights issue.

At present, there is no clear and comprehensive picture of HIV prevalence among migrants and refugees in the Greek islands. Unlike countries such as Cyprus, Greece does not mandate HIV testing upon arrival. While this avoids coercion, it also results in substantial data gaps that hinder planning and resource allocation. Underreporting, stigma, language barriers, and inconsistent health records further obscure the reality, leaving policymakers and practitioners to operate with limited information.

Even when migrants are diagnosed with HIV, access to care remains fragmented and slow. In some cases, it takes months to link individuals to specialized clinics. The absence of a central referral mechanism means that timely care often depends on the goodwill and knowledge of individual providers, many of whom lack training in HIV and sexual health. Alarmingly, there have been cases of misinterpreted test results, highlighting the need for urgent capacity building.

The consequences of these systemic weaknesses are profound: delayed treatment, increased risk of transmission, erosion of trust in health systems, and widening health inequalities. Yet, opportunities exist. Integrating HIV services into routine primary care, strengthening NGO–state collaboration, ensuring uninterrupted antiretroviral treatment, and investing in culturally sensitive education and provider training could transform the response.

Ultimately, addressing HIV among migrants and refugees in the Greek islands is not only a matter of public health but also of human rights. A humane, coordinated, and evidence-based approach would allow Greece and Europe to set a global example in safeguarding the dignity and health of the most vulnerable.

SY1.6 | Reach-out – integrated sexual health interventions for hard-to-reach populations in Italy, Malta, and Greece

Valeska Padovese

Reach-out is an integrated sexual health initiative targeting hard-to-reach populations in Italy, Malta, and Greece, including migrants, refugees, and marginalized communities. The project delivers culturally sensitive, community-based interventions aimed at improving access to sexual and reproductive health services. Through mobile clinics, peer education, and partnerships with local organizations, Reach-out addresses barriers such as stigma, legal status, and language. The program emphasizes early detection, prevention, and treatment of STIs, while promoting sexual health rights and awareness. By adopting a holistic, inclusive approach, Reach-out demonstrates effective strategies to bridge healthcare gaps and foster equity in sexual health across diverse settings.

SY2.1 | HPV vaccination across Europe: The need for scaling-up

Konstantinos Protopapas

Human papilloma virus (HPV) is the most common sexually transmitted infection worldwide and a major cause of cervical, anal, oropharyngeal, vulvar, vaginal, and penile cancers. Vaccination provides an effective, safe, and cost-efficient method of prevention. However, coverage across Europe remains suboptimal and highly variable, far below the World Health Organization (WHO) target of 90% by 2030.

The issue is particularly pressing for people living with HIV (PLHIV). Due to immunosuppression, PLHIV experience higher rates of persistent HPV infection and a markedly increased risk of HPV-related malignancies, especially anal and cervical cancer. Studies indicate that cervical cancer incidence is up to six times higher among women living with HIV, while anal cancer rates are disproportionately elevated in men who have sex with men (MSM) living with HIV. Despite this elevated burden, vaccination coverage among PLHIV remains poorly documented and insufficiently prioritized in many national programmes.

Recent European data show striking disparities in HPV vaccine uptake. While countries such as Portugal, Spain, Sweden, and the UK report coverage exceeding 70% among girls, others — including France, Germany, and several Eastern European countries — remain below 50%. School-based and gender-neutral vaccination programmes have proven effective in achieving high coverage, yet few explicitly target or prioritize PLHIV. The lack of tailored strategies leaves a vulnerable population at greater risk.

Scaling up HPV vaccination in Europe requires a dual approach: broad national efforts to meet WHO targets, combined with focused interventions for high-risk groups such as PLHIV. Policy recommendations include:

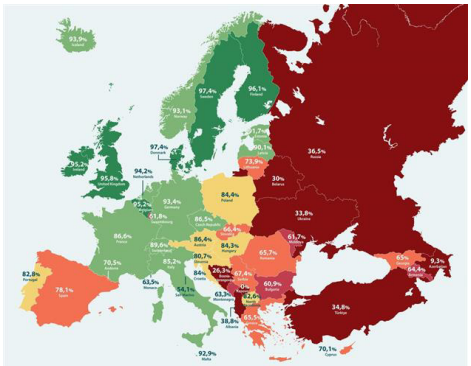
Ensuring universal, free-of-charge access to HPV vaccination for all adolescents, regardless of gender or HIV status.

Integrating HPV vaccination into HIV care services, offering catch-up doses to PLHIV who missed adolescent vaccination.

Strengthening awareness campaigns targeting PLHIV, healthcare providers, and communities.

Enhancing data collection to monitor vaccine uptake in this population.

By addressing both general population coverage and the unique needs of PLHIV, Europe can reduce inequities, prevent thousands of avoidable cancer cases, and make significant strides toward the elimination of cervical cancer and other HPV-related diseases.



Symposium 3: STI POCT in Clinical Care: Overcoming Challenges, Maximising Opportunities

Anna Maria Geretti, Carmen Lisboa, Apostolos Beloukas, Valeska Padovese, Barbara Van der Pol, Karel Blondeel, Donia Gamoudi

Background: Point-of-care testing (POCT) for sexually transmitted infections (STIs) is advancing rapidly, with both rapid antigen/antibody assays and molecular platforms increasingly available in clinical and community settings. These technologies promise faster diagnosis, reduced loss to follow-up, and earlier treatment. Multiplex molecular assays, integration of antimicrobial resistance detection, and digital or AI-assisted interpretation are expanding the scope of POCT, but widespread adoption requires overcoming persistent challenges.

Methods: This symposium will present complementary perspectives: (i) an overview of available STI POCT, their strengths and limitations, emerging innovations, and regulatory considerations; (ii) strategies for effecting change by engaging laboratories, clinicians, and end-users, addressing institutional and systemic barriers, and promoting training and behaviour change; and (iii) key factors influencing adoption, including cost, accuracy, equity, accessibility, and quality control. Field experiences from multiple settings will provide practical insights into real-world implementation.

Results: Evidence shows variability in accuracy across assays, particularly in low-prevalence settings, which influences confidence in results and patient management. Operational barriers — cost, training requirements, and quality assurance — remain critical. For self-testing and non-laboratory use, performance and interpretation can be compromised without clear instructions, quality management, or standardised messaging, increasing risks of false results and misinterpretation. Successful adoption has been observed when stakeholders collaborate across disciplines, build trust, and align incentives. Field reports demonstrate that portable molecular platforms, context-specific training, and locally co-created strategies can enable sustainable uptake.

Conclusion: STI POCT has the potential to transform clinical pathways and strengthen surveillance, but requires coordinated efforts to maximise opportunities and overcome challenges. Regulatory clarity, investment in education, and robust quality control are central to safe, reliable implementation. Embedding POCT into practice will depend on stakeholder engagement, training, and behaviour change strategies that deliver demonstrable benefits for patients and healthcare systems.

SY3.3 | Effecting change: Driving POCT Adoption from Labs to Clinics

Valeska Padovese

Point-of-care testing (POCT) has the power to transform care pathways, yet moving innovation from the lab bench to everyday clinical practice is far from straightforward. True adoption requires collaboration between laboratories, clinicians, and end-users, bridging trust, communication, and shared ownership. Institutional and systemic hurdles—whether regulatory, financial, or operational—can stall progress unless tackled head-on. Change happens when stakeholders see real-world benefits: faster results, better outcomes, and improved patient experience. By combining co-creation, training, and behaviour change strategies, we can shift POCT from promise to practice and embed it sustainably across healthcare systems.

SY4.1 | Trans+ people's perspectives on sexual health services in the United Kingdom

Tom Witney[1], Lorraine McDonagh[1], John Saunders[2], Greta Rait[1]

[1]University College London, London, United Kingdom; [2]UK Health Security Agency, London, United Kingdom

Objectives: Trans, non-binary and/or gender diverse (trans+) people in the UK are less likely to access sexual health services (SHS) than cisgender people and are more likely to report negative experiences. The British Association for Sexual Health and HIV (BASHH) developed expert recommendations for trans-inclusive SHS, but these lacked service user perspectives. This study addressed this gap by asking trans+ people how SHS could be more inclusive.

Methods: Semi-structured interviews (n=33) and focus groups (n=26) were conducted with trans+ people aged 17–71 years old recruited through community organisations and social media, exploring experiences of SHS and inclusivity. Study design, materials and analysis were informed by trans+ people and an advisory committee of charities and sexual health clinicians. Data were analysed thematically.

Results: Participants often expected that SHS were not set up for them. This was reinforced by poor experiences in other healthcare settings and the lack of information on NHS websites. Some participants had been denied care because they were 'too complex'. Participants wanted to know that SHS had engaged with the needs of trans+ people and looked for hallmarks of inclusivity, such as Trans Pride flags in reception areas. Some participants wanted specialist trans+ services, but others preferred to access general SHS. Staff attitudes were a key factor underpinning inclusivity. Anticipating having their identity questioned or needs dismissed, participants sought kindness and openness. Although the needs of trans+ people are diverse and different from cisgender service users, participants stressed that SHS staff already had the skills to deliver sensitive person-centred care and emphasised the value of inclusive SHS.

Conclusion: These findings provide insight into what a sample of trans+ people in the UK consider important for inclusive SHS. Participants' suggestions align with and reinforce BASHH expert recommendations. Importantly, they highlight the need for ongoing engagement to deliver inclusive SHS.

SY5.1 | Impact of HPV vaccine on male disease

Carmen Lisboa[1,2]

[1]*Rise-Health, Pathology, Faculty of Medicine, University of Porto, Porto, Portugal;*
[2]*Unidade Local de Saúde de São João, University Hospital, Porto, Porto, Portugal*

Human papillomavirus (HPV) is a common sexually transmitted infection that affects both sexes. In males, persistent infection can lead to genital warts, recurrent respiratory papillomatosis, and cancers of the anus, penis, and oropharynx. Vaccination has had a significant effect on reducing this burden.

Warts: HPV types 6 and 11 are responsible for most genital warts in men. Vaccination has led to striking reductions in incidence. In countries with high vaccine uptake, rates of genital warts in young men declined by up to 90% within a few years of program introduction. These reductions are observed both in directly vaccinated males and indirectly through herd immunity from female vaccination.

Precancers: HPV vaccination effectively prevents infection with high-risk types such as HPV 16 and 18, which are linked to precancerous lesions. Trials in young men demonstrate strong protection against external genital lesions and anal intraepithelial neoplasia, especially relevant for men who have sex with men (MSM). Vaccination before sexual debut provides the most benefit, but catch-up vaccination in adolescents and young adults still reduces disease burden.

Cancers: HPV is implicated in anal, penile, and oropharyngeal cancers in men. Since these cancers develop over decades, direct population-level reductions are not yet fully measurable. However, early indicators—including lower prevalence of vaccine-type HPV infections and precancerous lesions—suggest that long-term declines in HPV-related cancers are highly likely. The greatest potential benefit is expected in oropharyngeal cancer, which has rising incidence in men.

Herd immunity: Widespread female vaccination programs have indirectly reduced HPV-related disease in heterosexual men. Including boys in routine vaccination ensures equity, maximizes population coverage, and protects groups not reached by indirect effects. Universal vaccination also strengthens community-level immunity, sustaining declines in HPV circulation.

Conclusion: HPV vaccination in males substantially decreases genital warts and precancerous lesions, with strong evidence pointing toward future reductions in multiple cancers. Several factors affect HPV vaccine uptake, namely among males. Ongoing research will provide insights into the real-life effectiveness of HPV vaccines and their impact on HPV-related diseases.

SY5.3 | Blamestorming; a wise man learns from his mistakes, an even wiser one learns from others mistakes

Colm O'Mahony

University Of Chester Medical School, Chester, United Kingdom

Nobody is perfect. You will make mistakes. How you deal with them is the key. The General Medical Council in the UK have strict guidelines about duty of candour and apologising for mistakes. Mistakes do not imply negligence.

Several cases will be outlined where errors of diagnosis or management have happened. Relax however, no one came to any serious harm!

It is not just clinical errors that cause harm, social media can be a minefield.

The old saying "dance like no one is watching but text, tweet and email like you are going to have to read it out in court tomorrow" needs to be kept in mind.

Sessions

SS1.1 | How should we design and deploy equitable online clinical care pathways for STI testing and management? Evidence from The SEQUENCE Digital Research Programme

Claudia Estcourt[1], Melvina Woode Owusu[2], Filippo Zimbile[3]

[1]Glasgow Caledonian University, Glasgow, Scotland/United Kingdom; [2]University College London, London, United Kingdom; [3]RIVM, National Institute for Public Health and the Environment, Utrecht, Netherlands

This session brings together UK and European leaders in inclusive digital sexual health to explore how can we plan, deliver, and evaluate sexual health services that are inclusive, accessible, and equitable—in both digital and face-to-face settings.

Through three short presentations, we will draw on research, implementation experience, and lessons learned from national and regional programmes, highlighting:

• What works in reducing inequalities in sexual health access and outcomes.

• What hasn't worked—and why.

• What we would do differently in the future.

Together, we will reflect on how digital platforms can promote (or hinder) inclusion, and share tools, strategies, and frameworks that can be adapted across settings. The session will conclude with a panel Q&A and open discussion. We invite attendees to contribute their own insights, challenges, and examples to foster shared learning.

Attendees will leave with concrete, generalisable takeaways to enhance equity within their own sexual health services.

• Professor Claudia ESTCOURT (Glasgow Caledonian University, Scotland): How should we design and deploy equitable online clinical care pathways for STI testing and management? Evidence from The SEQUENCE Digital Research Programme (https://www.sequencedigital.org.uk/)

• Dr. Melvina WOODE OWUSU (Institute for Global Health, University College London, England): Using co-production to develop culturally sensitive online sexual health interventions for young people – why we need to blur the researcher-lay person boundaries.

• Dr. Filippo ZIMBILE (RIVM, National Institute for Public Health and the Environment, The Netherlands): The Dutch Stepped Care Model: Using stepped care to plan eSexual Health and promote self-care

SS1.2 | The Dutch Stepped Care Model: Using Stepped care to plan eSexual Health and promote self-care

Filippo Zimbile[1,2]

[1]Dutch National Institute for Public Health and the Environment, Bilthoven, Netherlands; [2]Aids Fund - Soa Aids Nederland, Amsterdam, Netherlands

Title: Providing equitable sexual health care in a digital world: using the research to design and deliver inclusive services to reduce health inequalities

This session brings together UK and European leaders in inclusive digital sexual health to explore how can we plan, deliver, and evaluate sexual health services that are inclusive, accessible, and equitable—in both digital and face-to-face settings.

Through three short presentations, we will draw on research, implementation experience, and lessons learned from national and regional programmes, highlighting:

• What works in reducing inequalities in sexual health access and outcomes.

• What hasn't worked—and why.

• What we would do differently in the future.

Together, we will reflect on how digital platforms can promote (or hinder) inclusion, and share tools, strategies, and frameworks that can be adapted across settings. The session will conclude with a panel Q&A and open discussion. We invite attendees to contribute their own insights, challenges, and examples to foster shared learning.

Attendees will leave with concrete, generalisable takeaways to enhance equity within their own sexual health services.

• Professor Claudia ESTCOURT (Glasgow Caledonian University, Scotland): How should we design and deploy equitable online clinical care pathways for STI testing and management? Evidence from The SEQUENCE Digital Research Programme (https://www.sequencedigital.org.uk/)

• Dr Melvina WOODE OWUSU (Institute for Global Health, University College London, England): Using co-production to develop culturally sensitive online sexual health interventions for young people – why we need to blur the researcher-lay person boundaries.

• Dr Filippo ZIMBILE (RIVM, National Institute for Public Health and the Environment, The Netherlands): The Dutch Stepped Care Model: Using stepped care to plan eSexual Health and promote self-care

SS1.3 | Using co-production to develop culturally sensitive online sexual health interventions for young people – why we need to blur the researcher-lay person boundaries

Melvina Woode Owusu[1], Jennifer MacDonald[2], Paul Flowers[3], André Bright, Lynne Haar[2], Jo Gibbs[1], Claudia Estcourt[2]

[1]Institute for Global Health, University College London, London, United Kingdom; [2]Department of Nursing and Community Health, Glasgow Caledonian University, Glasgow, United Kingdom; [3]Department of Psychology, University of Strathclyde, Glasgow, United Kigdom

Background: In 2024, there were over 350,000 STI diagnoses in England and around 19,000 in Scotland, with young people disproportionately affected. Partner notification (PN) is widely recognised as critical for STI control, yet conventional approaches frequently struggle to reach diverse young populations effectively. Evidence from the LUSTRUM Accelerated Partner Therapy trial showed only half of sex partners returned self-sampling kits, highlighting the need for interventions that better support partners to test. Traditional research methodologies may inadequately address cultural complexities and community-specific barriers to testing in our increasingly digital world.

Methods: We co-produced culturally sensitive digital films encouraging STI testing among sex partners of young people diagnosed with bacterial STIs. Two co-production groups were established of diverse young people (n=11) and young people of Black Caribbean heritage (n=6). Co-producers participated across five workshops covering orientation, message development, film conceptualisation, production planning, and post-production editing. Co-producers were reimbursed in line with national guidance to address participation barriers. The process was systematically evaluated using multi-perspective reflection, guided by six principles: sharing power, inclusion, respecting contributions, reciprocity, relationship-building, and reflexivity.

Results: The process blurred traditional researcher-participant boundaries, positioning young people as partners rather than passive participants. Co-production generated two narrative films addressing different cultural contexts while challenging STI stigma. Key insights emerged about power-sharing complexities, the necessity of cultural representation in research teams, and the importance of flexible, responsive methodologies. Evaluation response rates exceeded 90%, with feedback consistently affirming the rigorous yet adaptive approach. Key adaptations included modified online workshop formats, enhanced support provision, and Black-led facilitation. Co-producers described outputs as "empowering," "relatable," and "educational," with one noting: "I have never seen this representation before."

Conclusions: Restructuring traditional researcher-participant hierarchies and boundaries enables authentic community engagement and culturally competent intervention development, requiring substantial time, resources, and reflexive practice. Importantly, this does not compromise scientific integrity but rather provides a route to more equitable, effective, and impactful digital sexual health interventions. To reduce health inequalities, researchers must embrace genuine collaboration, which offers promising pathways for developing inclusive digital interventions and online services that resonate with diverse young populations and improve PN outcomes.

SS2.1 | Potential Implications of STI At-Home Self-Testing

Barbara Van Der Pol

University Of Alabama At Birmingham, Birmingham, United States

Background: Several STI tests are now available for home use including antibody tests for HIV and syphilis as well as a molecular test for chlamydia, gonorrhea, and trichomonas. The implications of widespread uptake of these tests have not been well considered in terms of impact on patient care and management.

Considerations: At-home testing is completely managed by the end-user which may lead to 1) slightly reduced sensitivity and/or specificity if instructions are not followed in detail; 2) misinterpretation of the meaning of test results; 3) delay between result generation and care-seeking; and, 4) lack of trust in results on the part of providers.

Discussion: There are advantages and disadvantages that will result from home testing and providers need to be prepared in advance to manage patients when they present with positive results. Concerns have been raised in the past about both the accuracy of self-tests and the limited reporting and care-seeking behaviors of people who self-test. While these concerns are valid, the trade-off is more people knowing their status even if they do not seek care. Conversely, people may misinterpret the meaning of test results and not engage in behaviors that protect themselves or their partners. For HIV and syphilis, the antibodies are lifelong and confirmatory testing has always been necessary so managing patients with reactive antibody tests will be similar regardless of where and by whom the initial screening was performed. However, for syphilis, the at-home test should not be used by people who have previously been diagnosed with syphilis as it will always return a reactive result. Further with the tests for chlamydia/gonorrhea/trichomonas, it is known that as many as 20% of people who test positive will test negative within 2 weeks despite not having received treatment. Thus, performing an type of confirmatory testing is fraught with difficulty. Therefore, despite potential lack of trust in patient reported results, providers are likely to need to act on those results without additional testing to support it. To provide consistent and appropriate care, providers need guidelines to support clinical decision making in this era of self-testing.

SS2.2 | Advanced non invasive diagnostic technologies of STDs

Piergiacomo Calzavara Pinton

University Of Brescia, Brescia, Italy

In the recent years new technologies have changed the diagnostic approach to STDs. Dermoscopy is now largely routinely used for the diagnosis of scabies, Mollusca and genital warts. Its use has been investigated also for other disorders.

Line field optical coherence (LC-OCT) and reflectance confocal disorders have been at a preliminary phase of investigations and they can be useful for a better knowledge of the natural history of the disease and for the follow-up of the treatment.

Artificial Intelligence can also change the medical approach to the diagnosis and treatment of selected STDs

SS2.3 | Genital warts and AI

Dimitra Koumaki

Dermatology Department, University Hospital Of Heraklion, Heraklion, Greece

Genital warts constitute a significant clinical issue due to their frequency and resulting psychosocial morbidity. The traditional means of diagnosis is by visual inspection, which is subjective and has the potential to differ among clinicians. Recent developments with artificial intelligence (AI) offer great promise to enhance diagnostic accuracy and efficiency. A cross-sectional study evaluated the performance of an AI-based mobile app, DermaAId, in diagnosing genital dermatoses, including anogenital warts. The study used 257 images, and the AI app had a top-1 correct diagnosis rate of 68.9%, which was greater than that of primary care physicians (50.4%) and similar to dermatologists (73.2%). This suggests that AI can be employed as an effective diagnostic tool, particularly in regions where there is limited availability of dermatological experts. Additionally, the integration of synthetic image generation and disease classifiers has also been found to be helpful in AI system training. A recent study demonstrated that a Vision Transformer model that was trained on synthetic images of HPV conditions was 95.5% precise in classification for HPV conditions, denoting excellent diagnostic accuracy. The approach can transcend data availability constraints and enhance AI model resilience. The use of AI in dermatology extends to more than just diagnosis. A real-time AI model has been developed to assist clinicians in the diagnosis of a wide range of skin conditions, with 68% accuracy in the classification of primary lesion morphology and rising to 80% when the three most likely predictions were considered. This demonstrates the value of AI to assist with clinical decision-making and improve patient outcomes. In conclusion, AI-based diagnostic devices for genital warts have the potential to be an intriguing addition to traditional methods, improving diagnostic precision and accessibility. Further study and integration into clinical practice are warranted to fulfill the full promise of AI in managing genital warts and other dermatoses.

SS3.1 | Monitoring Neisseria gonorrhoeae in the Netherlands: Insights from the Dutch Reference Laboratory

Helene Zondag[1,2], Arjen Stam[1,3], Brenda Westerhuis[1], Alje van Dam[1,3]

[1]Public Health Laboratory, Department of Infectious Diseases, Public Health Service Amsterdam, Amsterdam, The Netherlands; [2]Pharmaceutical Biology, Department of Biology, Friedrich-Alexander-University Erlangen-Nürnberg, Nuremberg, Germany; [3]Department of Medical Microbiology, University of Amsterdam, Amsterdam Institute for Infection & Immunity, Amsterdam Medical Centre, Amsterdam, Netherlands

Neisseria gonorrhoeae (NG), the causative agent of gonorrhea, remains a significant global public health concern due to its high prevalence, potential complications, and increasing antimicrobial resistance (AMR). In the Netherlands, national NG surveillance is coordinated through the NG reference laboratory based at the Public Health Laboratory in Amsterdam, which involves the collection and characterization of clinical isolates from various regional laboratories, playing a key role in monitoring trends in AMR and informing public health strategies.

Yearly, between 2500 and 2800 clinical isolates are submitted from sexually transmitted infection (STI) clinics and regional laboratories across the country. Phenotypic antimicrobial susceptibility testing is performed using standardized methods for key antibiotics, including ceftriaxone, cefotaxime, azithromycin, and ciprofloxacin and recently tetracycline. Resistance mechanisms are subsequently detected through PCR. Batch-wise monitoring of circulating strains is performed using whole-genome sequencing (WGS). The data collected is used to detect emerging resistance patterns and contribute to international surveillance networks such as Euro-GASP (European Gonococcal Antimicrobial Surveillance Program).

Recent surveillance data indicate an increase in azithromycin resistance and sporadic cases of ceftriaxone decreased susceptibility, highlighting the need for continued monitoring. In addition to resistance surveillance, the reference laboratory contributes to public health efforts by performing (collaborative) investigations, using molecular typing and WGS to provide insight into transmission patterns.

SS3.2 | What happened to the incidence of N. gonorrhoeae and C. trachomatis since stopping screening for these infections in MSM in Belgium?

Christopher Kenyon, Thibaut Vanbaelen

ITM, Antwerp, Belgium

Introduction: There is growing evidence that the benefits of systematic screening for Neisseria gonorrhoeae and Chlamydia trachomatis among men who have sex with men (MSM) using HIV pre-exposure prophylaxis (PrEP) are limited, and that screening leads to high antimicrobial consumption. In this study, we estimated the real-world effect of reducing the frequency of screening on the incidence of these infections and antimicrobial use among MSM using PrEP.

Methods: Retrospective analysis of medical records, laboratory results, and antimicrobial prescriptions (ceftriaxone, doxycycline, azithromycin) for MSM using PrEP at the Institute of Tropical Medicine in Antwerp, Belgium between January 2019, and December 2024. We estimated yearly testing rates for N. gonorrhoeae and C. trachomatis, incidence rates of overall and symptomatic infections, and antimicrobial prescription rates. Trends were analyzed using Poisson regression.

Findings: Overall, 3955 MSM attended the clinic between January 1st, 2019 and December 31, 2024. The testing rate decreased significantly from 2443·74 tests/1000PY (95%CI 2339.14 - 2531.19) in 2019 to 561.82 tests/1000PY (95%CI 530.28 - 594.74) in 2024 (yearly rate ratio (RR) 0·76 [95%CI 0·76-0·77], p<0·0001). The incidence of N. gonorrhoeae decreased from 170.84 cases/1000PY (95%CI 146.47 - 198.11) in 2019 to 85.81cases/1000PY (95%CI 73.77 - 99.27) in 2024 (yearly incidence RR (IRR) 0·91 [95%CI 0·88-0·94], p<0·0001). In the same period, the incidence of C. trachomatis decreased from 198.17 cases/1000PY (95%CI 171.85 - 227.39) to 60.69 cases/1000PY (95%CI 50.63 - 72.16,yearly IRR 0·84 [95%CI 0·81-0·87], p<0·0001), and the incidence of LGV infections from 36.12 cases/100PY (95%CI 25.43 - 49.79) to 12.8 cases/100PY (95%CI 8.44 - 18.62, yearly IRR 0.85 [95%CI 0.77 - 0.94], p-value=0.0013). There was no increase in the incidence of symptomatic infections. Ceftriaxone, doxycycline and azithromycin prescriptions decreased (RR 0.95 [95%CI 0.91 - 0.99], p-value=0.0232, RR 0.47 [95%CI 0.43-0.52], p-value<0.0001, and RR 0.90 [95%CI 0.87-0.94], p-value<0.0001, respectively).

Interpretation: Our findings show that the incidence of symptomatic N. gonorrhoeae and C. trachomatis infections did not increase over time despite less frequent screening and antimicrobial prescriptions decreased. Our findings underline the potential of decreasing frequency of screening as an antimicrobial stewardship intervention among MSM using PrEP.

SS4.1 | Managing genital herpes in pregnancy

Suzana Ljubojević Hadžavdić[1], Marta Prtajin[1], Mikela Petković[1]

[1]Department of Dermatology and Venereology, University Hospital Centre Zagreb, Zagreb, Croatia; [2]University of Zagreb School of Medicine, Zagreb, Croatia

Pregnant women are susceptible to the same sexually transmitted infections as the general population, but the implications during pregnancy can be more serious, especially for the fetus and newborn. Herpes simplex virus (HSV), particularly when affecting the genital area, presents a notable risk during pregnancy and delivery. Most neonatal HSV infections are acquired during vaginal birth when the newborn comes into contact with the virus in the birth canal.

To reduce this risk, pregnant women without a history of oral herpes should avoid receptive oral sex in the third trimester if their partner has or may have oral herpes. In cases where a woman has a history of genital herpes but no active lesions or symptoms at the time of delivery, the risk of transmission to the baby is considered very low. However, if there are visible genital lesions, the risk of neonatal infection increases, and Cesarean delivery is usually recommended. Primary genital HSV infection occurring in early or mid-pregnancy can also pose a risk to the fetus, though it is generally managed with close monitoring and antiviral therapy. When such an infection is acquired late in pregnancy, there is greater concern because the mother's immune system has not yet developed sufficient antibodies to protect the baby. In these cases, antiviral suppression from 36 weeks of gestation may help reduce the likelihood of lesions at delivery and decrease the need for surgical delivery.

Early diagnosis, patient education, and timely use of antiviral medications are essential to improving outcomes and preventing serious complications for both mother and newborn.

SS4.3 | Why did the UK change its Herpes Management in Pregnancy Guideline

Emily Clarke[1,2]

[1]Axess Sexual Health, NHS University Hospitals of Liverpool Group, Liverpool, United Kingdom; [2]University of Liverpool, Liverpool, United Kingdom

The British Association for Sexual Health and HIV (BASHH) and the Royal College of Obstetricians and Gynaecologists (RCOG) published updated guidelines on the management of herpes simplex virus (HSV) in pregnancy and the neonate in 2024. These are the most comprehensive guidelines globally for the management of HSV in pregnancy, and had some significant changes from the previous guidelines published in 2014.

Major changes included use of an ulcer panel PCR test for ulcerative lesions in pregnancy. The start of antiviral suppressive therapy for all mothers and pregnant people know to have genital HSV, was moved earlier to start at 32 weeks of pregnancy, and at 22 weeks if there is a high risk of preterm delivery. Use of valaciclovir as an alternative to aciclovir for treatment and/or suppression of genital herpes in the pregnant woman or person was also included. There were new or expanded sections on the management of disseminated HSV in the pregnant person, use of serology in the third trimester, neonatal management including risk stratification, prevention of postnatal transmission section (including breastfeeding), and on the management of clinically discordant or serodiscordant couples. There was also an increased focus on the importance of the multidisciplinary team (MDT) to include genitourinary medicine (GUM) physicians, obstetricians and neonatologists with formal documentation of a birth and postnatal care plan.

The BASHH/RCOG guidelines were rewritten to manage the challenges of the increasing incidence of neonatal HSV seen in the UK and in other European countries, the relatively high burden of neonatal HSV in premature infants, and two postnatal maternal deaths in the UK from disseminated HSV in recent years. Research into neonatal HSV remains limited by it's nature as a very rare condition and so expert opinion was frequently utilised.

My talk will focus on why we made the changes in the 2024 guidelines and will support clinicians working outside of the UK with decision making in their local population.

SS4.4 | Update on subclinical shedding and transmission - can we do better?

Raj Patel

University of Southampton, Winchester, United Kingdom

The majority of herpes simplex virus (HSV) transmissions occur because of subclinical viral shedding associated with either absence of any or atypical symptoms of a recurrence. The presence of the associated inflammatory response (to HSV shedding) is thought to be the cause of the increased risk of HIV acquisition. This shedding is at its maximal immediately after acquisition of the virus and may be as frequent as 50% of days. In the long term the shedding rate appears to become settled at an early set point and although there is a general decline in shedding rates over time this can not be relied upon. Shedding duration and frequency vary (with much of this shedding being less than 6 hours duration). Antiviral therapies targeting HSV recurrences through the thymidine kinase / DNA polymerase (TK-DNA pol) route have an impact on shedding. With currently available therapies these have has been shown to be up to 85% effective on reducing shedding periods, but significant levels of virus remain and with the most limited impact of therapy on short shedding intervals- this remaining virus is still infectious, and although transmission rates are reduced (49% at 8 months) it is still a risk. The threshold for infectivity and HIV acquisition risk is unknown and consequently efforts at developing better therapies have focused on decreasing the levels of subclinical shedding. This presentation reviews the progress made to date on the development of newer agents particularly the helicase primase complex inhibitors which have shown clear superiority to TK-DNA pol acting drugs.

SS5.1 | HIV related skin indicators

Gemma Martin Ezquerra

Nearly one-third of people living with HIV (PLHIV) in Europe remain undiagnosed, underscoring the importance of early clinical recognition. Cutaneous manifestations are key indicators of HIV infection, often providing initial diagnostic clues and guiding disease management. Skin involvement may result from direct viral effects, opportunistic infections, inflammatory dermatoses, or neoplasms. Classic indicators include seborrheic dermatitis, psoriasis, eosinophilic folliculitis, and oral candidiasis, while Kaposi sarcoma and molluscum contagiosum suggest advanced immunosuppression. Recognition of these patterns is critical, particularly in resource-limited settings, where laboratory confirmation may be delayed. HIV skin indicators serve as vital clinical markers of immune status and disease progression.

SS5.2 | Cases of HIV Dermatology from South East Asia

Martin Chio

National Skin Centre Singapore, Singapore

Knowledge of HIV Dermatology is crucial as >70% of patients develop at least 1 skin issue. It may also be a clue to early diagnosis of HIV infection. The skin may also reflect progression into AIDS as some correlate with the degree of immunocompromised state. Skin conditions also cause significant morbidity & affect quality of life.

Skin conditions may be challenging to diagnose especially if presenting with unusual signs & symptoms with sometimes exaggerated morphologies. Certain common conditions (e.g. psoriasis & seborrhoeic dermatitis) have an increased incidence & often persistent & resistant to treatment & lead to disfigurement. Mixed infections may occur & multiple pathologies may be possible if patients are not on anti-retroviral therapy.

This presentation will share unique cases managed at a tertiary centre in Singapore with cases from the region.

SS5.4 | Caring for HIV in an STI Clinic

Giovanni Villa

HIV remains a major public health concern in Ireland, as it does globally. In recent years, Ireland has seen a growing proportion of individuals diagnosed with HIV outside the country, accounting for 61% of all new diagnoses in 2023, largely driven by migratory phenomena. Among those whose viral load was known at the time of transfer to Ireland, 89% had undetectable viraemia. The rate of first-time HIV diagnoses in Ireland was 3.4 per 100,000 population, consistent with 2022 and lower than pre-pandemic levels (4.0 per 100,000). Notably, among individuals born outside Ireland, the likely country of infection was Ireland in 44% of cases.

Gay, bisexual, and other men who have sex with men (gbMSM) remain a key population affected by the epidemic. A declining trend in diagnoses among gbMSM has been observed since 2015, attributed to the scale-up of free HIV testing (including community- and home-based options), immediate linkage to care and antiretroviral therapy (ART) initiation, free access to condoms and lubricant, and the implementation of a national PrEP programme. At the time of HIV diagnosis, 26% of gbMSM were co-infected with an acute bacterial STI. Heterosexual individuals accounted for 50% of first-time diagnoses, with over one-third presenting with advanced infection.

Approximately 8,000 individuals are living with HIV in Ireland. Of these, 90% are engaged in care (median age 44; 31% aged 50 or older), representing over 130 countries of origin. Among those in care, 98% are on ART, and 98% of those on ART have undetectable viral loads. Despite these achievements, increased HIV testing is essential to meet the first UNAIDS target, as current evidence suggests testing rates may be suboptimal in the Irish context. HIV-related stigma remains a significant barrier to adequate testing coverage.

In a setting where ART is predominantly delivered via well-tolerated single-tablet regimens with minimal toxicity, HIV care in Ireland, particularly within STI clinics, requires a nuanced understanding of migration-related, linguistic, and cultural challenges, the ageing of the cohort and associated comorbidities, and the mental health burden affecting people living with HIV.

SS5.5 | HIV among STI patients: challenges for early diagnosis and prevention

Barbara Suligoi

HIV infection is closely linked to sexually transmitted infections (STIs). The epidemiology of HIV and STIs shows a significant synergy, with a high prevalence of HIV among individuals diagnosed with an STI. Testing STI patients for HIV is a crucial opportunity to detect undiagnosed HIV infections. However, the presence of a high proportion of known HIV infections among STI patients suggests poor awareness of at-risk sexual behaviours. Implementing HIV opt-out testing in STI clinics can help identify individuals with undiagnosed HIV infection, facilitate early treatment and prevention, and reduce onward transmission. This approach can also help normalize HIV testing as part of routine care, reducing stigma and increasing testing uptake. Data that will be presented highlight the need for targeted interventions to improve prevention, diagnosis, and management of STIs and HIV, as well as to promote greater awareness of risk behaviours and available testing and treatment options. By integrating HIV testing into STI services, healthcare providers can capitalize on existing opportunities to diagnose and manage HIV infections, ultimately contributing to improved public health outcomes.

SS6.3 | Microbiome and bacterial STIs: Emerging perspectives

Valeria Gaspari

IRCCS Azienda Ospedaliero-Universitaria Di Bologna- S.Orsola Hospital, Bologna, Italy

In this presentation I will show some studies conducted at the STIs Clinic of the University of Bologna. These studies provide new insights into the correlation between the genital microbiome and metabolome, highlighting specific fingerprints for each infection and contributing to the understanding of pathogenesis and the potential development of diagnostic and therapeutic strategies (for ex. probiotics). In the first one we analyzed alterations in the vaginal microbiome and metabolome during common genital infections, such as vulvovaginal candidiasis (VVC) and Chlamydia trachomatis (CT) infection, comparing them with healthy status (eubiosis) and bacterial vaginosis (BV, dysbiosis). In the second one we characterized the microbiome and metabolome profiles of first-void urines in a cohort of women with CT urethral infection. In the third one we explored the interplay at the rectal site between C. trachomatis, N. gonorrhoeae, HR-HPV infection, and the anorectal microbiome in a cohort of 92 MSM (47 infected by CT and/or NG vs 45 controls). In the last study we characterized the pharyngeal bacterial community profiles associated with NG infection in a well-selected cohort of HIV-negative MSM reporting unsafe oral intercourse.

SS7.3 | Redefining how we manage bacterial vaginosis

Janet Wilson

Bacterial vaginosis (BV) is the most common cause of vaginal discharge in reproductive-aged females with a global prevalence higher than 20%, much higher than any other genital infection. BV is associated with serious adverse events. It increases the risk of HIV acquisition in females and HIV transmission to a male partner in females living with HIV. It increases the acquisition of most STIs in females and is associated with PID and infertility, and it causes adverse events in all stages of pregnancy.

BV is a polymicrobial biofilm forming vaginal dysbiosis. Gardnerella vaginalis, and possibly other Gardnerella species, initiate BV and form the biofilm matrix, with other key bacteria such as Fannyhessea vaginae, anaerobes and Bacterial Vaginosis Associated Bacteria (BVAB) 1, 2 and 3, having symbiotic relationships with G. vaginalis, enabling rapid replication.

Microscopic diagnosis of BV is easy and accurate but diagnosing BV on clinical symptoms is inaccurate and should not be used. Some diagnostic companies have developed NAAT vaginitis panels that are sensitive and specific for the diagnosis of BV, as well as TV and candidiasis.

Oral metronidazole, or intravaginal metronidazole gel, or intravaginal clindamycin cream, have been the guideline recommended first line treatments for the past 30 years. Despite having cure rates of only 70-80% at 4 weeks, and BV recurrence rates of >40% within 3 months and >50% within 6 months, no new more effective treatments have been developed.

As a polymicrobial biofilm forming condition, we now understand why single antibiotic treatment is unlikely to be very effective, particularly as neither metronidazole nor clindamycin disrupt the BV biofilm. Newer treatments have been developed, and some have in-vitro anti-biofilm activity which may reduce BV recurrences.

But is every repeat episode of BV a recurrence? A recent trial of male partner treatment, using oral metronidazole plus clindamycin cream, showed a significant reduction in BV recurrence in the females from 63% in the control group (no male treatment) to 35% in the male partner treatment group showing that reinfection is responsible for many repeat infections. This is another strategy we can use to clear BV.

SS9.3 | Compounded Immunosuppression: Elevated STI and HPV-Related Cancer Prevalence and Incidence in People Living with Both HIV and Organ Transplant compared to HIV-only and Organ Transplant-only Controls

John McNeil[1], Mitchell Hanson[1], Adam Zakaria[2], **Kieron Leslie**[2]

[1]Medical College of Georgia, Augusta, United States; [2]University of California San Francisco Department of Dermatology, San Francisco, United States

Since the 2013 HIV Organ Policy Equity Act, people living with HIV (PLWH) undergoing organ transplantation have steadily increased. While studies report mixed findings regarding sexually transmitted infection (STI) prevalence in organ transplant recipients (OTR), PLWH are known to have elevated risk for STIs and STI coinfection at HIV diagnosis. Both PLWH and OTR are also at increased risk for HPV-related anogenital and oropharyngeal cancers due to immunosuppression. Current IANS screening guidelines, however, do not account for potential compounded risks in patients who are both PLWH and OTR (PLWH/OTR). This study evaluates the prevalence and incidence of STIs and STI-related cancers in this understudied population.

A retrospective chart review was conducted using electronic medical records from the University of California, San Francisco for all PLWH/OTR (n = 229) since the implementation of Epic. Cases were identified via ICD-10 codes for HIV and solid organ transplant and matched with two control groups: PLWH only (n = 817) and OTR only (n = 1,042), based on age, sex, race/ethnicity, and lowest CD4 count (PLWH only). Diagnoses assessed among patients via ICD-10 codes included STIs (gonorrhea, chlamydia, syphilis, chancroid, lymphogranuloma venereum, molluscum), HPV-related cancers (e.g., squamous cell carcinoma, carcinoma in situ), anogenital precancers (e.g., cervical, vulvar, vaginal, anal dysplasia), anogenital warts, and Kaposi sarcoma. Cumulative prevalence and incidence were calculated at 1-, 3-, and 5-year intervals post-HIV diagnosis or transplant. Diagnosis prevalence was compared between cohorts and incidence was assessed within each cohort over time using chi-square or Fisher's exact tests treating diagnoses as binary outcomes with 2×2 contingency tables for comparisons. Statistical significance was set at $p<0.05$.

PLWH and PLWH/OTR had significantly higher prevalence of STIs, HPV-related cancers, anogenital precancers, and anogenital warts compared to OTR alone. While not statistically significant, Kaposi sarcoma incidence was higher in PLWH/OTR than PLWH. Over time, STI and cancer incidence varied significantly in PLWH and PLWH/OTR, but not in OTR.

Ultimately, PLWH/OTR face early heightened risk for STIs and HPV-related cancers yet are not adequately addressed in current screening guidelines. These findings underscore the need for revised protocols that reflect the compounded immunosuppression in this population.

Diagnosis Group	Cohort 1 PLWH/OTR (n = 229)	Cohort 2 PLWH only (n = 817)	Cohort 3 OTR only (n = 1042)	p (1 vs 2)	p (1 vs 3)	p (2 vs 3)
Anogenital and Oral HPV-related Cancers	51 (22.3%)	**251 (30.7%)**	11 (1.1%)	0.013*	<0.001*	<0.001*
Anogenital Pre-cancer (e.g. atypia, dysplasia)	78 (34.1%)	**395 (48.3%)**	19 (1.8%)	<0.001*	<0.001*	<0.001*
Anogenital Warts	33 (14.4%)	**128 (15.7%)**	8 (0.8%)	0.680	<0.001*	<0.001*
Kaposi Sarcoma	**9 (3.9%)**	26 (3.2%)	2 0.2%)	0.538	<0.001*	<0.001*
Sexually Transmitted Illness (STIs)	41 (17.9%)	**202 (24.7%)**	32 (3.1%)	0.033*	<0.001*	<0.001*

Figure 1: Pairwise Comparisons of STI and STI-Related Cancer Diagnosis Prevalence among All Cohorts: Comparisons of prevalence of STIs, HPV-related cancers, and HIV-related cancers among people living with HIV and organ transplant (PLWH/OTR: Cohort 1), people living with HIV only (PLWH: Cohort 2), and people living with organ transplant only (OTR: Cohort 3). Statistical significance * = p<0.05. Cohorts with highest % prevalence in each diagnosis category are **bolded** for diagnoses with statistically significant differences.

Diagnosis Group	1 Year	3 Years	5 Years	P: 1y vs 3y	P: 1y vs 5y	P: 3y vs 5y
Anogenital and Oral HPV-related Cancers	35 (8%)	**88 (19%)**	19 (11%)	<0.001*	0.304	0.023*
Anogenital Pre-cancer (e.g. atypia, dysplasia)	100 (22.9%)	80 (17.3%)	**67 (39%)**	0.045*	<0.001*	<0.001*
Anogenital Warts	15 (3.4%)	13 (2.8%)	1 (0.6%)	0.733	0.050	0.127
Kaposi Sarcoma	5 (1.1%)	5 (1.1%)	1 (0.6%)	1.000	1.000	1.000
Sexually Transmitted Illness (STIs)	13 (3%)	5 (1.1%)	**15 (8.7%)**	0.074	0.005*	<0.001*

Figure 2: Pairwise Comparisons of STI and STI-Related Cancer Diagnosis Incidence among People Living with HIV and Organ Transplant (PLWH/OTR: Cohort 1): Comparisons of incidence of STIs and HPV-related cancers among PLWH/OTR at 1, 3, and 5 years post-diagnosis of organ transplant. Statistical significance * = p<0.05. Timepoints with the highest % incidence in each diagnosis category are **bolded** for diagnoses with statistically significant differences among timepoints.

Diagnosis Group	1 Year	3 Years	5 Years	P: 1y vs 3y	P: 1y vs 5y	P: 3y vs 5y
Anogenital and Oral HPV-related Cancers	**451 (23.6%)**	201 (16%)	116 (10.6%)	<0.001*	<0.001*	<0.001*
Anogenital Pre-cancer (e.g. atypia, dysplasia)	579 (30.3%)	**519 (41.2%)**	408 (37.4%)	<0.001*	<0.001*	0.064
Anogenital Warts	61 (3.2%)	53 (4.2%)	34 (3.1%)	0.160	0.994	0.197
Kaposi Sarcoma	13 (0.7%)	7 (0.6%)	**19 (1.7%)**	0.838	0.011*	0.011*
Sexually Transmitted Illness (STIs)	**160 (8.4%)**	69 (5.5%)	69 (6.3%)	0.003*	0.049*	0.435

Figure 3: Pairwise Comparisons of STI and STI-Related Cancer Diagnosis Incidence in People Living with HIV (PLWH: Cohort 2): Comparisons of incidence of STIs, HPV-related cancers, and HIV-related cancers among PLWH only (Cohort 2) at 1, 3, and 5 years post-diagnosis of HIV. Statistical significance * = p<0.05. Timepoints with highest % incidence in each diagnosis category are **bolded** for diagnoses with statistically significant differences among timepoints.

SS10.6 | Crohn's disease lesions in the genital area

Sandra Jerkovic Gulin[1], Georgios Kravvas[2]

[1]Linköping University, Sweden, Jönköping, Sweden; [2]Department of Dermatology, University College London Hospitals NHS Foundation Trust, London, United Kingdom

Genital Crohn's disease is a rare, chronic inflammatory disorder affecting the vulva, penis, scrotum, or perineum, manifesting either as direct extension of gastrointestinal inflammation or as metastatic cutaneous Crohn disease (MCD), where lesions appear at noncontiguous skin sites. Clinically, it presents with ulceration, edema, fissuring, or nodular induration, often mimicking infections, malignancies, or other inflammatory dermatoses, thereby complicating timely and accurate diagnosis.

A major advancement in the field has been the development of consensus-based diagnostic criteria, as recently established by the Delphi Panel and published in JAMA Dermatology (2025). The panel identified two major and five minor criteria specific to genital MCD, with an emphasis that histopathologic confirmation—though supportive—is not required for diagnosis. This framework provides a critical foundation for harmonizing clinical recognition, research design, and outcome assessment.

Management remains challenging and typically necessitates systemic immunosuppression. Anti-TNF agents such as infliximab and adalimumab have demonstrated efficacy, particularly in cases of refractory or fistulizing disease. Newer therapies targeting IL-12/23 pathways (ustekinumab), integrins (vedolizumab), and Janus kinase (JAK) inhibitors (e.g., tofacitinib, upadacitinib) have expanded therapeutic options. While vedolizumab is effective for intestinal inflammation, its benefit in isolated cutaneous or genital Crohn's appears limited. In contrast, ustekinumab and JAK inhibitors may offer greater utility for cutaneous-dominant or nonintestinal presentations.

Multidisciplinary care involving dermatology, gastroenterology, and genital specialists remains essential to optimize diagnosis and treatment.

Clinical features of several representative cases will be presented.

SS10.2 | Psoriasis treatment with systemics and biologics in special populations

Irene Stefanaki

Nkua, Andreas Syggros Hospital, Athens, Greece

Psoriasis is a chronic autoinflammatory skin disease that affects more than 120 million people worldwide. It can present at any age, from early childhood to late adulthood, and its clinical manifestations range from mild, localized plaques to extensive skin involvement. In moderate to severe cases, psoriasis is frequently associated with a range of comorbidities, including psoriatic arthritis, cardiovascular disease, metabolic syndrome, and mental health disorders, all of which contribute to a substantial burden on patients' quality of life and overall health.

The current therapeutic armamentarium has evolved significantly, now comprising a broad array of systemic and biologic agents. These treatments have revolutionized disease management by offering high levels of efficacy while maintaining favorable safety profiles. Despite these advances, several therapeutic challenges remain, particularly in managing special populations. These include immunocompromised individuals, pregnant and lactating women, patients with chronic infections such as hepatitis B and C, and those with other autoinflammatory diseases, metabolic disorders, or a history of malignancy. In such cases, treatment decisions must be carefully individualized to balance benefits and potential risks. Additional clinical considerations include the use of biologics or immunosuppressants in patients with a history of recalcitrant venereal diseases, such as condylomata or herpes simplex, due to the risk of viral reactivation.

SS11.1 | What is the secret of success for IUSTI?

Angelika Stary

Outpatients Centre for Diagnosis of Infectious Venero-dermatological Diseases, Vienna, Austria

The International Union against Sexually Transmitted Infections (IUSTI) is not only the oldest international society with the objective to control STIs and HIV with different aspects of social, epidemiological, and treatment control without political, religious or social ties, but was reorganized o an organisation with a modern outfit and a successful achievement of global representation and individual management in five regions.

We may ask: what makes IUSTI to be such a successful society in many aspects:

A high priority of IUSTI is to organise successful global IUSTI world meetings every year, with a geographical change of the location in different regions and the opportunity to network with colleagues on a global basis. These conferences are organised together with the International Society for STD research every second year.

Another important activity is the organisation of regional conferences in all 5 regions, reflecting the development of STIs with regional scientific and practical aspects, participation in STI training courses especially for young participants with scholarships availability.

Membership is kept low for all members globally. A reduction in registration fees is offered at most IUSTI regional and world meetings to full members. Associate membership of IUSTI is free and open to individuals who wish to join the mailing list and receive regular updates about IUSTI´s activities.

An important task of IUSTI is the establishment of regional management guidelines for STI which are regularly updated. Furthermore, IUSTI provides regular newsletter information (STI Global Review) to full members of the society via e-mail.

IUSTI has cooperation with WHO, UNAIDS and other worldwide or regional organisations (ISSTDR, ASTDA, BASHH), and also offers support to help for the development of regional branches and national societies.

An important reason for the success of IUSTI on the global and regional level is last but not least the enthusiasm of representatives of the executive committees and regional boards of the society, which attracts especially younger colleagues to raise interest in STIs and join IUSTI.

SS11.3 | The Challenges I saw as Secretary General and The Name Change at Melbourne 1997

Michael Waugh

Background- About 1948/9 International Union against Venereal Diseases NGO recognised by WHO, and through the dynamic leadership of Thorstein Guthe, chief of Department of Treponematoses and the success of Benzathine penicillin in almost eradicating yaws and endemic treponematoses mondially IUV became IUVDT. Meanwhile VD which up till then was syphilis, gonorrhoea, chancroid, LGV and granuloma inguinale had become outdated with the whole spectrum of causes of STIs increasingly recognised.

Serendipity- How I got involved with IUVDT. I became a consultant venereologist at Leeds in 1975 having trained in the Charing Cross Group of Hospitals in London. For 1978 the Spring Meeting of Medical Society for the Study of Venereal Diseases was to be held in Leeds. One Sunday a few months before Dr Jimmy Jefferiss, the Secretary General phoned me; “The next General Assembly of IUVDT was meant to be in Acapulco but had fallen through, did I mind having it for 3 days after MSSVD meeting”? Luckily Leeds IUVDT was a success. In 1984 already by then I was the Hon.Sec. of MSSVD, I was asked to attend an executive meeting of IUVDT near London Airport. I flew down. The plane was late. On arriving a wave of clapping lead by Anton Luger, Vienna and Peter Bakker, The Hague signified to my amazement I had been made Secretary General IUVDT. So from 1984 to 1995 I served under 3 presidents Anton Luger, André Siboulet (Paris), Detlef Petzoldt (Heidelberg). In Paris at a conference on AIDS organised by André Siboulet I had met Ross Philpot (Adelaide) and we got on well together. During my years as Sec. General, I did much travelling to meet STI specialists in Australia and S.E. Asia and travelled much through Eastern Europe which had before been under Soviet domination. In 1994 another Executive Meeting was held in New York. There was also a distinguished candidate for the office of president apart from myself – the late King Holmes. Luckily for me the Executive members voted for me.

We had arranged to hold IUVDT General Assembly in 1997 at Melbourne. Over the years IUVDT had become an out-of-date mouthful and did not cover all our subject. The name change suggested by me and agreed with Ross Philpot before the General Assembly was voted Nem. Con. Whatever happens in the future will not be in my hands.

SS11.4 | Why is it so important for IUSTI to build up and support the African region?

David Lewis

Sub-Saharan Africa carries a substantial burden of HIV and sexually transmitted infections (STIs), Untreated, these infections may have profound consequences including HIV-related morbidity/mortality, pelvic inflammatory disease, infertility, anogenital cancers, adverse pregnancy outcomes and neonatal infections. Sub-Saharan Africa's high HIV/STI incidence is linked to underlying socioeconomic and cultural factors, including poverty and inequality, which impact access to quality healthcare, including preventative tools, and education. Cultural norms, such as multiple sexual partnerships, age-disparate relationships and early sexual debut, may also affect HIV/STI acquisition risk. Low health literacy and societal stigma impact individuals' ability to seek HIV/STI testing/care and community responses. Alcohol use has been highlighted as a contributor to risky sexual behaviour. Women and adolescent girls are disproportionately affected by HIV/STIs due to reduced education opportunities, economic dependence on men and fear/experience of domestic violence.

The International Union against STIs (IUSTI), founded in 1923, is the oldest international organisation in the field. Its primary aim is the achievement of international cooperation in the control of HIV/STIs from clinical, epidemiological and social perspectives. IUSTI has five regions but there is substantial inter-regional variation in terms of membership, professional capacity and ability to deliver educational activities.

The lack of Sexual Health specialists in African countries, as well as the lack of fiscal resources, have resulted in continued implementation of suboptimal syndromic management, with its inherent limitations, to support treatment of symptomatic STI patients. In contrast, the past 20 years have seen substantial gains in the provision of life-saving antiretroviral therapy to people living with HIV. This major public health gain was only made possible through the provision of US foreign aid via the PEPFAR program. In recent years, PEPFAR programs have also funded HIV biomedical prevention initiatives in key populations such as men-who-have-sex-with-men. As a result, HIV/AIDS-related mortality and incidence have declined dramatically. The decision, in January 2025, to cut back PEPFAR funding is already reversing the progress made by HIV/AIDS control programs on the continent. As African countries struggle to address this challenge, IUSTI should play a role through international cooperation and capacity building in line with its mission statement.

SS11.5 | Why your involvement in IUSTI is important

Janet Wilson

Leeds Teaching Hospitals Trust, Leeds, United Kingdom

IUSTI is the only STI organisation with worldwide members. The input from people working in different continents and countries, within different healthcare settings and systems, is invaluable to the organisation. We can all learn from each other.

Local STI epidemiology is obviously important for local STI services, but it is also important globally as STIs travel fast throughout the world. The COVID pandemic demonstrated how small the world is when it comes to the spread of communicable diseases. Multidrug resistant gonorrhoea is now a reality in many countries. It is important that this is monitored as closely as possible and that we are all aware of the areas with high, or rising, prevalence.

We are in consultative status with the World Health Organisation, which we work with very closely. The 'political' influence of an international non-governmental organisation is based on the number of members it has and from how many countries worldwide. So, your membership matters to WHO's ability to have influence on STI control.

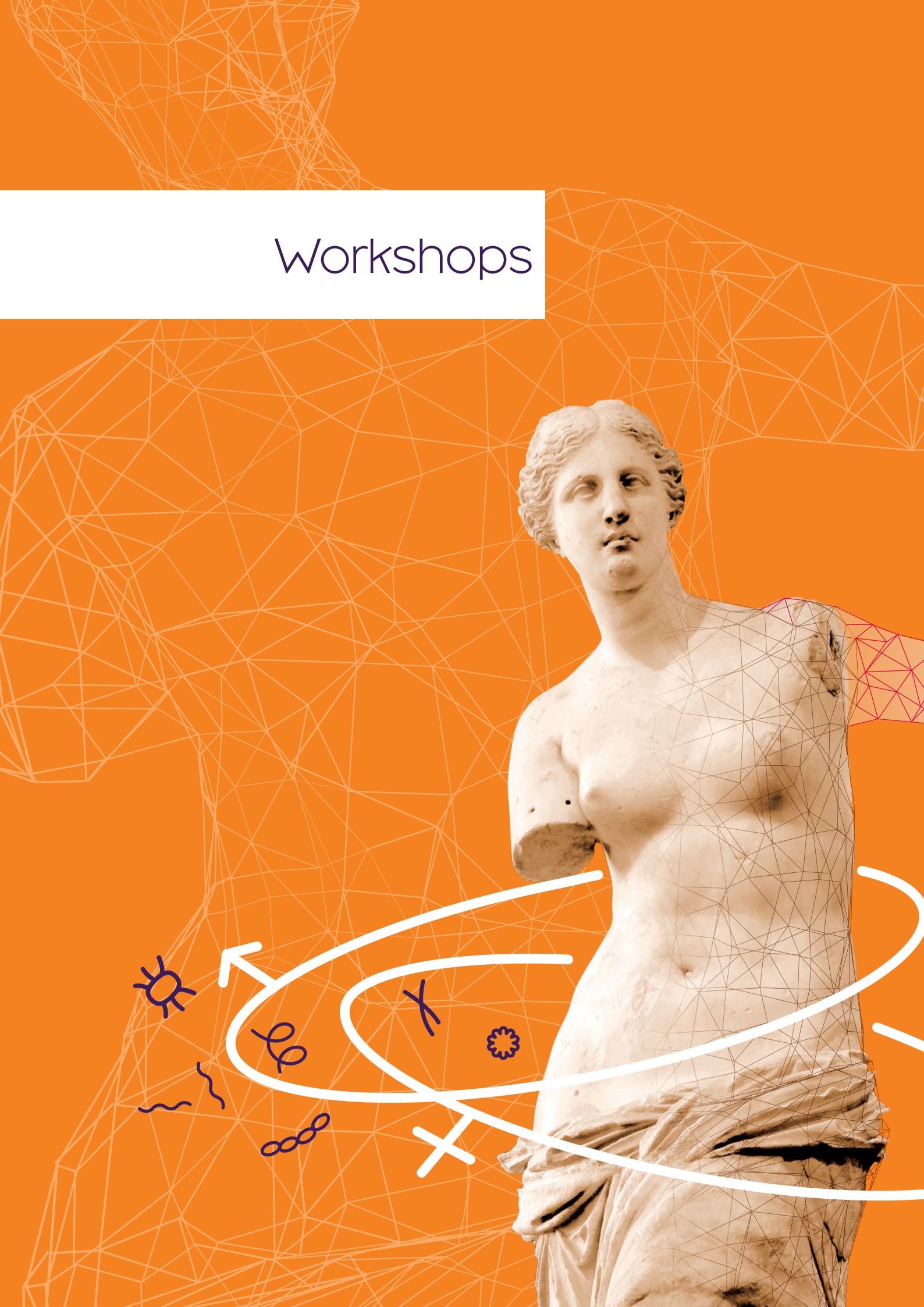
Also, having STIs and attending STI services are hugely stigmatised throughout the world. Unlike with HIV care, another very stigmatised area, there are no advocacy groups for people with STIs that can try to influence public opinion or politicians to invest more money in STI services. Our roles therefore need to be as STI care providers and advocates. We can be much more effective in doing this as a large group of international people than just as individuals, or single countries, or regions.

SS11.6 | Observations and reflections on the organisation

Christopher Fairley

Thank you for asking me to comment on IUSTI. I have been part of IUSTI since about 2004, shortly after I began and Director of MSHC. I will speak about what I think matters in a successful organisation, issue of loyalty, differences between ISSTDR and the role of the IUSTI regions.

Workshops



Workshop 3: EuroTEST | How to organize a testing campaign – experiences from European Testing Week

Tom Platteau, Deniz Gökengin, Jürgen Rockstroh, Cæcilie Bom Kahama, Jason Farrell, Maka Gogia, Giorgos Keratsas, Valeska Padovese

This workshop, presented by EuroTEST and European Testing Week, offers practical strategies for implementing HIV and STI testing campaigns across Europe. The EuroTEST initiative is dedicated to improving early diagnosis and care for HIV, viral hepatitis, STIs, and tuberculosis by generating evidence to inform policies and enhance testing uptake.

The session will begin with an introduction to EuroTEST's mission, including a focus on a recent study on testing consent requirements in Europe. Participants will then learn about the impact of European Testing Week, a bi-annual campaign designed to raise awareness and improve access to testing for HIV, STIs, and viral hepatitis across a wide range of organisations, including community groups, healthcare facilities, and educational institutions.

The workshop will highlight successful examples of testing campaigns from across Europe, showcasing how different organisations have effectively implemented initiatives during European Testing Week. Participants will also gain insights into addressing the challenges of testing mobile and migrant populations.

The session will conclude with a panel discussion on how to leverage European Testing Week as a national campaign to raise awareness and increase the uptake of HIV and STI testing. Attendees will have the opportunity to engage with the speakers, ask questions, and discuss strategies to implement in their own regions or organisations.

This workshop is an invaluable opportunity for healthcare professionals, policymakers, and advocates to learn from proven strategies and enhance their own testing efforts.

Workshop 5: "Biopsy and dermoscopy in the genital area"

Alexandra Irina Butacu[1], Dimitris Sgouros[2]

[1]2nd Department of Dermatology, Colentina Clinical Hospital, "Carol Davila" University of Medicine and Pharmacy, Bucharest, Romania; [2]2nd Department of Dermatology and Venereology, "Attikon" General University Hospital, National and Kapodistrian University of Athens, Athens, Greece

Genital mucosal pathology often presents a diagnostic challenge due to the subtlety of clinical signs, overlapping features between infectious, inflammatory, and neoplastic conditions, and the anatomical and emotional sensitivity of the area. Lesions may go unnoticed or be misdiagnosed, delaying appropriate management, especially in high-risk patients. Studies have shown that the diagnostic accuracy of clinical evaluation alone in genital dermatoses is suboptimal, particularly in early neoplastic or atypical inflammatory conditions. Therefore, improved non-invasive and minimally invasive techniques are critical in optimizing care.

This interactive workshop aims to equip clinicians with practical skills in two essential diagnostic tools: dermoscopy and biopsy of the genital mucosa.

The first part of the session will focus on the principles and patterns of mucosal dermoscopy, a tool increasingly recognized for its utility beyond pigmented lesions. Participants will explore vascular, pigmentary, and structural features of commonly encountered conditions. Emphasis will be placed on pattern recognition, diagnostic algorithms, and dermoscopic–histologic correlation. While mucosal dermoscopy is a developing field, recent literature supports its value in differentiating benign from suspicious lesions and guiding biopsy decisions.

The second segment will address when and how to perform a biopsy of the genital mucosa, including indications, patient communication, local anesthesia, technique choice (punch, incisional, shave), and haemostasis. Practical demonstrations will illustrate technique nuances and steps to optimize patient comfort and tissue sampling quality.

The workshop will conclude with a case-based discussion, where participants will be invited to analyze anonymized clinical and dermoscopic images, followed by expert commentary and interactive Q&A.

This workshop is designed to be practical, image-rich, and evidence-informed, with the goal of improving diagnostic precision and confidence in the evaluation and management of genital mucosal conditions in STI and dermatology settings.

Free Communications

FC1.1 | Social Media Use, Pornographic Content, and Their Effects on Sexual and Psychological Development in Generation Z Adolescents: Results of a Cross-sectional Study

Corbinian Fuchs, Lukas Besser, Zeno Fiocco, Markus Reinholz, Lars French, Jens Wallmichrath, Stefan Zippel

LMU Dermatologie, München, Germany

Background: The pervasive and global influence of social media is particularly significant for digital natives, such as Generation Z, who have grown up in a fully digitized world. This generation experiences socialization, identity development, and sexual education increasingly through digital platforms. While online content can provide valuable resources and communities, it may also pose risks through exposure to misinformation or potentially harmful materials such as pornography. Understanding the differentiated effects of these digital influences is crucial for informing educational and health interventions.

Objectives: This study aims to explore the multifaceted impact of social media and pornography on the sexual and gender identity development of adolescents belonging to Generation Z. Specifically, it investigates how social media use and exposure to pornographic content influence students' perceptions of their sexual identity, gender identity, and sexual behaviors.

Methods: An anonymous cross-sectional questionnaire was administered to a sample of 4,414 students enrolled in grades 8 through 12 in the German school system. The survey was conducted between March 2022 and December 2022 as part of a broader sexual health education initiative at the LMU Munich Hospital. Participants represented various educational tracks in Germany: "Mittelschule" (grades 8–9), "Realschule" (grades 8–10), and "Gymnasium" (grades 8–12), covering an age range of approximately 14 to 18 years. The questionnaire included demographic information, questions on social media usage patterns, pornography consumption, sexual orientation, gender identity, and self-reported sexual activity.

Results: Social media was reported to play a notable role in identity formation, with 36.2% of participants (1,574 out of 4,349) stating that it helped or significantly helped them in understanding their sexuality. Furthermore, increased social media usage was significantly associated with a higher likelihood of sexual activity among students ($P<.001$), suggesting a behavioral influence linked to digital engagement. In contrast, a majority of respondents (70.9%; 3,051 out of 4,305) indicated that pornography had no influence on their sexual orientation or gender identity. These finding challenges earlier assumptions that exposure to pornographic content is a major determinant in identity development among youth.

FC1.2 | Missed Lessons, Missed Protections: Strengthening Adolescent STI and HIV Awareness Through Targeted Educational Interventions

Gunda Waldmann[1], Michael Neureiter[2], Stefan Zippel[1], **Corbinian Fuchs**[1]

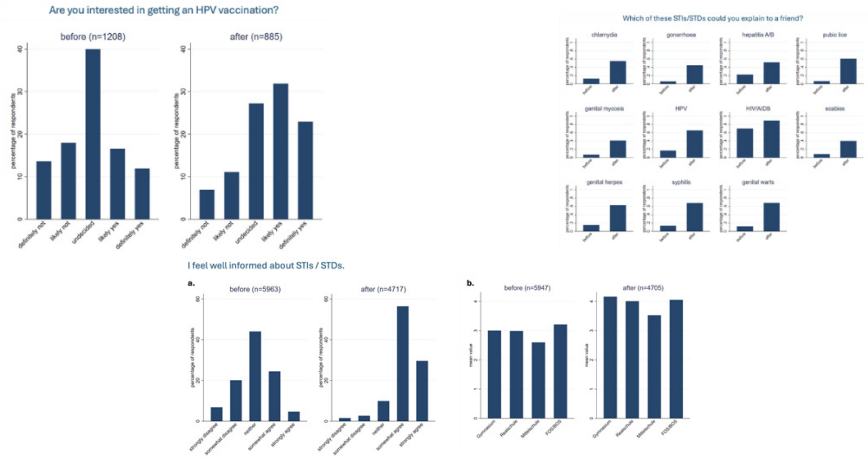
[1]LMU Dermatologie, Munich, Germany; [2]Geschwister Scholl Institute of Political Science (LMU), Munich, Germany

Background: Adolescents are a key population in HIV and STI prevention, yet many lack foundational knowledge and access to reliable information. This study aimed to evaluate the impact of a targeted sexual health education lecture on knowledge about HIV, STIs, and HPV vaccination, and to assess behavioral intentions in a large adolescent sample in Bavaria.

Methods: This was a prospective, anonymized, cross-sectional survey study conducted in secondary schools across Bavaria. An online questionnaire was completed before (t=1; n=5,988) and after (t=2; n=4,739) a standardized, extracurricular sexual health lecture. Participants were aged 14–18 years (mean age 16.1), including students from academic, intermediate, and lower secondary schools as well as vocational schools. Key outcomes included self-assessed knowledge, ability to identify and explain specific STIs (including HIV/AIDS), awareness of the HPV vaccine, and willingness to receive it.

Results: Self-reported STI knowledge increased significantly: only 29.1% of students felt well-informed at baseline, compared to 85.96% after the lecture (mean score 3.00 vs. 4.10 on a 5-point scale, $p<0.001$). The average number out of eleven STIs students felt confident explaining rose from 1.91 to 6.49 ($p<0.001$). HIV/AIDS was the most well-understood STI pre-intervention (69.9%), rising to 89.3% post-intervention. Uncertainty about STI transmission decreased from 20.3% to 5.0%. HPV vaccine awareness increased from 75.1% to 95.3%. Among those not vaccinated, willingness to receive the vaccine significantly improved (mean score 2.95 to 3.53 on a 5-point scale, $p<0.001$).

Conclusions: A single, structured sexual health lecture significantly improved adolescent knowledge of HIV and STIs, reduced misinformation, and increased willingness to engage in preventive behaviors, including HPV vaccination. These findings support integrating such interventions into broader public health strategies targeting youth to reduce infection risks and promote informed decision-making.



FC1.3 | Safety, pharmacokinetics and antiviral activity of ABI-5366, a novel, oral, long-acting HSV helicase-primase inhibitor in subjects with recurrent genital herpes: interim analysis from a phase 1b study

Edward Gane[1], Cory Sellwood[2], Andrew Edwards[3], Wayne Hayter[4], Tess Tonkin[5], Karen Kaluhin[6], Deon Smith[7], Grace Wang[8], Jieming Liu[8], Steven Knox[8], Katie Zomorodi[8], Kathryn Kitrinos[8], Anuj Gaggar[8], Joseph Sasadeusz[9], **Mark Bloch**[10,11]

[1]University of Auckland, Auckland, New Zealand; [2]New Zealand Clinical Research, Christchurch, New Zealand; [3]Momentum Kapiti, Waikanae, New Zealand; [4]Momentum Palmerston North, Palmerston North, New Zealand; [5]Canopy Clinical Wollongong, Wollongong, Australia; [6]Canopy Clinical Sutherland, Miranda, Australia; [7]Canopy Beaches Clinical Research, Brookvale, Australia; [8]Assembly Biosciences, Inc., South San Francisco, United States; [9]Royal Melbourne Hospital, Parkville, Australia; [10]Momentum Clinical Research - Darlinghurst, Sydney, Australia; [11]Kirby Institute - University of New South Wales, Sydney, Australia

Background: Approximately 520 million people aged 15-49 years worldwide are infected with herpes simplex virus type 2 (HSV-2), the primary cause of genital herpes. Nucleoside analogues are suboptimal for many individuals who experience frequent recurrences. ABI-5366, an investigational, novel, oral, long-acting HSV helicase-primase inhibitor is in development for suppression of recurrent genital herpes (RGH). Here, we report interim data from participants in a Phase 1b study.

Methods: Study ABI-5366-101 (NCT06385327) included a randomized, double-blind, placebo-controlled evaluation of safety, PK, and antiviral activity of ABI-5366 following weekly, oral doses in participants seropositive for HSV-2 with RGH. In each group, participants were randomized 20:5 to ABI-5366 or placebo for 29 days with up to 127 days of follow-up. Safety was assessed by physical examinations, adverse events (AEs), laboratory parameters. Participant diaries recorded symptoms of RGH. ABI-5366 plasma concentrations were measured by HPLC-MS/MS. HSV DNA was quantified from twice-daily anogenital swabs using a validated real-time PCR assay.

Results: 50 participants received treatment in two cohorts evaluating a loading dose of 150 mg and weekly doses of 30 mg (150/30 mg) or weekly doses of 350 mg (350 mg). Most participants were male (28/50), white (40/50), with mean (SD) age of 41.0 (8.93) years. The mean (SD), off-treatment, number of recurrences in the past 12 months was 5.8 (1.57). 27/50 participants received suppressive therapy which stopped at screening. Study drug was well tolerated. After median 98-day follow-up, 45/50 participants reported a treatment emergent (TE)AE; majority were Grade 1/2. There were no treatment-related, Grade 3/4 TEAEs or laboratory abnormalities, no serious AEs or deaths. The mean plasma t1/2 of 19-21 days supports once-weekly and potentially once-monthly dosing. Antiviral activity and clinical outcomes are summarized in the table.

Conclusions: ABI-5366 was well tolerated at all doses tested in participants with RGH. Statistically significant reductions in shedding rate, high viral load shedding rate and genital lesion rate of 94%, 98% and 94% respectively were observed for the 350 mg QW regimen versus placebo. The observed PK and antiviral activity profiles support weekly and potentially monthly dosing. Planning for the Phase 2 program is underway.

Antiviral Activity and Clinical Outcomes	Placebo	150/30 mg QW	350 mg QW
HSV-2 Shedding Rate[a]	14.6%	14.5%	0.9%
High Viral Load Shedding Rate[b]	11.4%	9.4%	0.2%
Genital Lesion Rate[c]	19.7%	11.8%	1.3%
Mean (SD) Duration of Viral Shedding; days	5.8 (4.1)	3.6 (2.7)	1.8 (0.8)
Mean (SD) Duration of Genital Lesions; days	6.3 (4.3)	5.7 (4.3)	1.8 (1.0)
% Rate Reductions ABI-5366 350 mg QW vs Placebo QW		**Rate Reduction**	**p-value[d]**
% Reduction in HSV-2 Shedding Rate		94%	p<0.01
% Reduction in High Viral Load Shedding Rate		98%	p<0.05
% Reduction in Genital Lesion Rate		94%	p<0.01

QW=once weekly; SD=standard deviation; High viral load = >10^4 HSV DNA copies/mL. All outcomes measured over evaluation period
[a]HSV-2 shedding rate calculated as the number of positive HSV-2 anogenital swabs/the total number of swabs collected
[b]High viral load shedding rate calculated as the number of positive HSV-2 anogenital swabs with HSV-2 >10^4 copies/mL/the total number of swabs collected
[c]Genital lesion rate calculated as the number of days with genital lesions present/the total number of days assessed
[d]Statistical analysis conducted using Poisson regression models and the corresponding p-values estimated accordingly

FC1.4 | The detection and characterisation of Xpert® CT/NG assay Neisseria gonorrhoeae diagnostic escape mutants

Melissa Jansen van Rensburg[1], Rachel Pitt-Kendall[1], Michelle Hincke[2], Jonathan Shaw[2], Penelope R Cliff[1], Katy Sinka[1], John Saunders[1], Helen Fifer[1], **Sarah Alexander**[1]

[1]United Kingdom Health Security Agency, London, United Kingdom; [2]Royal Devon University Healthcare NHS Foundation Trust, Exeter, United Kingdom

Background: In June 2025 an isolate of N. gonorrhoeae (NG), that produced a negative result on the Cepheid Xpert® CT/NG assay was referred to the national STI Reference Laboratory in England. An investigation was undertaken to (i) characterise the strain and determine reason for assay failure and (ii) review gonococcal genome collections for similar strains.

Methods: Whole Genome Sequencing (WGS) of the referred strain (H25-379) followed by bioinformatics analysis was performed to determine: species identification, MLST, NG-STAR; NG-MAST. The genome was examined for the target regions for the Xpert® CT/NG assay (NG2 and NG4) using XBLASTN. Phenotypic antimicrobial susceptibility testing was undertaken (E-test) and molecular testing on the following platforms performed: Roche cobas CT/NG, Geneproof, and Hologic Aptima NG assays.

Two gonococcal genome collections were screened for additional isolates lacking NG2 and NG4: (i) 6,118 genomes collected in the UK as part of the Gonococcal Resistance to Antimicrobial Surveillance Programme (GRASP) and (ii) 24,551 genomes publicly accessed via the Neisseria PubMLST database.

Results: Genomic analysis revealed that strain H25-379 was lacking the target sites for the Xpert® CT/NG assay (NG2 and NG4) and that this was likely due to a recombination event between Neisseria gonorrhoeae and Neisseria meningitidis. The isolate was determined to be fully susceptible to all six antibiotics tested (including ceftriaxone) and it was also positive on the Roche, Geneproof, and Hologic molecular assays.

Screening of two NG genomic datasets containing >30,000 genomes revealed four genomes (0.02%) which were lacking both Xpert® CT/NG assay targets, one of which was isolated in the UK in 2016. An additional three isolates were identified that lacked either the NG2 or NG4 target regions and therefore would be likely to produce false negative results on the Xpert® CT/NG assay (Table one).

Conclusion: A gonococcal isolate which produced false negative results on the Xpert® CT/NG assay has been identified and in silco analysis of genomic datasets revealed a potential additional 7 isolates which may give false negative results on this assay. There is no evidence that these strains are widely circulating, but laboratories should remain vigilant to the possibility of false negative results.

Table 1. Details of gonococcal genomes identified as lacking Xpert® targets NG2 and/or NG4

Data source	Isolate name	PubMLST identifier	Country	Year	Patient information			BLAST result		Sequence type		
					Sex	Sexual orientation	Specimen site	NG2	NG4	MLST	NG-STAR	NG-MAST
Referred isolate	H25-379	170406	UK	2025	F	Heterosexual	Vaginal	ND	ND	1596	4411	Novel
GRASP	20GRASP0157	170833	UK	2020	M	Heterosexual	Rectal	Full length	ND	10314	1615	21872
	20GRASP1107	170832	UK	2020	M	Unknown	Rectal	ND	Full length	15679	165	6388
PubMLST	ERR3578062[12]	107354	UK	2016	M	GBMSM	Rectal	ND	ND	1596	4411	5016
	FR20-026[13]	156586	France	2020	Unknown	Unknown	Unknown	Full length	ND	10314	1615	21872
	NGPT20091	164007	Portugal	2020	M	Unknown	Unknown	ND	ND	1588	3403	964
	NGPT20099	164013	Portugal	2020	F	Unknown	Unknown	ND	ND	1588	1873	338
	NGPT23165	164445	Portugal	2023	M	Unknown	Unknown	ND	ND	8123	4621	20610

Sex: M – male, F – female; Sexual orientation: GBMSM – gay, bisexual and other men who have sex with men; BLAST result: ND – not detected; Sequence type: MLST – multilocus sequence typing, NG-STAR – NG sequence typing for antimicrobial resistance, NG-MAST – NG multi-antigen sequence typing.

FC1.5 | Going live with Gono-vax- a 5 centre roll out in the North of England of meningococcal B vaccine for the prevention of gonorrhoea

Sophie Brady, Ruth Aseervatham, Mark Heptinstall, Nicola Fearnley

Locala, Bradford, United Kingdom

Background: The UK was the first country to approve meningococcal B (MenB) vaccine for gonorrhoea prevention. Sexual health services were advised to begin vaccination on 1 August 2025 for those at highest risk, including gay, bisexual, and other men who have sex with men (GBMSM) and for those with similar risk profiles. Concurrently, M-pox vaccination became available nationally for GBMSM, alongside existing HPV, hepatitis A (HepA), and hepatitis B (HepB) vaccines.

We provide integrated sexual health care in five local authority (LA) areas in Northern England. Following our experience from the 2022 M-pox outbreak, when vaccination-only clinics (VOCs) were rapidly deployed by our organisation, we again implemented VOCs to deliver MenB and outstanding sexual health vaccinations. VOCs were delivered separately from routine services by vaccinators from COVID-19 and childhood immunisation teams. This is an innovative approach for rapidly delivering sexual health vaccination.

Methods: GBMSM patients seen in the previous year, identified through electronic records, were sent an SMS to check their eligibility and book an appointment in the VOCs via a website link.

Vaccinations were recorded via dedicated templates and GUMCAD codes.

Results:

• SMS sent: 2,718 (29 July 2025)

• Bookings: 794 appointments scheduled across 25 clinics at 6 sites (until October 2025)

• 7 VOCs occurred during August 2025 in 6 locations in the 5 LA areas and were scheduled for weekday afternoons and Saturdays. See table for number of Men-B vaccinations completed in the main services and VOCs.

Additional vaccines delivered at the VOCs: HPV (29), Twinrix (17), HepB (26), HepA (21), M-pox (88, highest uptake in areas where newly available).

Conclusion: Stand-alone VOCs are an innovative approach to effectively deliver large numbers of sexual health vaccines. Using vaccinators from other programmes and enabling patients to self-assess eligibility and book their own online appointments, reduced pressure on core services and supported rapid MenB programme implementation.

MenB vaccinations completed in August 2025:

Local authority (LA) area	Routine clinics	VOCs	Total
LA 1	20	64	84
LA 2	10	93	103
LA 3	4	51	55
LA 4	9	33	42
LA 5	0	25	25
Total	**43**	**266**	**309**

FC1.6 | Behavioural Data: An Overlooked Component for Predicting STI Incidence

Santi Garcia-Guerrero, Robbie Lawlor, Chris Noone

University of Galway, Galway, Ireland

Background: Increasing rates of sexually transmitted infections (STIs) represent a major global health concern. These infections are exacerbated by social stigma and mental health issues. Addressing this requires understanding the intricate interplay of sociodemographic, structural factors and individual behaviours. We aimed to synthesise information on the predictors of incidence trend in specific STIs.

Material and Methods: This systematic review focused on longitudinal aetiology studies of four STIs (i.e., gonorrhoea, chlamydia, syphilis, and HIV), and behavioural predictors of their incidence trends (within 2015-2025). A PEO framework was adopted, examining the general adult population (P), sociodemographic and sexual behaviour data (E), and diagnoses of the target STIs (O). In addition to grey literature sources, five databases (i.e., PubMed, Medline, CINAHL, psycINFO, Scopus) were selected for the search strategy.

Results: A total of 13,085 published and 68 grey literature records were reviewed. Twenty studies, and one global epidemiological report, met the inclusion criteria containing minimal sociodemographic and trend information. The majority of the studies dealt with HIV diagnoses (k = 14), followed by syphilis (k = 5), gonorrhoea (k = 3), and chlamydia (k = 2), with data coming from 38 countries. Overall, the available information linking predictors of behavioural relevance to incidence trends across the targeted STIs was scarce. However, the available data suggest a pattern of higher incidence among males than females, but slower declines in incidence among females compared males. Moreover, there seems to be a widening of the age-range presenting STIs (beyond adolescents and young-adults), with older individuals having high proportions of diagnoses. While limited date prevents drawing making general observations for three of the targeted STIs, HIV data for 135 countries confirms decreasing numbers in 66 countries, in contrast to 26 countries for which trends suggest an increase in diagnoses.

Conclusion: Although national epidemiological data is a necessary starting point for understanding the global status of STIs, including relevant behavioural data alongside diagnostic notifications is paramount to tackling the complexity of STI incidence trends. The effective development of prevention/intervention programmes by social scientists and practitioners can only come from comprehensive behavioural data.

FC2.1 | De-implementation of Routine Chlamydia Testing for Asymptomatic Individuals in Public Sexual Health Services in the Netherlands – Insights from Survey and National Surveillance Data

Zoïe Alexiou[1,2], Bernice Hoenderboom[2], Daphne van Wees[2], Rida EL-Jobouri[2], Birgit van Benthem[2], Nicole Dukers[1,3]

[1]Department of Health Promotion, Care and Public Health Research Institute (CAPHRI), Maastricht University, Maastricht, Netherlands; [2]Centre for Infectious Disease Control, National Institute for Public Health and the Environment, Bilthoven, Netherlands; [3]Department of Sexual Health, Infectious Diseases and Environmental Health, Living Lab Public Health Mosa, Public Health Service South Limburg, Heerlen, Netherlands

Background: The Dutch chlamydia guideline was recently updated, reflecting growing evidence that routine testing of asymptomatic individuals has limited benefit and could have adverse effects. As of January 2025, routine chlamydia testing in asymptomatic people is no longer advised at Dutch sexual health centers (SHCs). This marks a significant behavioral and organizational shift. To support implementation, it is important to understand the process.

Methods: We studied the discontinuation of routine testing through two lenses: SHC professionals' experiences and national surveillance data. An online questionnaire was developed using the Measurement Instrument for Determinants of Innovations, covering innovation, user, organization, and socio-political domains. The questionnaire was distributed via snowball sampling among SHC staff. Determinants were classified as barriers or facilitators using predefined thresholds; open responses were thematically analyzed. In parallel, national sexual health surveillance data (~160,000 yearly consultations) were used to assess adherence, defined as the monthly percentage of consultations where testing followed policy (i.e., no chlamydia test for people without symptoms or partner notification). Adherence was reported as the range of monthly percentages across SHC regions for different populations.

Results: Between 18 February and 12 March 2025, 158 professionals responded to the questionnaire: 57.0% nurses, 22.2% doctors, 12.7% physician assistants, and 8.1% other staff. Most identified as female (86.1%), and half had ≥5 years of experience. Facilitators included policy clarity, perceived correctness, sufficient knowledge, expected benefits like reduced antibiotic use, and colleague support. Key barriers were low perceived relevance for some clients, client resistance, and lab logistics. Only 5.1% noted general client dissatisfaction. Still, 73% felt tailored care can override strict policy, especially for unclear symptoms, client emotional well-being, or to continue engagement with sex workers. In parallel, April 2025 surveillance data showed adherence was generally high but varied between SHC regions. Adherence among women ranged from 78.8% to 98.9%, from 88.6% to 100% for heterosexual men, and from 57.5% to 95.4% for sex workers

Conclusions: The policy is widely supported with early signs of high adherence, but de-implementation is complex. Addressing relevance, resistance, and logistical barriers is key to sustained success.

FC2.2 | Young women's perspectives on chlamydia-related subfertility and a potential predictive subfertility test: A mixed-methods study in the Netherlands

Bernice M Hoenderboom[1,2], Zoïe W Alexiou[2], Charlotte MM Peters[3,4], Karlijn Kampman[5], Colette van Bokhoven-Rombouts[6], Christian JPA Hoebe[3,4,7], Birgit HB van Benthem[1]

[1]Centre for Infectious Disease Control, National Institute for Public Health and the Environment, Bilthoven, The Netherlands; [2]Department of Health Promotion, Care and Public Health Research Institute (CAPHRI), Maastricht University, Maastricht, The Netherlands; [3]Department of Social Medicine, Care and Public Health Research Institute, Maastricht, The Netherlands; [4]Department Sexual Health, Infectious Diseases and Environmental Health, Living Lab Public Health Mosa, Public Health Service South Limburg, Heerlen, The Netherlands; [5]Public Health Service Twente, Enschede, The Netherlands; [6]Sexual Health Center, Public Health Service Gelderland-Zuid, Nijmegen, The Netherlands; [7]Department of Medical Microbiology, Infectious Diseases and Infection Prevention, National Chlamydia trachomatis Reference Laboratory, Care and Public Health Research Institute (CAPHRI), Maastricht University Medical Center (MUMC+), Maastricht, The Netherlands

Background: Chlamydia trachomatis (chlamydia) infection control could be more effective if focused on morbidity reduction rather than prevalence reduction. A predictive test, identifying women at high risk for subfertility following chlamydia, might enhance targeted chlamydia control. However, do young women (YW) want to know their individual subfertility risk following a chlamydia infection?

Material & methods: A sequential mixed-method study was performed among YW in the Netherlands to explore perspectives on chlamydia, related subfertility, needs and expected benefits and barriers to a potential chlamydia subfertility risk test. We conducted five focus groups with YW who had visited Sexual Health Centers (SHC). Results were thematically analyzed and used to inform an online questionnaire, that was distributed via SHC and social media. Descriptive statistics and logistic regression analyses was applied to assess variables associated with willingness.

Results: Nineteen YW participated in focus groups, and 426 YW (median age 22 in both) completed the questionnaire. In both populations, chlamydia was perceived as highly prevalent and chlamydia-subfertility as uncommon, but very concerning. Expected benefits of being aware of an increased risk of chlamydial subfertility included: to prepare mentally, to anticipate for the future, a reduced perceived need for contraceptives and to decrease uncertainty about consequences. Associated expected barriers were prolonged feelings of worry and a negative impact on relationships. Knowing of no increased risk would yield relief and decrease guilt. While high accuracy, accessibility, aftercare, and clear communication were required for the potential test, test willingness in the questionnaire was 78%. Willingness was associated with perceiving “being prepared” as a benefit (aOR 6.7, 95%CI 3.6-12.6), uncertainty about a child wish (aOR 3.6, 95%CI 1.3-10.2), a positive attitude towards subfertility prevention (aOR 3.1, 95%CI 1.7-5.4) and inversely, having ≥3 partners in the past six months (aOR 0.5, 95%CI 0.3-0.9).

Conclusion: Many YW are concerned about chlamydia subfertility and seek clarity and control over it. However, when considering the development of a predictive subfertility test, the expected

barriers may outweigh the potential benefits. Moreover, it is uncertain whether a predictive risk test would meet the specific needs of YW, as it only provides a risk estimate.

FC2.3 | Evaluation of current clinical guidelines for the management of sexually transmissible enteric infections using the AGREE II toolkit

Callum Chessell[1,2], Ben Erin[3], Matthew Dempsey[3], Deborah Williams[2], Daniel Richardson[2,3]

[1]East Sussex NHS Foundation Trust, Hastings, United Kingdom; [2]University Hospital Sussex NHS Foundation Trust, Brighton, United Kingdom; [3]Brighton and Sussex Medical School, Brighton, United Kingdom

Background: Clinical guidelines for sexually transmissible enteric infections can provide a framework for testing, management, antimicrobial stewardship and public health control. This review aimed to evaluate the currently available clinical guidelines and to highlight any areas for improvement.

Methods: A comprehensive online search for clinical guidelines was performed and reported using Preferred Reporting Items for Systematic Review and Meta-Analysis guidelines, followed by evaluation using the Appraisal of Guidelines for Research and Evaluation II (AGREE II) tool by three independent reviewers. An AGREE II domain score of >60% is the threshold for sufficient quality, and each guideline was rated high, average or low based on the domain percentages (five domains scoring >60%=high, 3–4 domains scoring >60%=average and ≤2 domains scoring>60%=low). Two authors developed a bespoke quality framework for sexually transmissible enteric infection guidelines and this was used to evaluate each guideline.

Results: Six guidelines were identified from the UK (UK- BASHH), USA (USA-CDC), Europe (Europe-IUSTI), Canada- government, Brazil- government and Australia (Australia- ASHM). The overall AGREE II score was 56% (IQR 43–67) (domain 1 (scope and purpose) 67% (IQR=42–67), domain 2 (stakeholder involvement) 46% (IQR 34–62), domain 3 (rigour of development) 42% (IQR 22–49), domain 4 (clarity of presentation) 80% (IQR 57–89), domain 5 (applicability) 23% (IQR 11–30) and domain 6 (editorial independence) 67% (IQR 56 84)). The median global scores (out of 7) and rating (low, medium and high) were UK-BASHH (5/7, high), USA- CDC (5/7, average), Europe-IUSTI. (4/7, average), Canada government (4/7, low), Brazil government (3/7, low) and Australia- ASHM (1/7, low). All six guidelines recommended testing using molecular platforms: UK- BASHH, USA- CDC and Europe- IUSTI recommended offering sexual health interventions and STI testing; the UK-BASHH and Australia- ASHM did not recommend empirical antimicrobials, and the Europe-IUSTI and Brazil government guidelines made specific antimicrobial recommendations, including macrolides, quinolones and cephalosporins.

Conclusion: Future clinical guidelines for sexually transmissible enteric infections require consistency and to improve their applicability, rigour of development, stakeholder involvement and recommendations for sexual health interventions, sexually transmitted infection testing, partner notification, handwashing and food handlers' advice and antimicrobial treatment.

Table 1 Appraisal of Guidelines for Research and Evaluation II scores of clinical guidelines for the management of sexually transmissible enteric infections

	Domain 1: scope and purpose (%)	Domain 2: stakeholder involvement (%)	Domain 3: rigour of development (%)	Domain 4: clarity of presentation (%)	Domain 5: applicability (%)	Domain 6: editorial independence (%)	Median guideline domain score (%) (IQR)	Overall rating*	Overall score (out of 7)
UK (BASHH)[17]	67	93	51	98	79	86	83 (70–91)	high	5
USA (CDC)[24]	67	67	52	91	26	78	67 (56–75)	average	5
Europe (IUSTI)[25]	69	43	40	78	19	86	56 (41–76)	average	4
Canada (C-gov)[26]	67	48	43	81	31	56	52 (44–64)	low	4
Brazil (BMoH)[27]	33	31	16	50	0	3	24 (6–33)	low	3
Australia (ASHM)[28]	31	11	1	41	8	56	21 (9–39)	low	1
Median domain % score (IQR)	67 (42–67)	46 (34–62)	42 (22–49)	80 (57–89)	23 (11–30)	67 (56–84)	56 (43–67)		4 (3–5)

*Overall rating (≥5 scores >60%=high, 3–4 scores >60%=average, ≤2 scores >60%=low).
ASHM, Australian Society for HIV, Viral Hepatitis and Sexual Health Medicine; BASHH, British Association of Sexual Health and HIV; BMoH, Brazilian Ministry of Health; CDC, Centres for Disease Control; C-gov, Canadian government; IUSTI, International Union against Sexually Transmitted Infections.

Table 2 Sexually transmissible enteric infections quality framework evaluation

	UK (BASHH)[17]	USA (CDC)[24]	Europe (IUSTI)[25]	Canada (C-Gov)[26]	Brazil (BMoH)[27]	Australia (ASHM)[28]
Provides specific guidance on testing for enteric pathogens including molecular testing.	✓	✓	✓	✓	✓	✓
Recommends testing for other sexual health interventions.	✓	✓	✓	✗	✗	✗
Recommends testing for other sexually transmitted infections.	✓	✓	✓	✗	✗	✗
Provides specific guidance on partner notification and contact tracing.	✓	✓	✓	✓	✗	—*
Provides specific guidance on abstinence, including when one can resume sexual activity.	✓	✓	✓	✗	✗	—*
Provides specific guidance recommending handwashing and management of food-handlers.	✓	—†	✓	✗	—†	—*
Specific recommendations on empirical or susceptibility-driven antimicrobial treatment for bacterial enteric pathogens.	Empirical antimicrobials are not recommended. Advice from microbiology recommended where treatment is needed.	Treatment recommendations are beyond the scope of these guidelines. Providers should be aware of the potential for antimicrobial-resistant pathogens.	Empirical antimicrobials are not recommended. Presumptive treatment may be considered with ciprofloxacin, co-trimoxazole or azithromycin. Advice from microbiology recommended.	The treatment and management of practicalities and enteritis are beyond the scope of this guide.	Recommends treatment for any identified aetiological agent and specifically ciprofloxacin, azithromycin or ceftriaxone for Shigella.	Empirical antimicrobials are not recommended. Advice from microbiology recommended where treatment is needed.

*Australian-ASHM guideline states 'contact tracing and exclusion periods from sexual activity and work (eg, for food handlers, childcare workers and healthcare workers) should be determined in consultation with state health departments or public health units or guided by disease-specific advice in these or other guidelines'.
†USA-CDC guideline states 'recommendations include avoiding contact with fomites during sex, using barriers and washing hands after handling materials that have been in contact with the anal area'.
‡Brazil-BMoH guideline states 'prevention is accomplished through washing hands'.
ASHM, Australian Society for HIV, Viral Hepatitis and Sexual Health Medicine; BASHH, British Association of Sexual Health and HIV; BMoH, Brazilian Ministry of Health; CDC, Centres for Disease Control; C-gov, Canadian government; IUSTI, International Union against Sexually Transmitted Infections.

WHAT IS ALREADY KNOWN ON THIS TOPIC

⇒ There have been increasing rates of sexually transmissible enteric infections affecting the sexual networks of men who have sex with men (MSM), including antimicrobial-resistant *Shigella* spp, *Campylobacter* spp and diarrhoeagenic *Escherichia coli*.
⇒ The overall consumption of antimicrobials in MSM is increasing with the use of HIV pre-exposure prophylaxis and increased screening for asymptomatic *Chlamydia trachomatis* and *Neisseria gonorrhoeae*.
⇒ There are few public health control strategies available for sexually transmissible enteric pathogens, so consistent clinical management is important.

WHAT THIS STUDY ADDS

⇒ There are large variations in the quality of currently available clinical guidelines in English.
⇒ Some of the currently available clinical guidelines recommend the use of macrolides and quinolones which are known to have limited effect in *Shigella* isolates circulating among MSM.

HOW THIS STUDY MIGHT AFFECT RESEARCH, PRACTICE OR POLICY

⇒ This evaluation provides a framework for the improvement of future clinical guidelines for the management of sexually transmissible enteric infections.
⇒ Future clinical guidelines need to embed antimicrobial stewardship, clear recommendations for patients regarding partner notification and prevention of ongoing transmission and appropriate testing for other sexually transmitted infections.

FC2.4 | Characterization of Macrolide and Fluoroquinolone Resistant Mycoplasma genitalium in Canada, 2018-2024

Shelley W. Peterson[1], Norman Barairo[1], Nick Nordal-Budinsky[1], Giulia Severini[1], Brigitte Lefebvre[2], Jennifer Grant[3], Samir Patel[4], Mathew Diggle[5], Paul Van Caeseele[6], Jessica Minion[7], Vanessa Arseneau[8], Guillaume Desnoyers[9], Robert Taylor[10], Irene Martin[1]

[1]Public Health Agency of Canada, Winnipeg, Canada; [2]Laboratoire de Santé Publique du Québec, Ste-Anne-de-Bellevue, Canada; [3]British Columbia Centre for Disease Control Public Health Microbiology & Reference Laboratory, Vancouver, Canada; [4]Public Health Ontario Laboratory, Toronto, Canada; [5]Public Health Laboratory, Alberta Precision Labs, Edmonton, Canada; [6]Cadham Provincial Laboratory, Winnipeg, Canada; [7]Roy Romanow Provincial Laboratory, Regina, Canada; [8]Queen Elizabeth Hospital, Charlottetown, Canada; [9]Dr. Georges L. Dumont University Hospital Centre, Moncton, Canada; [10]Public Health Laboratory, Newfoundland Health Services, St. John's, Canada

Background: Mycoplasma genitalium (Mgen) is a leading cause of non-gonococcal persistent urethritis in men. In women, infections may cause cervicitis, pelvic inflammatory disease, preterm birth, and infertility. Overall prevalence is unknown, as Mgen is not notifiable in Canada, however some Canadian studies of STI clinic attendees have shown a prevalence of 4.2-9.6%. Mgen has developed resistance to both currently recommended therapeutics, azithromycin and moxifloxacin. The MgPa adhesion protein (mgpB) and MG309 lipoprotein make up a typing scheme, which may be valuable for investigating Mgen transmission patterns in Canada.

Methods: Between 2018 and 2024, 2703 Mgen-positive urogenital specimens were tested from 10 provinces in Canada. PCR and Sanger sequencing were performed on these specimens to detect mutations associated with macrolide (23S rRNA A2058/A2059) and fluoroquinolone (gyrA 95/99/108 and parC 83/87/97) resistance. Samples from 2022-2024 were genotyped using the MgpB/MG309 typing scheme.

Results: Of 2703 specimens, 36.3% (n=980) were from females, 62.1% (n=1679) from males, two were gender diverse, and 42 unspecified. Of specimens with antimicrobial resistance (AMR) results, 70.1% (1867/2634) contained SNPs associated with macrolide resistance across all years, with 80% (481/624) resistance in 2024. Fluoroquinolone resistance-associated mutations were found in 20.2% (499/2465) of specimens across all years, with 24.4% (135/553) resistance in 2024. Both macrolide and fluoroquinolone-associated resistance markers were found in 17.3% (421/2429) specimens, while 26.4% (640/2429) were susceptible to both. mgpB/MG309 genotyping was successful for 74.7% (1287/1724) specimens, with 483 different types identified. ST-78 was the most prevalent type, observed in 10.3% (132/1287) of samples. Other commonly observed STs include ST-69, ST-16, and ST-98.

Conclusions: While true prevalence cannot be determined without a surveillance program, the high proportion of antimicrobial resistant Mgen received from 2018-2024 is of great concern. Enhanced surveillance of AMR-Mgen is necessary to identify clusters, inform treatment guidelines and mitigate the impact of resistant Mgen.

FC2.5 | Invasive Neisseria meningitidis subtype C in gay, bisexual and other men who have sex with men: a systematic review

Lucy Rabuszko[1,2,3], Sarah Stuart-George[1,2,3], Callum Chessell[1,2], Colin Fitzpatrick[3], Deborah Williams[3], Daniel Richardson[2,3]

[1]Department of Primary Care and Public Health, Brighton and Sussex Medical School, Brighton, United Kingdom; [2]Sexual Health & HIV Medicine, Brighton and Sussex Medical School, Brighton, United Kingdom; [3]Sexual Health & HIV, University Hospitals Sussex NHS Foundation Trust, Brighton, United Kingdom

Background: Outbreaks of invasive Neisseria meningitidis subtype C in networks of gay, bisexual and other men who have sex with men (MSM) have been reported. We aimed to explore any factors seen in MSM with invasive N.meningitidis subtype C.

Method: We searched three bibliographical databases for manuscripts written in English exploring at least one factor seen in MSM with invasive N. meningitidis subtype C published up to May 2024. Following an initial search, removal of duplicates and abstract review, two authors independently reviewed full-text manuscripts and performed a risk of bias assessment using the Joanna Briggs Institute toolkit. Narrative data were synthesised to generate themes.

Results: 16 manuscripts were included in this review from the USA (n=10), Germany (n=2), France (n=2), Canada (n=1) and Italy (n=1) and consisted of nine case series, four cross-sectional studies, two case reports and one case–control study published between 2003 and 2024 involving 236 MSM with invasive N. meningitidis subtype C, of which at least 64 died. We have highlighted some demographic (African-American or Hispanic identity in the USA, living with HIV), behavioural (kissing, sharing drinks, visiting sex-on-premises venues, visiting gay-oriented venues, using websites/mobile phone apps to meet sexual partners, recreational drug use, multiple and non-regular sexual partners) and infection (previous Chlamydia trachomatis, Treponema pallidum, Neisseria gonorrhoeae, Mpox) factors in MSM with invasive N. meningitidis subtype C.

Conclusions: These data serve as an important resource to inform and target future public health strategies and outbreak control measures for the prevention of invasive N. meningitidis subtype C in MSM.

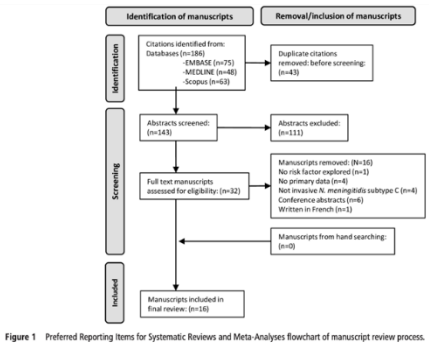


Figure 1 Preferred Reporting Items for Systematic Reviews and Meta-Analyses flowchart of manuscript review process.

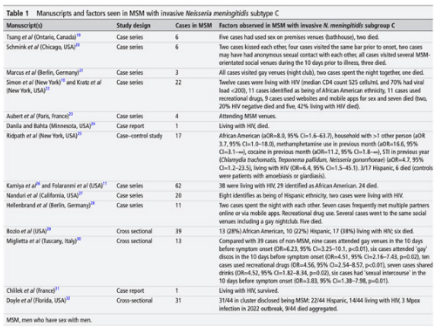


Table 1 Manuscripts and factors seen in MSM with invasive *Neisseria meningitidis* subtype C

Manuscript(s)	Study design	Cases in MSM	Factors observed in MSM with invasive *N. meningitidis* subgroup C
Tsang et al (Ontario, Canada)[14]	Case series	6	Five cases had used sex on premises venues (bathhouse), two died.
Schmink et al (Chicago, USA)[15]	Case series	6	Two cases kissed each other, four cases visited the same bar prior to onset, two cases may have had anonymous sexual contact with each other, all cases visited several MSM-orientated social venues during the 10 days prior to illness, three died.
Marcus et al (Berlin, Germany)[16]	Case series	3	All cases visited gay venues (night club), two cases spent the night together, one died.
Simon et al (New York)[17] and Kratz et al (New York, USA)[18]	Case series	22	Twelve cases were living with HIV (median CD4 count 525 cells/mL and 70% had viral load <200), 11 cases identified as being of African-American ethnicity, 11 cases used recreational drugs, 9 cases used websites and mobile apps for sex and seven died (two, 20% HIV negative died and five, 42% living with HIV died).
Aubert et al (Paris, France)[19]	Case series	4	Attending MSM venues.
Danila and Bahta (Minnesota, USA)[20]	Case report	1	Living with HIV, died.
Kidpath et al (New York, USA)[21]	Case–control study	17	African-American (aOR=8.0, 95% CI=1.6–43.7), household with >1 other person (aOR 3.7, 95% CI=1.3–10.3), methamphetamine use in previous month (aOR=16.6, 95% CI=3.1–∞), cocaine in previous month (aOR=11.2, 95% CI=1.9–∞), STI in previous year (*Chlamydia trachomatis, Treponema pallidum, Neisseria gonorrhoeae*) (aOR=4.7, 95% CI=1.2–23.5), living with HIV (OR=6.4, 95% CI=1.5–45.1). 3/17 Hispanic, 6 died (controls were patients with amoebiasis or giardiasis).
Kamiya et al[22] and Folaranmi et al (USA)[23]	Case series	62	38 were living with HIV, 29 identified as African American. 24 died.
Nanduri et al (California, USA)[24]	Case series	20	Eight identifies as being of Hispanic ethnicity, two cases were living with HIV.
Hofenbrandt et al (Berlin, Germany)[25]	Case series	11	Two cases spent the night with each other. Seven cases frequently met multiple partners online or via mobile apps. Recreational drug use. Several cases went to the same social venues including a gay nightclub. Five died.
Bozio et al (USA)[26]	Cross sectional	39	13 (28%) African American, 10 (22%) Hispanic, 17 (38%) living with HIV, six died.
Miglietta et al (Tuscany, Italy)[27]	Cross sectional	13	Compared with 39 cases of non-MSM, nine cases attended gay venues in the 10 days before symptom onset (OR=4.23, 95% CI=1.25–10.1, p=0.015), six cases attended 'gay' discos in the 10 days before symptom onset (OR=4.51, 95% CI=2.16–7.43, p=0.02), ten cases used recreational drugs (OR=4.56, 95% CI=2.54–8.57, p<0.01), seven cases shared drinks (OR=4.52, 95% CI=1.82–8.34, p=0.02), six cases had 'sexual intercourse' in the 10 days before symptom onset (OR=3.03, 95% CI=1.38–7.98, p=0.01).
Chiliek et al (France)[11]	Case report	1	Living with HIV, survived.
Doyle et al (Florida, USA)[28]	Cross-sectional	31	31/44 in cluster disclosed being MSM; 22/44 Hispanic, 14/44 living with HIV, 3 Mpox infection in 2022 outbreak, 9/44 died aggregated.

MSM, men who have sex with men.

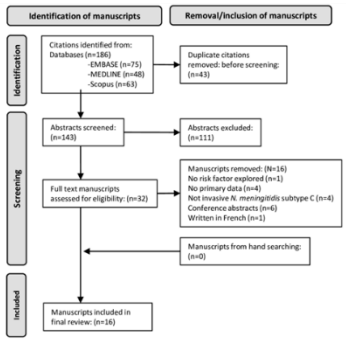


Figure 1 Preferred Reporting Items for Systematic Reviews and Meta-Analyses flowchart of manuscript review process.

FC2.6 | Women and HIV: Prevention Challenges in a London Cohort

Hasan Mirza, Jennifer Amartey, Jessica Gaddie

Barts Health NHS Trust, London, United Kingdom

Background: Women represent approximately one third of new HIV diagnoses in Europe. Despite this, pre-exposure prophylaxis (PrEP) uptake within this population remains sub-optimal. Opt-out HIV testing in emergency departments across England has helped reduce the undiagnosed population by reaching individuals not accessing sexual health services (SHS). We compared characteristics of women newly diagnosed with HIV to those accessing prevention services at our London centre.

Methods: Retrospective data collection using electronic patient records across five hospitals within our organisation from 1/1/2023-31/12/2023. Data included women accessing PEP (post-exposure prophylaxis), PrEP, and those newly diagnosed with HIV, focusing on demographics and social complexity factors. All data were anonymised and statistical analyses are descriptive.

Results: Demographics of women newly diagnosed with HIV, attending for PrEP and PEP are summarised in figure 1. We identified 31 HIV diagnoses in women (representing 32% of total diagnoses): 25/31 diagnosed outside of SHS, 11/31 reported a previous HIV test, 1/31 had discussed or used PrEP. Five women had attended our SHS within the last year; 19/31 had visited their GP. Ninety women attended for PrEP, mostly PrEP naive (67/90) and identifying as commercial sex workers (69/90). PrEP persistence rates at 9 and 18 months were 38% and 27% respectively. Among PEP attendees, 65/157 received prophylaxis following risk assessment: 65% completed course, 52% attended follow-up, 23/65 offered PrEP, 13/23 subsequently commenced PrEP. See figures 2 and 3 for indications for PrEP and PEP prescribing.

Conclusions: Our data highlight critical gaps in HIV prevention among women, with most new diagnoses occurring outside SHS and minimal prior engagement in prevention strategies. The higher likelihood of GP visits than SHS attendance underscores the importance of integrating HIV prevention into primary care. Low PrEP persistence and suboptimal follow-up rates post-PEP indicate areas for improvement. To achieve zero HIV transmissions and ensure no woman is left behind, we must expand PrEP access and awareness, strengthen primary care partnerships, and improve recall pathways to address barriers to prevention and testing. Limitations include reliance on local clinic data due to the absence of a national sexual health record.

	Women newly diagnosed with HIV (n=31)	Women accessing PrEP (n=90)	Women accessing PEP (n=65)
Median age (IQR)	43 (32-53)	31 (27-35)	29 (26-37)
% global majority ethnic group	84%	55%	62%
% trans/gender-diverse	0%	10%	0%
% migrants	94%	79%	72%
% with ≥1 social complexity factor*	71%	66%	58%

**Social complexity factors: English as a second language, mental health issues, substance use or harmful alcohol use*

Figure 1: Demographics of women newly diagnosed with HIV and attending for PrEP or PEP

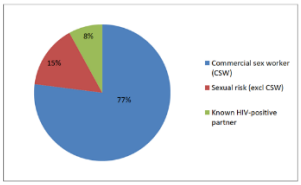


Figure 2: Indications for PrEP prescribing in women

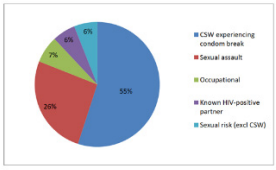


Figure 3: Indications for PEP prescribing in women

FC2.7 | Strengthening gonococcal infection surveillance in Europe using electronic health data: challenges and opportunities

Lore Merdrignac[1], Lina Nerlander[2], Mariette Hooiveld[3], Alexandria Williams[4], Tatjana Nemeth Blažić[5], Maria Wessman[6], Gudrun Aspelund[7], Martha Neary[8], Yolanda Pires-Afonso[9], Maartje Visser[10], Vítor Cabral Veríssimo[11], Dominique Van Beckhoven[4], Mirjana Lana Kosanović[12], Caroline Eves[6], Marianna Thordardottir[7], Phil Downes[8], Joël Mossong[9], Birgit Henriette Barbara van Benthem[10], Maria Manuel Dantas[11,13], Luis Alves de Sousa[2], Anthony Nardone[1], The EHR-STI working group

[1]Epiconcept, Paris, France; [2]European Centre for Disease Prevention and Control (ECDC), Solna, Sweden; [3]Nivel, Utrecht, The Netherlands; [4]Sciensano, Brussels, Belgium; [5]Croatian Institute of Public Health, Zagreb, Croatia; [6]Statens Serum Institut, Copenhagen, Denmark; [7]Directorate of Health, Reykjavik, Iceland; [8]Health Protection Surveillance Centre, Dublin, Ireland; [9]Luxembourg Health Directorate, Luxembourg, Luxembourg; [10]Centre for Infectious Disease Control, National Institute for Public Health and the Environment (RIVM), Bilthoven, The Netherlands; [11]Directorate of Analysis and Information, Directorate-General of Health, Lisbon, Portugal; [12]Infectious Disease Epidemiology Unit, Andrija Stampar Teaching Institute of Public Health, Zagreb, Croatia; [13]Public Health Department, Local Health Unit of Coimbra, Coimbra, Portugal

Gonococcal infections are increasing across the EU/EEA, reaching in 2023 their highest recorded levels since European sexually transmitted-infection (STI) surveillance began in 2009. Traditional surveillance likely underestimates the burden and often lacks data on transmission risk factors and sexual behaviour needed for targeted prevention. In 2024, ECDC initiated the project "Surveillance from Electronic Health Data" (SUREHD), aiming to enhance gonococcal infection surveillance by making use of data derived from electronic health records (EHR). We describe the characteristics, challenges, and opportunities of gonococcal infection surveillance systems in SUREHD participating countries.

We developed a generic protocol for EHR-based gonococcal infection surveillance, describing system characteristics, case definitions, episode duration, and core variables. We organised network meetings to promote exchanges between countries, held regular individual online meetings with each country, and supported the development of country-specific protocols. We conducted site visits to assess challenges, opportunities, and needs.

Fifteen countries are participating in the SUREHD project: eight as active participants, seven as observers. Laboratory data are currently digitalised and serve as the entry point for digital surveillance of gonococcal infections in all eight participating countries, although with considerable heterogeneity. Four countries with already fully- or semi-automated centralised surveillance systems used the project to enhance laboratory data collection, improve system automation, and to explore integrating additional EHR-based data sources. Three countries established a sentinel pilot system, aiming to extend to additional facilities in the future. Two countries' systems are based on STI clinics, covering only part of the population. Four countries will be able to capture enhanced data on transmission risk factors and sexual behaviour. Countries reported challenges related to data protection and access (n=6), workload (n=5), and technical issues (n=4), which hampered system implementation.

Enhancing traditional gonococcal surveillance using EHR-derived data posed substantial technical, legal and data protection challenges at the national level, in addition to financial demands. This new surveillance system type provides an opportunity to integrate multimodal electronic health data, such as laboratory, clinical, and, where feasible, behavioural data, in an automated and sustainable manner. It can further support countries in targeting prevention measures and improve understanding of gonococcal epidemiology in Europe.

FC2.8 | Characteristics seen in men who have sex with men with Enterobius vermicularis (threadworms): a systematic review

Aleksander Modlinski[1], Sarah Lancaster[1], Lucy Rabuszko[2], Carrie Llewellyn[1], Daniel Richardson[1]

[1]BSMS, Brighton, United Kingdom; [2]University Hospitals Sussex NHS Foundation Trust, Brighton, United Kingdom

Objectives: Enterobius vermicularis (threadworms) is a parasitic enteric worm causing anal pruritis. This systematic review aimed to explore demographic, behavioural and biological characteristics seen in men who have sex with men (MSM) with E. vermicularis.

Methods: Four databases (OVID, CINAHL, Web of science and Pubmed) were searched in January 2025. Articles which included MSM diagnosed with Enterobius vermicularis, written in English were included. Following removal of duplicates, citation and abstract review, two independent researchers screened full texts for eligible articles and performed a risk of bias assessment using Joanna Briggs institute critical appraisal tools. Data were synthesised narratively and the protocol was registered on PROSPERO (ID:CRD42024597731).

Results: Eleven articles were included in this review from UK (n=4), USA (n=3), Iraq (n=1), South Africa (n=1), Australia (n=1), and Cuba (n=1) which included 33 MSM with E. vermicularis published between 1972 and 2024. This review highlighted demographic (young age (median 27 years), living with HIV), behavioural (oral sex, oral-anal sex, anal sex, fisting, multiple/ non regular sexual partners, sex toys, group sex, recreational drug use, clothing attire), and co-infection (Neisseria gonorrhoeae, Treponema pallidum, hepatitis A, human papilloma virus, recurrent urethritis, Giardia duodenalis, Entamoeba histolytica, Endolimax Lana, Iodamoeba buetchlii, dientamoeba fragilis, Entamoeba coli, intestinal spirochaetosis) characteristics seen in MSM with E. vermicularis.

Conclusion: Although limited, this review provides some useful insights into the possible sexual transmission of E. vermicularis in MSM for future public health control strategies, clinical guidelines and research.

FC2.9 | HIV-syphilis co-infection: unveiling predictors of serofast

Arda Kaya, Gökhan Vatansever, Oğuzhan Acet, **Deniz Gökengin**

Ege University Hospital, Izmir, Turkey

Background: This study aimed to compare people living with HIV (PLWH) who exhibited negative VDRL serology following syphilis treatment with those who remained serofast and to identify factors potentially associated with the serofast state.

Materials and Methods:This retrospective study included PLWH with a history of syphilis who were followed at the Department of Infectious Diseases and Clinical Microbiology at Ege University Hospital. The serofast state was defined as persistent VDRL positivity beyond 24 months after early syphilis treatment and beyond 36 weeks after treatment for late syphilis. Patients with negative VDRL and positive TPHA/ELISA test results at baseline and a treated syphilis history were classified as non-serofast.Chi-square test was used for comparison of proportions. Normality was assessed using the Shapiro-Wilk and Kolmogorov-Smirnov tests ($p>0.05$ indicating normal distribution). The Mann-Whitney U test was used to compare age. A p value < 0.05 was considered statistically significant.

Results:A total of 126 PLWH were included, of whom 124 were male, with a mean age of 43.93 (±12.18) years. Fifty-three had comorbidities, most commonly hypertension and diabetes.The mean age was significantly higher in the serofast group compared to the non-serofast group (47.56 vs. 41.37 years, p=0.008). Detectable HIV RNA at the time of syphilis diagnosis and an interval of less than one year between HIV and syphilis diagnoses were both significantly associated with seronegativity(p=0.001, p=0.020, respectively). A prior history of syphilis was also significantly more common in the non-serofast group (p=0.022). In the non-serofast group, 16 cases had early syphilis (11 primary, 3 secondary, 2 early latent), compared to 15 in the serofast group (10 primary, 2 secondary, 3 early latent). In the serofast group, 76.9% (n=40/52) had an initial VDRL titer of 1:32 or lower. Detailed group comparisons are presented in Table 1.

Conclusion:Older age may be associated with a reduced serological response to syphilis treatment in PLWH. Detectable HIV RNA and earlier timing of syphilis relative to HIV diagnosis were linked to better VDRL seroreversion.Prior syphilis history in the non-serofast group may indicate a stronger immune response.These findings emphasize the need to consider age, HIV control, and syphilis history in managing syphilis in HIV-positive individuals.

Table 1. Comparison of Characteristics Between Serofast and Non-Serofast Patients

Variable	Serofast n (%)	Non-serofast n (%)	p-value
Number	52	74	
Mean age	47.56 ± 13.01	41.37 ± 10.86	**0.008 (z: -2.652)**
Male	50 (96.6)	74 (100)	
Comorbidities	25 (48.1)	28 (37.8)	0.252
HIV–Syphilis <1 year[a]	16/52 (30.8)	31/59[b] (54.1)	**0.020**
CD4/CD8 ratio <1	30 (57.7)	53 (71.6)	0.104
CD4 <200 cells/mm³	2 (3.8)	8 (10.8)	0.154
CD4 <14%	2 (3.8)	10 (13.5)	0.068
CRP (mg/L)	12 (23.1)	28 (37.8)	0.08
Detectable HIV RNA[c]	13/52 (25.0)	32/59[b] (55.4)	**0.001**
Syphilitic symptoms[d]	8 (15.4)	11 (14.9)	0.936
VDRL titer <1:32	40 (76.9)	62 (83.8)	0.334
Early syphilis[e]	15 (28.8)	16 (21.6)	0.354
History of syphilis	7 (13.5)	23 (31.1)	**0.022**

n: Number, [a]: HIV and syphilis infection diagnosed less than one year apart,[b]: Patients with negative VDRL and positive TPHA/ELISA test results at baseline and a treated syphilis history in the non-serofast group were excluded from the analysis. [c]:HIV RNA <20 copies/mL, [d]:chancre, skin rash, mucosal lesions, neurological symptoms etc., [e]:Early syphilis; Infection within the first year of acquisition.

FC2.10 | IFN-g gene polymorphisms +874 T/A and +2109 A/G are associated with the serofast state after early syphilis treatment

Konrad Kaminiów, Martyna Kiołbasa, Maciej Pastuszczak

Clinical Department of Dermatology in Zabrze, Medical University of Silesia, Zabrze, Poland

Background: In approximately 20% of patients with early syphilis, the classical serological response pattern is absent following treatment. They experience a serofast state, which manifests as less than a 4-fold decline in non-treponemal titres, without any clinical signs of treatment failure or reinfection. The effectiveness of the immune defense against T. pallidum, as well as its potential failure and the occurrence of the serofast state, depends on the Th1 cellular response, including cytokines such as IFN-g. The aim of this prospective observational study was to investigate the impact of IFN-g gene polymorphisms on the occurrence of the serofast state.

Methods: A cohort of 97 patients with early syphilis (73.2% secondary syphilis, 26.8% early latent syphilis) and 50 healthy volunteers were enrolled. Two single nucleotide polymorphisms (SNPs) in the IFN-g gene promoter region, +874 T>A (rs2430561) and +2109 A>G (rs1861494), were analyzed. Serum IFN-g levels were measured at baseline, prior to treatment. Patients were stratified into serofast (n=18) and serologically cured (n=79) groups.

Results: Serofast patients exhibited significantly lower baseline serum IFN-g levels compared to the serologically cured group (p=0.01). All healthy subjects had IFN-g levels below the detection limit. Analysis of IFN-g gene polymorphisms revealed a significant association with treatment outcomes. The +874 AA and +2109 GG genotypes, associated with low IFN-g production, were significantly more frequent in serofast patients (p=0.0004 and p=0.002, respectively), with odds ratios (OR) of 7.1 (95% CI: 2.2-23.2) and 5.5 (95% CI: 1.8-17.3), respectively. Additionally, carriers of the +874A/+2109G haplotype were significantly more likely to remain serofast (OR 4.4, p=0.01). Conversely, the +874 TT and +2109 AA genotypes, associated with high IFN-g production, were significantly linked to serological cure (OR 4.4, p=0.03; OR 4.4, p=0.01). Similarly, the +874T/+2109A haplotype was strongly associated with serological cure (OR 17.9, p<0.0001).

Conclusions: Distinct IFN-g polymorphisms and haplotypes are associated with serological outcomes in syphilis. The +874 T>A and +2109 A>G variants influence IFN-γ levels, potentially modulating the immune response and serological recovery. These findings suggest a genetic predisposition underlying serofast syphilis and underscore the importance of personalized approaches in its management.

FC2.11 | Lack of serological response to Syphilis treatment by delivery does not affect pregnancy outcomes

Konrad Kaminiów, Martyna Kiołbasa, Maciej Pastuszczak

Clinical Department of Dermatology in Zabrze, Medical University of Silesia, Zabrze, Poland

Background: Maternal syphilis can lead to serious adverse pregnancy outcomes, including neonatal death. A 4-fold decline in blood non-treponemal titer at six months after the treatment of syphilis compared to the baseline is considered as an adequate serological response. However, the duration of normal human gestation does not allow the ascertainment of an adequate serological response. The aim of this study was to assess correlations between the lack of a 4-fold decrease in non-treponemal titer by delivery after syphilis treatment and fetal and newborns' condition and serological outcomes.

Methods: Fourteen pregnant patients (gestational age 16-22 weeks) diagnosed with early syphilis (secondary or latent) were treated with intramuscular benzathine penicillin and subsequently monitored clinically, serologically, and ultrasonographically at monthly intervals. Based on the non-treponemal test results at delivery, patients were stratified into two groups: those with a 4-fold decline in titers and those without such a decline. All newborns were clinically and serologically assessed for congenital syphilis at birth and then monitored until serological tests became negative.

Results: Fifty percent of the included women did not achieve a 4-fold decline in non-treponemal titer by delivery. Patients from the group showing a 4-fold decline in RPR titer at delivery and those without such a decline did not differ in basic demographic and clinical characteristics or in ultrasound parameters used for fetal assessment. Based on the clinical and laboratory assessments of newborns on the day of delivery and during a 6-month follow-up, none were diagnosed with congenital syphilis or required treatment for syphilis.

Conclusions: The lack of an adequate serological response to syphilis therapy by delivery among patients treated between 16 and 22 weeks of pregnancy does not appear to be associated with adverse fetal and neonatal outcomes.

FC2.12 | Modern Connections, Old Hidden Risks: Online Dating App Use and Sexual Behavior Among MSM Attending an Italian STI/HIV Clinic

Mauro Zaccarelli, **Maria Gabriella Dona'**, Massimo Giuliani, Eugenia Giuliani, Laura Gianserra, Christof Stingone, Francesca Di Tullio, Alessandra Latini

San Gallicano Dermatological Institute IRCCS, Rome, Italia

Background: The use of dating apps has become a prevalent way MSM use to seek sexual and emotional connections. This behavior is influenced by a combination of factors, including convenience, anonymity, and the need for validation or intimacy, particularly under the pressure of minority stress and stigma. Recent literature has linked dating app use to increased partner turnover and changing sexual norms. Given the rising incidence of STIs such as syphilis and gonorrhea in Europe, understanding the role of online partner-seeking in STI transmission is crucial for targeted prevention strategies.

Materials and Methods: We conducted a cross-sectional survey to investigate behaviors associated with STI risk among MSM attending an STI/HIV Clinic in Rome, Italy, which is part of the National STI Surveillance Network. Data were collected using a digital questionnaire on a platform specifically developed by the Clinic ("PENSARAPIDO"), gathering sociodemographic and sexual behavior data. We explored associations between dating app use and various at-risk behaviors.

Results: Between September 2023 and December 2024, 289 MSM completed the survey; 220 (76.1%) reported dating app use in the previous year. App users were significantly younger than non-users (median age 41 vs. 45 years, p=0.017) and more likely to report >10 sexual partners per year (OR 2.12; 95% CI 1.02–4.40; p=0.045). Receptive oral sex was also more frequent among app users (OR 2.10; 95% CI 1.05–4.21; p=0.036). Trends toward higher alcohol abuse (OR 4.02; p=0.069) and chemsex (OR 2.12; 95% CI 0.86–5.27; p= 0.104) were noted but did not reach statistical significance. No significant differences were observed regarding STI history, HIV status, condom use, PrEP uptake, or group sex participation.

Conclusions: Three-fourth of the respondents reported sex with partner found with dating apps, reflecting the increasing dominance of digital platforms in sexual partner-seeking. While not all risk behaviors were more prevalent among users, the association with a higher number of partners and specific sexual practices highlights the potential role of dating apps in shaping modern STI transmission dynamics. These findings support the need for integrating app-based interventions into sexual health promotion and STI prevention strategies, also involving peers.

FC3.1 | DoxyPEP: retrospective review of the patient cohort in the first three months of implementation in the northwest of the UK, prior to national roll out

Emily Clarke[1,2], Martyn Wood[1]

[1]Axess Sexual Health, NHS University Hospitals of Liverpool Group, Liverpool, United Kingdom; [2]University of Liverpool, Liverpool, United Kingdom

Introduction: Doxycycline postexposure prophylaxis (doxyPEP) has been demonstrated to reduce the incidence of syphilis and chlamydia in men who have sex with men (MSM) and transgender women (TGW). The incidence of syphilis continues to rise, and we therefore proceeded to doxyPEP provision across seven sexual health clinics in the northwest of England in March 2025, particularly targeting MSM and TGW on PrEP. UK guidelines for doxyPEP were published in June 2025.

This retrospective review aims to describe the patient cohort accessing doxyPEP in the first three months of implementation, in comparison with those prescribed PrEP but not doxyPEP.

Methods: A retrospective review was undertaken of all patients attending seven sexual health clinics in northwest England and prescribed doxyPEP or HIV PrEP between 03/Mar/2025 and 09/Jun/2025. Patient demographics and clinical characteristics were extracted, and summary statistics reported using chi squared and Mann Whitney U tests.

Results: 572 patients received doxyPEP of whom 569 (99.5%) identified as male, and 3 (0.5%) female. 17 (3.0%) patients were transgender. 488 (85.3%) were of white ethnicity, 23 (4.0%) Asian, and 21 (3.7%) Black. Of male patients, 432 (75.5%) were gay, 79 (13.8%) bisexual, and 25 (4.4%) heterosexual. Median age was 36 years (IQR 29-46).

At their first appointment for doxyPEP, 48 (8.4%) patients were diagnosed with chlamydia, 77 (13.5%) with gonorrhoea, and 13 (2.3%) with syphilis. 12 (2.1%) patients declined HIV testing.

427 (74.7%) patients were issued doxyPEP at an HIV PrEP appointment, but 711/1244 (57.2%) patients prescribed HIV PrEP were not issued doxyPEP. Compared with those prescribed doxyPEP, they were more likely to be of Asian ethnicity (n=54, 7.6%) rather than white (n=589,82.5%) or Black (n=21,2.9%) (p=.023), and more likely to be female (n=36, 5.1%) rather than male (n=675, 94.9%). There was no significant difference in median age.

Conclusions: DoxyPEP has been well received in clinic with a high uptake in 3 months despite preceding national guidelines publication and publicity. However, efforts must be made to ensure that all those who would benefit from doxyPEP are offered this, and it is likely that the majority receiving HIV PrEP will also benefit from doxyPEP.

FC3.2 | Disseminated herpes simplex virus in pregnancy: a systematic review of cases describing clinical features, diagnostic methods and death rate

Bethany Harrison[1], **Emily Clarke**[1,2]

[1]Axess Sexual Health, NHS University Hospitals of Liverpool Group, Liverpool, United Kingdom; [2]University of Liverpool, Liverpool, United Kingdom

Introduction: Disseminated herpes simplex virus (HSV) is rare, but more common in pregnancy with high mortality and morbidity. Data are lacking to inform clinical decisions, and neither the IUSTI Europe herpes guidelines nor the European Society of Intensive Care Medicine sepsis guidelines address management. This is the first systematic review of cases of disseminated HSV in pregnant people, which aims to determine clinical features, diagnostic methods, and death rate.

Methods: A search of MEDLINE, EMBASE and Google was conducted and case reports, series and literature reviews in English, reporting data from pregnant and postpartum people diagnosed with disseminated HSV included. References were screened, and duplicate cases aggregated. Screening, data extraction and bias assessment were undertaken by two independent reviewers and a narrative synthesis completed.

Results: 114 cases entered analysis from 109 papers published 1966-2024, with 104 (91.2%) cases from high income countries including 32 (28.1%) from Europe. 54.4% (n=62) presented in the third trimester and 66.7% (n=58) with an HSV type identified were due to HSV-2.

Symptoms included fever (n=99, 86.8%), neuropsychiatric symptoms (n=72, 63.2%) and gastrointestinal symptoms (n=72, 63.2%). Only 23.7% (n=27) reported herpetic lesions (of which 44.4% (n=12) were identified on speculum examination), 18.4% (n=21) generalised rash and 71.1% (n=81) deranged liver function tests. Diagnostic methods included HSV PCR or culture (n=89, 78.1%), antibody testing (n=53, 46.58%), and histology (n=52, 45.6%). 89.5% (n=102) reported antemortem diagnosis.

76.6% (n=87) mothers and 52.1% (n=60) infants survived to discharge. Aciclovir was given to 73.7% (n-84) mothers, and maternal survival rate with aciclovir was 0.88 (95% CI 0.80-0.94) and 0.42 (95% CI 0.25-0.59) without. 15.6% (n=18) infants were diagnosed with neonatal HSV.

Conclusions: Only 114 cases of disseminated HSV in pregnancy have been reported in the previous 60 years. A high index of suspicion is required as symptoms and investigation findings were varied and non-specific. Maternal and infant outcomes were strikingly poor, but maternal survival rate appears much improved with aciclovir (however cases are not directly comparable).

We urge sepsis guidelines to address disseminated HSV in pregnancy and advise national reporting of disseminated HSV in pregnant adults.

FC3.3 | Prospective study to investigate cobas 4800 CT/NG Test Neisseria gonorrhoeae positive oropharyngeal samples with alternative in-house and commercial PCR assays and next generation sequencing

Sophie Jones[1], Owen B. Spiller[2], Ian Boostrom[2], Anneira Moore[2], Jose Munoz[3], Lucy C. Jones[2], Michael Perry[1]

[1]Public Health Wales Microbiology, University Hospital of Wales, Cardiff, United Kingdom; [2]Cardiff University, School of Medicine, Division of Infection and Immunity, Department of Medical Microbiology, University Hospital of Wales, Cardiff, United Kingdom; [3]Cardiff University, Computer IT Support and Analysis Division, Cardiff, United Kingdom

Introduction: The Roche cobas 4800 CT/NG assay targets a direct repeat region (DR-9) of the Neisseria gonorrhoeae (NG) genome, which is thought to be NG specific. However, a confirmed false positive NG oropharyngeal (OP) sample, has previously been published. The aim of this study is to investigate the nature of the unconfirmed cobas 4800 NG positive OP samples.

Method: Oropharyngeal swabs were taken from 238 patients attending sexual health clinics and tested for NG on the cobas 4800. All samples were also tested for NG using the Hologic panther and cultured on non-selective media. Samples positive for NG on the cobas 4800 were tested for NG by in-house opa/pap PCR. For samples that did not confirm using any other method, polymicrobial sweeps from non-selective media were investigated by further cobas 4800 testing, DR-9 PCR, and metagenomic sequencing (Oxford Nanopore). All available positive samples were tested for NG on the cobas 6800 to compare the performance with the cobas 4800 assay.

Results: Of 102 OP samples positive for NG by cobas 4800, 27 (26.5%) were not confirmed by any other method. Of those unconfirmed positive samples, the polymicrobial sweeps were consistently positive on the cobas 4800 for 6 samples. Amplification of the polymicrobial sweeps with DR-9 primers gave strong amplicons of the appropriate size. Analysis of metagenomic assemblies identified contigs containing the DR-9 primers and probes (with single nucleotide polymorphisms) that matched with genes from Caudoviricetes spp. lysogenic phage, in three of the polymicrobial samples. The positive percent agreement (PPA) was 73.53% (27/102) for the cobas 4800 and 81.40% (16/86) for the cobas 6800.

Conclusion: A substantial number of NG positive samples from the oropharynx were not confirmed by another method. While no single isolate was identified as a cause of cross-reactivity with the cobas 4800 CT/NG assay, metagenomic sequencing of polymicrobial colonies suggest that a lysogenic phage-carrying bacteria, possibly of the Neisseria family, may in some cases be the cause of unconfirmed positivity seen in the assay. The cobas 6800 displayed an improved PPA, although not all positive cobas 4800 samples were available for testing and unconfirmed positives remained common.

FC3.4 | Increased detection of Hepatitis B and C through opt-out testing in a UK sexual health clinic

Matthew Valentino[1], Victoria Lashmar[1], Sachini Mendis[1], Indrajit Ghosh[1,2], Stuart Flanagan[1,2], Harry Coleman[1]

[1]Central and North West London (CNWL) NHS Trust, London, United Kingdom;
[2]University College London Hospital NHS Trust, London, United Kingdom

Introduction: Opt-out HIV, Hepatitis B (HBV) and Hepatitis C (HCV) testing has been implemented in UK Emergency Departments (ED) increasing diagnoses of blood borne viruses (1). UKHSA reported a 1.52% adjusted increase in HBV prevalence in London as a result (2,3). Currently, sexual health services (SHS) testing is opt-out for HIV and individual risk-based for hepatitis (2023 BASHH Guidelines) (4). Our central London SHS switched from risk-based to opt-out testing for HBV and HCV in January 2024. We present the data from 12 months of the opt-out model.

Material and Methods: A retrospective review of all clinic attendees who tested positive for HBV and/or HCV in 2023 and 2024 was undertaken, using our services' electronic patient record. Individuals already linked to hepatitis care were excluded from analysis. The 2023 dataset reflects risk-based testing approach and is compared to the 2024 opt-out approach.

Results: A total of 60,937 tests for HBV and HCV were performed in 2024, compared to 17,060 in 2023. Opt-out testing resulted in an almost 350% increase in tests, and 300% increase in hepatitis diagnoses. In 2023, 17/18 (94%) individuals diagnosed with HBV or HCV had identifiable risk factors, compared to 49/54 (91%) from opt-out testing in 2024. Two new cases of hepatitis D co-infection were identified compared to 0 in 2023.

Conclusion: Opt-out testing in our SHS identified 5 new cases of HBV and 2 new cases of HDV coinfection that may not have been identified via risk-based testing. Early diagnosis of viral hepatitis is the first step in the care cascade. Of HBV cases identified in 2024, 14 were previously diagnosed elsewhere, and testing was found to be an opportunity to re-engage in care. Finally, a review of the fibroscan reports showed that in 2024 there were worse grades of fibrosis detected compared to 2023.

Early detection prevents serious outcomes (7), and benefits individuals, public health, and the healthcare system. To support equitable access to diagnosis and reduce stigma, essential in the drive to eliminate viral hepatitis, SHS attendees should be offered opt-out testing for HBV and HCV, which is in line with recent EASL guidelines on hepatitis B testing (8).

		2023: high-risk testing		2024: opt-out testing	
Hepatitis		HBV	HCV	HBV	HCV
Total tests		6, 301	10, 759	26,374	34,563
Diagnosis		13/6,301 (0.002%)	5/10,759 (0.0005%)	44/26,374(0.002%)	10/34,563 (0.0003
New		13	5	30	10
HDV Co-infected		0	0	2	0
Attended a hepatitis clinic within the Trust post-test		9/13 (69%)	3/5 (60%)	35/44 (80%)	8/10 (80%)
Patients attending clinic and seen within 3 months		8/9 (89%)	3/3 (100%)	33/35 (94%)	8/8 (100%)
Fibroscan results in those attending the Trust hepatitis clinic		F0: 4 F1: 1	F0: 1 F1: 1	F0: 22 F1: 1 F2: 1 F3: 1	F0: 5 F1: 1 F2: 1
Re-engaged (not actively being seen in a service)		0	0	14	0
Demographics					
Sex	Male	13/18 (72%)		39/54 (72%)	
	Female	5/18 (28%)		15/54 (28%)	
Median Age		36		35	
Risk factors					
Risk factor present (as per BASHH 2023 testing guidelines)*	Yes	17/18 (94%)		49/54 (91%)	
	No	1/18 (6%)		5/54 (9%)	

Sexual Orientation	GBMSM	6/18 (33%)	13/54 (24%)
	Heterosexual	12/18 (67%)	41/54 (76%)
Medium to high prevalence country of birth[&,¥]		12/18 (67%)	37/54 (69%)
WHO Region*	African Region (AFRO)	5	17
	Region of the Americas (AMRO),	2	1
	Eastern Mediterranean Region (EMRO),	2	5
	European Region (EURO),	8	16
	South-East Asia Region (SEARO)	0	2
	Western Pacific Region (WPRO)	0	9
	Unknown	1	4
Concurrent STIs diagnosed		7	14

Table 1: Diagnosis, demographics and risk factors for newly diagnosed HBV and HCV comparing high-risk testing (Jan-Dec 2023) to opt-ou testing (Jan-Dec 2024) at an SHS. *The most common countries of birth were noted to be Albania and the UK (2 persons each) in 2023 an China (9 persons) in 2024.

References

1. Opt-out HIV testing in the UK, *The Lancet HIV*,2023; 10 (6): 2352-3018.
2. UKHSA. *Hepatitis B in England in 2024.* 2024. (accessed May 2025)
3. UKHSA. *ED Testing Finds Thousands With Undiagnosed HIV, Hepatitis B and C.*https://www.gov.uk/government/news/ed-testing-finds-thousands-with-undiagnosed-hiv-hepatitis-b-c (accessed May 2025)
4. British Association for Sexual Health and HIV. *BASHH Summary Guidance on the Testing for Sexually Transmitted Infections 2023.*
5. World Health Organisation. *Hepatitis B.* https://www.who.int/news-room/fact-sheets/detail/hepatitis-b (accessed May 2025)
6. World Health Organisation. *Hepatitis C.* https://www.who.int/news-room/fact-sheets/detail/hepatitis (accessed May 2025)
7. Hepatitis B and C in Europe: an update from the Global Burden of Disease Study 2019, The Lancet Public Health, Volume 8, Issue 9, e701 - e716
8. EASL Clinical Practice Guidelines on the management of hepatitis B virus infection, Cornberg, Markus et al. Journal of Hepatology, Volume 0, Issue 0

FC3.5 | The characteristics of men who have sex with men with Blastocystis: A systematic review

Sophie Ettinger, **John Castle**, Julian Robinson, Nicolas Pinto-Santer, Daniel Richardson

University Hospitals Sussex NHS Foundation Trust, Brighton, United Kingdom

Background: Blastocystis hominis is a common enteric parasite that can cause gastrointestinal symptoms and has a prevalence of between 20%-50%. Person-to-person transmission involves the faeco-oral route and it shares similar characteristics to other enteric pathogens that are sexually transmissible such as Giardia duodenalis and Entamoeba histolytica. As such it has been suggested that Blastocystis may be sexually transmitted in men who have sex with men (MSM). This review aimed to explore the characteristics of MSM who test positive for Blastocystis to provide insight for future guidelines and public health strategies and research.

Method: Five bibliographical databases (CINAHL, EMBASE, MEDLINE, EMCARE, Cochrane-central) were searched for manuscripts which explored the characteristics of MSM with Blastocystis written in English, French or Spanish in October 2024. Following the initial search, duplicates were removed, and two authors independently conducted a full text review and risk of bias assessment using the Joanna Briggs Institute toolkits. Narrative data were synthesised to generate themes. The protocol was registered on PROSPERO (ID:CRD42024582946)

Results: 14 manuscripts were included in this review from Australia(n=2), Spain(n=2), Denmark(n=2), USA(n=2), UK(n=1), Italy(n=1), France(n=1), Germany(n=1), Canada(n=1), China(n=1) published between 1988-2022. The manuscripts were case-reports(n=2), case-series(n=1) and cross-sectional studies(n=11) and included 693 MSM who tested positive for Blastocystis. The majority of MSM in this review were living with HIV which either represents a biological, a behavioural (surrogate) characteristic or a confounding association. This review also highlighted demographic (being asymptomatic), behavioural (multiple sexual partners, recent(tropical) travel, oral-anal sex) and infection factors (co-infection with STI [N.gonorrhoeae, C.trachomatis], co-infection with other sexually transmissible enteric pathogens [Salmonella spp., Campylobacter spp., E.coli, E.histolytica, G.duodenalis, Cryptosporidium spp.], co-infection with intestinal spirochaetosis, co-infection with a non-pathogenic enteric parasite) as characteristics of MSM who tested positive for Blastocystis.

Conclusion: This review serves as a resource for future public health control strategies, clinical guidelines and research to understand the sexual transmissibility of Blastocystis in MSM.

FC3.6 | Surveillance of neonatal herpes simplex virus infection in the Netherlands (2016-2022): incidence, clinical outcomes and guideline adherence

Eline Op de Coul[1], Inge Willemstein[2], Vincent Bekker[3], Liesbeth van Leeuwen[4], Maya Keuning[5], René Kornelisse[6], Ann Vossen[7]

[1]RIVM (Center for Infectious Disease Control), Bilthoven, The Netherlands; [2]Dept. of Infectious Diseases, Public Health Service Amsterdam, Amsterdam, The Netherlands; [3]Dept. of Pediatrics, Division of Neonatology, Leiden University Medical Center, Leiden, The Netherlands; [4]Department of Obstetrics, Amsterdam University Medical Centre, Amsterdam, The Netherlands; [5]Department of Pediatrics, Amsterdam University Medical Centre, Amsterdam, The Netherlands; [6]Department of Neonatal and Pediatric Intensive Care, Erasmus University Medical Centre, Rotterdam, The Netherlands; [7]Medical Microbiology and Infection control, Leiden University Medical Center, Leiden, The Netherlands

Background: Neonatal herpes simplex virus (nHSV) infection has high morbidity and mortality. In the Netherlands, nHSV is non-notifiable. A national survey (2016-2022) was conducted to evaluate nHSV incidence, clinical outcomes, and adherence to prevention, diagnostics, and treatment guidelines.

Material and Methods: In 2023, online questionnaires were sent to hospitals via pediatric, obstetric, and microbiology associations to collect data on incidence, clinical outcomes, and guideline adherence. Incidence per 100,000 live births (2016-2022) was calculated and validated using Dutch Hospital Data (DHD), which includes diagnostic codes of hospitalized patients in the Netherlands, and compared with the 2012-2015 survey.

Results: Responses were received from 56 hospitals, including 22 pediatric, 20 obstetric, and 39 microbiology departments. Between 2016-2022, 66 nHSV cases (5.5/100,000 live births) were reported, comparable to DHD data (6.0/100,000), and the 2012-2015 survey (4.8/100,000). Of 51 cases with diagnostic data, 47% were nHSV-1, 29% nHSV-2, and 24% were unknown. Maternal HSV infection was documented in 39% (n=20), equally divided between herpes genitalis (n=10) and herpes labialis (n=10). Neonates were born through cesarian section in 7 cases. Case fatality dropped to 7% (3/51, all HSV-2) from 23% (7/30) in 2012-2015. Among neonates with reported clinical outcomes (n=24), disease onset occurred within 1 week in 42%, between 1-2 weeks in 33%, 3-4 weeks in 17%, and 8% was unknown. Central nervous system involvement or disseminated disease was observed in 67% of neonates, and 22% were born preterm. All 24 neonates received intravenous Acyclovir. Guideline adherence varied: 64% of neonatologists and 70% of obstetricians followed nHSV guidelines. Among obstetricians, 45% inquired about past or present herpes genitalis or labialis, and 95% provided antiviral treatment for suspected or confirmed primary genital herpes, with 60% treating until delivery or the 4 last weeks of pregnancy.

Conclusion: The overall stable nHSV incidence in the Netherlands highlights ongoing challenges in prevention and early diagnosis, despite a reduction in case fatality. Variability in guideline adherence emphasizes the need for improved standardization. Enhanced awareness and prevention efforts could reduce the disease burden. Designating nHSV as notifiable disease or implementing systematic electronic data collection could improve case tracking and clinical outcome monitoring.

FC3.7 | Biologic therapies in dermatologic conditions and implications for diagnosis and treatment of syphilis

Florentina-Silvia Delli, Michael Arabatzis, Dimitra Kiritsi, Efstratios Vakirlis, Maria Smaragdi, Maria Zapridou, Cezarina Mindru, Elena Sotiriou

State Hospital for Skin and Venereal Diseases - Hippokratia General Hospital, Thessaloniki, Greece

Introduction: Dermatologic conditions are now effectively managed with biologics and small molecules, targeting a broad array of specific inflammatory pathways.

Strategies to assess and mitigate risk of infections are employed prior to and during treatment with biologic agents. While guidelines recommend testing and managing viral and bacterial infections, the laboratory screening for patients at risk for systemic fungal and parasitic infections is employed on a case to case basis. No clear guidance exists regarding syphilis testing and management.

Material and Methods: We retrospectively identified a cohort of 386 patients who received systemic biological agents for chronic dermatologic conditions (201 psoriasis, 117 atopic dermatitis, 15 hidradenitis suppurativa, 32 alopecia areata, 18 pemphigus and 3 vitiligo). They were seen in outpatient clinics from January 2023 to December 2024. The specific biologics were adalimumab, bimekizumab, brodalumab, etanercept, guselkumab, infliximab, ixekizumab, secukinumab, risankizumab, ustekinumab, rituximab, and small molecules, abrocitinib, baricitinib, upadacitinib, apremilast and dimethyl fumarate.

A complete medical history and laboratory screening for syphilis was performed prior to the initiation of therapy. Only patients with initial negative screening laboratory results were included in the study. All patients were tested for syphilis every 6 months. In cases of patients with new cutaneous findings suggestive of primary or secondary syphilis, or when neurosyphilis was suspected, we repeated the laboratory testing while on biologic therapy. When syphilitic infection was confirmed, treatment was administered in accordance with the European Clinical Guidelines.

Results: 184 male and 202 female fulfilled the inclusion criteria. One patient undergoing treatment with infliximab and one with adalimumab were serologically confirmed with early latent syphilis. A 32-year-old patient with atopic dermatitis treated with baricitinib presented with penile ulcer, confirmed to be primary syphilis. A 26-year-old transgender treated with apremilast for psoriasis presented with chancre of the mouth ulcer consistent with primary syphilis.

Conclusion: While there is no data on immunomodulatory effect of the biologics on syphilis, either on the syphilis course in patients with serious skin diseases, given the explosion of STDs worldwide, it seems prudent to add syphilis screening as part of the screening prior to and during the treatment with biologics.

FC3.8 | Integrated HPV prevention strategies within PrEP programs are needed: Results of the HAPUM study

Conrad Johannes Füllekrug[1], Sandeep Nambiar[1], Morgan Krekels[1], Isabel Mordhorst[1], Arne Kayser[2], Inas Alaloush[1], Wolfgang Fuchs[3], **Adriane Skaletz-Rorowski**[1], Anja Potthoff[1]

[1]WIR – Walk In Ruhr, Center for Sexual Health and Medicine, Interdisciplinary Immunological Outpatient Clinic, Department of Dermatology, Venereology and Allergology, Ruhr-Universität Bochum, Bochum, Germany; [2]Aidshilfe Bochum e.V., Bochum, Germany; [3]Praxis für Allgemeinmedizin, Dermatologie und Venerologie, Großwarasdorf, Austria

Background: Men who have sex with men (MSM) using HIV-pre-exposure prophylaxis (PrEP) exhibit increased vulnerability to human papillomavirus (HPV)-related diseases, including cancer. Despite this increased vulnerability, comprehensive clinical care guidelines tailored to this population are lacking. Identifying specific risk factors is critical to improving clinical care in sexual health settings. This study aims to generate HPV-related epidemiological data among MSM using PrEP to inform evidence-based clinical prevention guidelines for both HPV and HIV in Europe.

Materials and Methods: This ongoing prospective cohort study recruits participants from Germany and Austria. A total of 230 MSM, both PrEP users and PrEP-naive individuals, are being assessed. Standardized surveys collect sociodemographic information, sexual history, and HPV vaccination status. Clinical examinations document cutaneous HPV-associated manifestations. Anal, oral, and penile swabs are collected and analyzed using polymerase chain reaction (PCR)-based HPV genotyping.

Results: Among the first 89 PrEP users, anal swabs detected high-risk (HR) HPV in 69.7%, intermediate-risk (IR) in 30.3%, and low-risk (LR) in 52.8% of participants. Oral swabs revealed 3.4% HR, 1.1% IR, and 2.2% LR HPV prevalence. Penile swabs showed 18.0% HR, 3.4% IR, and 6.7% LR HPV. The median year of PrEP initiation was 2021, with 80% of participants using daily PrEP, 19% event-based, and 1% other.

Among 85 PrEP-naive participants, anal swabs showed 35.3% HR, 8.2% IR, and 31.8% LR HPV prevalence. Oral swabs revealed 0% HR and IR, and 1.2% LR HPV. Penile swabs indicated 11.8% HR, 2.4% IR, and 7.1% LR HPV. Dermatopathological findings, including condylomata, were observed in both groups.

Conclusion: HPV prevalence, particularly of high-risk genotypes, was significantly higher among MSM using PrEP compared to their PrEP-naive counterparts. These preliminary findings underscore the need for integrated HPV prevention strategies within PrEP programs. When complete, the study's data will support the development of clinical guidelines aimed at mitigating HPV-related disease burden in MSM populations across Europe.

FC4.1 | HPV Genotypic Patterns in Vulnerable Populations: A Study of PLWH and PrEP Recipients

Konstantinos Protopapas[1,2], **Nikolaos Kalesis**[2], Onisiphoros Neofytou[1], Konstantinos Thomas[1], Charalampos D. Moschopoulos[1], Anastasia Sopaki Valaki[3], Genny Pantazi[3], Petros Vrakopoulos[1], Dimitra Kavatha[1], Christos Filis[1], Georgia Eleni Thomopoulou[3], Antonios Papadopoulos[1], Anastasia Antoniadou[1]

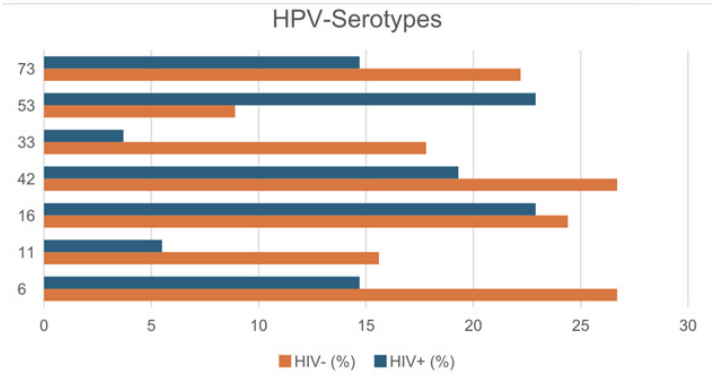
[1]Fourth department of Internal Medicine, Attikon University Hospital, School of Medicine, National and Kapodistrian University of Athens, Athens, Greece; [2]Private Sexual Health Clinic, Athens, Greece; [3]Athens, Greece Department of Cytology, School of Medicine, "Attikon" University Hospital, The National and Kapodistrian University of Athens, Athens, Greece

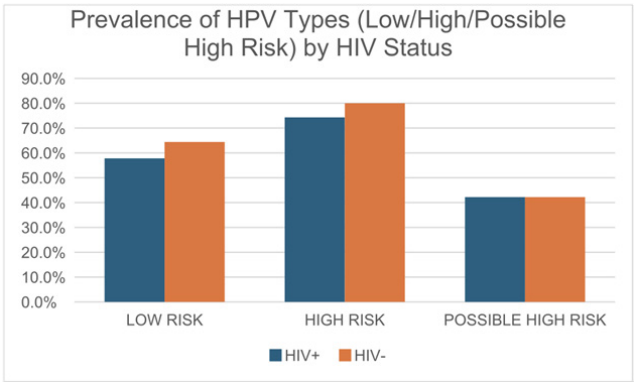
Introduction: Human papillomavirus (HPV) is associated with the development of malignancies, particularly in vulnerable populations. People living with HIV (PLWH), and especially men who have sex with men (MSM), are at increased risk for HPV-related neoplasms, such as anal and cervical cancer. The aim of this study was to investigate the prevalence and genotype distribution of HPV in individuals either living with HIV or receiving pre-exposure prophylaxis (PrEP).

Methods and Materials: A total of 154 individuals (109 PLWH and 45 on PrEP) who attended the STI/HIV outpatient clinic of “ATTIKON” University Hospital in Athens were recruited. Anal swabs were collected for cytological evaluation and molecular HPV genotyping. Clinical, demographic, and immunological data were also recorded.

Results: Of the 154 participants, 17 were women and 137 men. HPV DNA was detected in 85.1% of participants. The prevalence was similar between PLWH (84.4%) and the PrEP group (86.7%, p = 0.720). The most frequently identified types were HPV-16 (23.4%), HPV-42 (21.4%), HPV-53 (18.8%), and HPV-6 (18.2%). Multiple infections (>2 genotypes) were observed in 64.1% of HPV-positive samples, with no statistically significant difference between the PLWH and PrEP groups. Low-grade squamous intraepithelial lesions (LGSIL) were detected in 1.9% of participants. No correlation was found between age and the number of HPV genotypes detected.

Conclusions: The high prevalence of HPV and the presence of oncogenic types highlight the urgent need for intensive screening programs, HPV vaccination, and systematic monitoring of individuals at increased risk for HPV-related neoplasms.





FC4.2 | Retention in HIV oral and injectable pre-exposure prophylaxis (PrEP) care in Milan, Italy

Angelo Roberto Raccagni[1], Antonio Tiani[1], Nicolò Capra[2], Riccardo Lolatto[2], Gabriele Loi[1], Elena Bruzzesi[2], Camilla Muccini[1,2], Chiara Maci[1], Caterina Candela[1,2], Antonella Castagna[1,2], Silvia Nozza[1,2]

[1]Infectious Diseases Unit, Vita-Salute San Raffaele University, Milan, Italy; [2]Infectious Diseases Unit, IRCCS San Raffaele Scientific Institute, Milan, Italy

Background: Retention in pre-exposure prophylaxis (PrEP) programs is critical to HIV prevention, yet real-life data on long-term adherence remain limited. This study aimed to assess PrEP care retention and factors associated with discontinuation in Milan, Italy.

Methods: This is a retrospective cohort study including individuals who received PrEP counselling and prescription (baseline) with ≥1 follow-up visit between July 2017-January 2025 at San Raffaele Hospital, Milan, Italy. Follow-up extended from PrEP initiation to discontinuation, transfer of care, or last available clinic visit. Retention was defined as ongoing follow-up at the center or confirmed transfer while continuing PrEP. Discontinuation included dropout (>12 months) or documented decision to stop PrEP. Demographic and clinical characteristics were compared using Wilcoxon rank-sum, Chi-squared, or Fisher's exact tests. Retention was analyzed with the Kaplan-Meier method. Incidence rates (IRs) and incidence rate ratios (IRRs) of STIs were estimated via Poisson regression.

Results: A total of 1612 individuals received PrEP prescription; median follow-up was 1.7 years (IQR=0.7-2.9). PrEP regimens at initiation were continuative FTC/TDF (658, 41.5%), on-demand FTC/TDF (924, 58.3%), and long-acting CAB (2, 0.1%). Individuals' characteristics in Figure 1. Active PrEP follow-up was observed among 1142 (70.8%), with 77 switching from oral PrEP to injectable CAB [Figure 2]. Overall, 357/1612 individuals (22.2%) were lost to follow-up, 22/1612 (1.4%) transferred and 91/1612 (5.7%) discontinued PrEP [Figures 2-3]. At one year, the probability of PrEP care retention was 84.7% (95%CI=82.9–86.6), and at two years 74.9% (95%CI=72.6–77.4). Participants who remained in PrEP care were older (median age=35.5 years [IQR=30.7–42.2] vs 32.9 [IQR=28.6– 38.0]; p<0.001) and more frequently DoxyPEP users (15.3% vs 3.8%; p<0.001) than those who discontinued. Baseline STIs were more frequent among those who discontinued PrEP (19.2% vs 14.8%; p=0.030) [Figure 1]. Over follow-up (3401,2 person-years) 2249 STIs were recorded, the IR of STIs was 66.1 per 100 person-years (95%CI=63.4-68.9) among retained individuals and 59.1 (95%CI=53.1-65.5) among those not retained (IRR 1.14; 95%CI=1.02–1.28; p=0.018).

Conclusions: In this cohort of PrEP users, retention in PrEP care was moderately high. Individuals who remained in care were older and exhibited a higher STI incidence over-follow-up compared to those who discontinued PrEP follow-up.

Figure 1. Characteristics of PrEP users according to retention in PrEP care.

	Overall (n=1612)	Retained (n=1164)	Not retained (n=448)	p-value
Age	34.9(30;41)	35.5(30.7;42.2)	32.9(28.6;38)	**<0.001**
Gender at birth				1
Male	1604(99.5%)	1158(99.5%)	446(99.6%)	
Ethnicity				0.065
Caucasian	1532(95%)	1111(95.4%)	421(94%)	
Hispanic	48(3%)	31(2.7%)	17(3.8%)	
Black	19(1.2%)	16(1.4%)	3(0.7%)	
Asian	13(0.8%)	6(0.5%)	7(1.6%)	
MSM	1580(98.0%)	1135(97.5%)	445(99.3%)	0.063
DoxyPEP use	195(12.1%)	178(15.3%)	17(3.8%)	**<0.001**
PrEP regimen				0.813
Daily FTC/TDF	658(41.5%)	484(41.9%)	174(40.6%)	
Injectable CAB	2(0.1%)	2(0.2%)	0(0%)	
On-demand FTC/TDF	924(58.3%)	669(57.9%)	255(59.4%)	
Gonorrhoea*	136(8.4%)	90(7.7%)	46(10.3%)	0.101
Syphilis*	50(3.1%)	35(3%)	15(3.3%)	0.749
Chlamydia*	103(6.4%)	70(6%)	33(7.4%)	0.309
Mgen*^	13(0.8%)	11(0.9%)	2(0.4%)	0.534
Mpox*	4(0.3%)	4(0.3%)	0(0%)	0.581
At least 1 STI*	258 (16%)	172 (14.8%)	86 (19.2%)	**0.030**

*At first PrEP prescription. ^Symptomatic.

Figure 2. Flowchart of retention in PrEP care according to oral or injectable PrEP regimen.

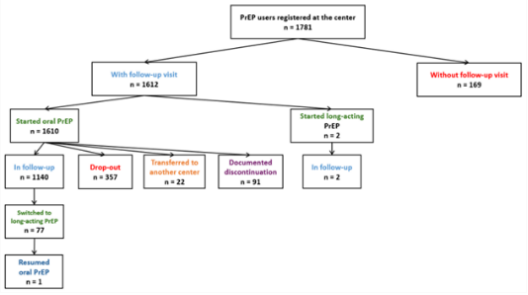
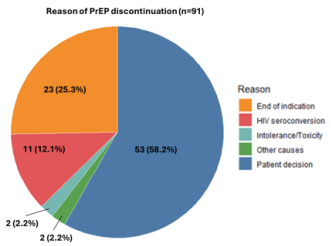


Figure 3. Reasons for interruption of oral PrEP with FTC/TDF.



FC4.3 | HIV-Related Stigma by Association, Psychological Distress, and Relationship Functioning in HIV-Serodiscordant Couples

Ilayda Akinkoc[1], **Deniz Gökengin**[2], Bulent Turan[1]

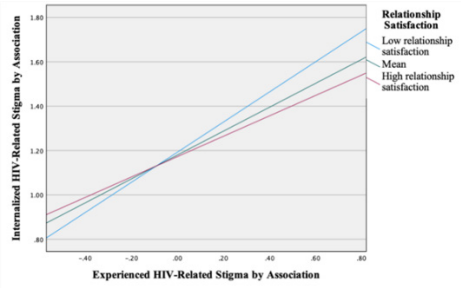
[1]Psychology Department, Koç University, İstanbul, Turkey; [2]Department of Infectious Diseases & Clinical Microbiology, Ege University, İzmir, Turkey

Background: Human immunodeficiency virus (HIV) and the challenges stemming from stigma not only affect the well-being of people living with HIV (PLWH) but also their partners who have a negative HIV serostatus, a commonly overlooked population with unique needs. Partners in HIV-serodiscordant relationships experience stigma because of their association with PLWH (HIV-related stigma by association). This study examined whether various relationship functioning indicators may buffer or amplify the negative impact of stigma on psychological distress of partners with a negative HIV serostatus in HIV-serodiscordant relationships.

Materials & Methods: Fifty-eight participants with a negative HIV serostatus, who have a partner living with HIV from Turkey, completed validated questionnaires on HIV-related stigma by association dimensions, as well as depression and anxiety symptoms, along with indicators of relationship functioning. Moderation analyses were conducted to test hypotheses and further explore dynamics, using the PROCESS Macro extension for SPSS (Hayes, 2022).

Results: Contrary to initial expectations, none of the relationship functioning indicators moderated the links between HIV-related stigma by association dimensions and depression or anxiety symptoms. However, instead of acting as a buffer against the effects of stigma on psychological well-being, exploratory analyses suggested that healthy relationship functioning, such as being in a satisfactory relationship, may protect against the internalization of stigmatizing thoughts of being associated with PLWH, which include self-deprecating thoughts and affective responses such as shame and embarrassment from being in a relationship with PLWH, which are significant contributors to psychological distress in itself.

Conclusion: These findings suggest that several relationship functioning indicators, such as relationship satisfaction, in HIV-serodiscordant couples may interact with stigma experiences related to being in a romantic relationship with PLWH among partners with a negative HIV serostatus, potentially impacting partners' psychological well-being indirectly. Given that the internalization of stigma and its possible detrimental effects on the mental health of partners can be influenced by various relationship functioning indicators, future empirical and intervention studies may benefit from incorporating the dynamics of close relationships in HIV-affected couples into their research agenda to capture the unique experiences of being in an HIV-serodiscordant romantic relationship.



FC4.4 | Analysis of genital Mycoplasma genitalium (Mgen) infection in a monographic sexually transmitted infections (STIs) clinic in Madrid

Santiago Fernandez-Castelao[1], Jorge-Alfredo Perez[2], Mauricio Escobar[2], Inés Armenteros[2], Begoña Baza[2], Eva Orviz[2], Laura Dans[2], Ruben Linares[2], Adriana Pinto[2], Ander Gonzalez[2], Miriam Goicoechea[2], Mar Vera[2], Jorge Del Romero[2], Nuria Fernandez[2], Cristina Perez[2], Jose-Alberto Peña[2], Dulce Carrio[2], Raul Mayorga[2], Florentina Alcudia[2], Marta Ruiz[2], Beatriz Tena[2], Juan Carlos Carrio[2], Montserrat Gonzalez[2], Montserrat Raposo[2], Teresa Puerta[2]

[1]Centro Sanitario Sandoval, IdISSC, Hospital Clínico San Carlos, Madrid, Spain; [2]Centro Sanitario Sandoval, Hospital Clínico San Carlos, Madrid, Spain

Background: Resistance of Mgen to macrolides and quinolones has been increasing across Europe. Routine testing for quinolone resistance is not currently recommended. Nevertheless, Mgen-related urethritis and cervicitis continue to be diagnosed, posing clinical challenges. This study aimed to describe the characteristics of genital Mgen infections in a monographic STIs clinic in Madrid.

Methods: We conducted a retrospective, observational study of patients diagnosed with genital Mgen between March 19-May 28, 2025, at a monographic STIs clinic in Madrid. Samples were analyzed using Seegene Allplex® STI Essential Assay Q multiplex real-time PCR reagents (MH,UU). Mgen positives were tested using Seegene Allplex®, MG&AziR and MG&MoxiR Assay to detect antibiotic resistance mutations. Sociodemographic, behavioral, clinical, and microbiological variables were assessed. Data were analyzed using REDCap.

Results: A total of 1,628 samples were examined, with 81 testing positive for Mgen. Of these, 58%(n=47) were urinary, 28.4%(n=23) urethral and 13.6%(n=11) cervical. Of the individuals with a positive Mgen sample, 86.4%(n=70) were male and 13.6%(n=11) female, with a median age of 31.5 years (IQR 26-39). Most were Spanish 47.6%(n=39) and Latin-American 41.5%(n=34); 86.6%(n=71) were HIV-negative, and 35.4%(n=29) were on HIV-PrEP. Chemsex was reported by 32.9%(n=27). Sexual practices and drug use are described in Figure 1. Regarding clinical manifestations, 64.2%(n=52) of individuals were symptomatic, with a median symptom duration of 5 days (IQR 2-7), and 43.2%(n=35) had clinical signs on examination. Treatment was prescribed in 92.6%(n=75) of patients, with cure testing performed in 12.3%(n=10); persistence was found in 50%(n=5) of those retested. Symptoms, signs and treatment regimens are shown in Figure 2. Mgen resistance to macrolides and quinolones was detected in 77.7%(n=63) and 27.2%(n=22), respectively. Co-infections with other STIs were found in 33.3%(n=27), with a higher incidence of extragenital gonorrhea and chlamydia (Figure 3).

Conclusions: Genital Mgen infections in our setting predominantly affect young men, especifically MSM, many of whom engage in chemsex. Most are symptomatic and frequently co-infected. Resistance rates are high and comparable to those across Europe. The variability in regimens and limited follow-up highlight the need for standardized treatment protocols, validated resistance testing, and enhanced surveillance systems to improve clinical outcomes and limit antimicrobial resistance.

Table 1. Sexual practices in patients diagnosed with genital MG in a STI clinic in Madrid:

Sexual practices	n(%)
Men who have sex with men (MSM)	44(54.3%)
MSM and women	2(2.5%)
Heterosexual > 5 sexual partners/year	12(14.8%)
Heterosexual > 5 sexual partners/year	12(14.8%)
Heterosexual < 5 sexual partners/year	13(16%)
Male sex workers	8(9.9%)
Male sexual partners	67(82.7%)
Female sexual partners	20(24.7%)
Transgender sexual partners	1(1.2%)
Group sex	14(17.3%)
Median of sexual partners per month	3(IQR 1-7)
Fisting	3(3.7%)
Use of sex toys	2(2.5%)
Oral sex	81 (100%)
Oro-anal sex	11 (13.6%)
Vaginal sex	30 (37%)
Insertive anal sex	58 (71.6%)
Receptive anal sex	33 (40.7%)
Use of drugs for sex	27(33.3%)
Cannabis	4(4.9%)
Cocaine	5(6.2%)
Ectasis/MDMA	4(4.9%)
GHB	
Ketamine	10(12.3%)
Mephedrone	1(1.2%)
Methamphetamine	
Poppers	16(19.8%)
Sexual enhancing drugs	3(3.7%)
Tusi	13(16%)
	4(4.9%)
	6(7.4%)
Slam	4(4.9%)

Figure 2. Symptoms referred by patients diagnosed with MG infection, signs at physical examination and treatment regimens used:

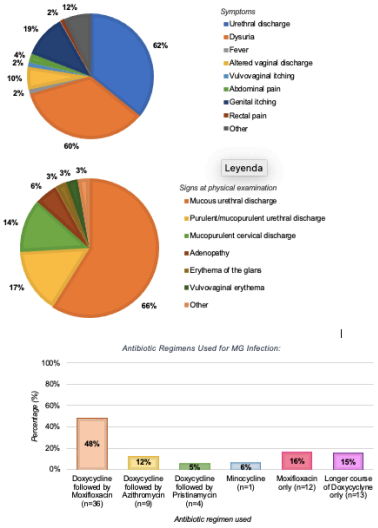


Figure 3. Concurrent STIs in patients diagnosed with MG infection in a STIs clinic in Madrid:

Concurrent STIs	n(%)
Chlamydia trachomatis	8(9.9%)
Cervical	2(2.5%)
Urethral	1(1.2%)
Rectal	3(3.7%)
Pharyngeal	2(2.5%)
Neisseria gonorrhoeae	12(14.8%)
Urethral	1(1.2%)
Rectal	4(4.9%)
Pharyngeal	7(8.6%)
HIV	2(2.5%)
Syphilis	2(2.5%)
Hepatitis C	1(1.2%)
Herpes simplex virus	1(1.2%)
Mpox	1(1.2%)
Genital condylomas (warts)	3(3.7%)

FC4.5 | Recurrent syphilis as a predictor of HIV treatment inconsistency

Georgia Pappa, Eleni Paparizou, Varvara Vasalou, Evangelos Daskalakis, Vassilios Paparizos, Electra Nicolaidou, Alexander Stratigos

1st Department of Dermatology-Venereology, National and Kapodistrian University of Athens, Medical School, "Andreas Sygros" Hospital for Skin and Venereal Diseases, Athens, Greece

Background: High-risk sexual behavior not only increases the likelihood of HIV infection but also facilitates the transmission of other sexually transmitted infections (STIs). Persisting in such behavior after HIV diagnosis may indicate a limited awareness of STI-related health risks and a lack of engagement with personal health care, including adherence to antiretroviral therapy (ART).

Material and Methods: This retrospective cohort study included 320 HIV-positive individuals followed in a single infectious disease unit. The study group comprised 160 individuals with repeated early syphilis diagnoses (≥3 episodes post-HIV diagnosis), while the control group included 160 HIV-positive patients with no history of syphilis. ART adherence was assessed using pharmacy refill data, specifically the consistency of monthly or bimonthly ART dispensation. The mean duration of follow-up was 15.84 ± 6.28 years (range 5–32) for the repeated syphilis group and 20.26 ± 6.43 years (range 6–36) for the control group.

Results: In the group with repeated syphilis infections, 53 individuals (33.1%) showed poor ART adherence, defined as missing 1–6 monthly refills per year or having prolonged treatment interruptions. In contrast, poor adherence was observed in only 14 individuals (8.75%) in the control group. The difference was statistically significant ($p<0.00001$). Repeated syphilis episodes, indicating ongoing condomless sexual activity, were strongly associated with non-adherence to ART.

Conclusion: In this cohort, high-risk sexual behavior persisting after HIV diagnosis was significantly associated with suboptimal ART adherence. These findings suggest a broader disengagement from health-preserving behaviors among individuals with repeated STIs. Interventions targeting health risk perception and behavioral counseling may be crucial in improving both sexual health and ART adherence in this population.

FC4.6 | Antimicrobial resistance of Neisseria gonorrhoeae in France from 2018-2023

François Caméléna[1,2], Manel Mérimèche[1,2], Aymeric Braille[1,2], Mary Mainardis[1,2], Fabienne Meunier[1], Emilie Chazelle[3], Cécile Bébéar[4], **Béatrice Bercot**[1,2]

[1]Associated Lab of French National Center for Bacterial Sexually Transmitted Infections, Bacteriology Department, St Louis and Lariboisière Hospital, AP-HP, Paris, France; [2]IAME, UMR 1137, INSERM, Paris Cité University, Sorbonne Paris Cité, Paris, France; [3]Santé Publique France, Saint-Maurice, France; [4]Bacteriology Department, French National Center for Bacterial Sexually Transmitted Infections, CHU de Bordeaux, Bordeaux, France

In France, annual national surveys (ENGON) have been established to monitor gonococcal resistance, combining clinical, phenotypic and genotypic strain data. Neisseria gonorrhoeae (NG) strains were collected in public and private laboratories over a period running from September to December 2018 to 2023. Ceftriaxone (CRO)-resistant strains isolated outside the survey periods have been added to this surveillance.

Between 2018-2023, laboratories participating in 104-ENGON sent 2,972 NG isolates to the National Reference Center for bacterial STIs. MICs were measured using the MICstrip test (bioMérieux). Results were interpreted according to the EUCAST breakpoint table version 13.0. Whole genome sequencing of NG isolates was performed by the Illumina technology.

In total, 2,972 isolates were tested from 2018-2023. Of these, 80.2% were from men; median age was 28 years. Most isolates were obtained urethral (49.8%), followed by vaginal (17.3%), anal (17.1%) and oral samples (10.8%). NG antimicrobial resistance prevalence is high for tetracycline (85.4%-90.5%) and ciprofloxacin (62%-70.9%). Azithromycin resistance was steadily increasing up to 10% in 2022, but only 1.9% of isolates had mutations in the 23S rRNA gene, associated with higher azithromycin MICs (2 to 256 mg/L).

Cefixime (CFX)- and Ceftriaxone (CRO)-resistance was stably low. Six isolates from patients returning from Asia were resistant to CRO and CFX and carried the penA-60 allele.

However, we also observed a recent increase in reduced susceptibility and/or resistance to CFX (MIC>0.032mg/L), rising from 4.5% in 2022 to 12.1% in 2023. This increase was significantly associated with the acquisition of the penA-34 mosaic allele and the ST16676 sequence type clone ($p<0.00001$).

A worrying increase in NG strains with reduced CFX susceptibility was observed in France in 2023. These data are linked to the presence of clones carrying the penA34 mosaic gene and this trend has to be monitored over time and in other European countries.

FC4.7 | Survey of Neisseria gonorrhoeae susceptibility in French Polynesia (2021-2023)

Mary Mainardis[1], Stéphane Lastère[3], François Caméléna[1,2], Jeanne Pitiot[1], Manel Mérimèche[1,2], Aymeric Braille[1,2], Fabienne Meunier[1,2], Marc Levy[3], Béatrice Berçot[1,2]

[1]Associated Lab of French National Center for Bacterial Sexually Transmitted Infections, Bacteriology Unit, St Louis and Lariboisière Hospital, Paris, France; [2]IAME, UMR 1137, INSERM, Paris Cité University, Sorbonne Paris Cité, Paris, France; [3]Microbiology Unit, Clinical Lab, French Polynesia Referral Hospital, Papeete, French Polynesia

Background: In 2020, the WHO estimated 82.4 million new infections by Neisseria gonorrhoeae (NG) and recognized gonorrhea as a major public health problem. The genomic surveillance of NG in the French overseas departments and regions is particularly complicated by geographical constraints. This study presents the epidemiological and microbiological data of NG infection from the French Polynesia Referral Hospital (FPRH) located in Tahiti, French Polynesia.

Methods: Between May 2021 and November 2023, 48 strains from 48 patients isolated in FPRH were sent to the STI French National Reference Center for gonococcal expertise located in Saint-Louis hospital (Paris, France). Isolates were cultured on chocolate agar and MIC were determined with E-tests (Biomérieux). Whole-Genome-Sequencing (WGS) of the isolates was performed using Illumina technology.

Results: Patients with NG infection were mostly men (73%); median age was 25 years old. Most patients (50%) were diagnosed following a visit to the emergency department. The localization of the infection was mostly genital (92%) and 52% of patients had symptoms. NG isolates were resistant to tetracycline, ciprofloxacin and azithromycin in 96%, 92% and 17%, respectively. All isolates were susceptible to spectinomycin, gentamicin, cefixime and ceftriaxone. The WGS revealed that all ciprofloxacin-resistant isolates had S91F and D95A GyrA mutations. All tetracycline-resistant isolates showed V57M RpsJ mutation. The tetM plasmid gene was present in 4.2% (all highly resistant to tetracycline). All penA genes were non-mosaic. The most frequent ST were ST9362 (43.8%) followed by ST11200 (43.8%). These ST are part of the clones circulating in France between 2021 and 2023.

Conclusion: NG infections were mostly genitals and found in male. Almost all NG isolates were resistant to ciprofloxacin and tetracycline. The NG clones circulating in Tahiti were similar to those circulating in metropolitan France. Repeating survey would allow for improved surveillance and an update of gonococcal infection data in French Polynesia.

FC4.8 | Sexual practices, recreational drug use and awareness regarding preventive measures among men who have sex with men (MSM) in Greece

Nikolaos Kalesis[1], Onisiphoros Neofytou[2], Konstantinos Thomas[2], Charalampos D. Moschopoulos[2], Dimitra Kavatha[2], Anastasia Antoniadou[2], Antonios Papadopoulos[2], Konstantinos Protopapas[1,2]

[1]Private Sexual Health Clinic, Athens, Greece; [2]Fourth department of Internal Medicine, Attikon University Hospital, School of Medicine, National and Kapodistrian University of Athens, Athens, Greece

Introduction: Sexual behavior and the use of recreational drugs shape the risk profile for sexually transmitted infections (STIs) among men who have sex with men (MSM). The aim of this study was to document sexual practices and substance use, and to analyze their associations with preventive measures and STI diagnoses.

Material–Methods: This was a cross-sectional study conducted from February to June 2025 among MSM attending the STI/HIV outpatient clinic of "ATTIKON" University General Hospital and a private STI clinic. Data were collected anonymously via an online questionnaire.

Results: A total of 173 MSM participated, with a mean age of 37.5 years (SD=8.4); 94.8% resided in Athens and 78.0% had received tertiary education. Among participants, 44.5% reported that more than half of their sexual encounters occurred without condom use. The primary means of meeting partners were online platforms/dating apps (89.6%), followed by through friends (39.3%) and bars/clubs (38.7%). Substance use was reported by 43.9%, and group sex by 41.0%. ChemSex (the use of certain recreational drugs before or during sex) was reported by 29.5%: 17.3% used crystal methamphetamine, 22.0% GHB/GBL/G, and 9.2% mephedrone. HIV-positive status was reported by 52.6% of participants, while 53.8% had a history of syphilis and 39.9% of gonorrhea. Only 16.2% reported always using condoms, 20.2% used PrEP, 7.5% doxyPEP, while 8.1% used no prevention method despite being in non-monogamous relationships. Notably, 81 participants were unaware of doxyPEP and 6 of PrEP. Out of those aware of doxyPEP, 46% were aware of it through friends, 45% through internet, 16% through sexual partners and 11% through healthare workers. Participants with higher number of sexual partners in the past years and those on PrEP were more likely to be informed about doxyPEP ($p<0.001$). ChemSex showed a strong correlation with participation in group sex ($r=0.54$, $p<0.001$), and a fisting ($r=0.16$, $p=0.034$).

Conclusions: The findings highlight the frequency and diversity of high-risk sexual behaviors among the MSM population, as well as their strong association with ChemSex. These results underscore the need to intensify targeted preventive interventions (condom use, PrEP, doxyPEP) and to improve access to healthcare services.

FC4.9 | Bots and Bodies: Evaluating Artificial Intelligence in providing Sexual Reproductive Health Advice

Holly Royston-Ward, Howard Gees, Sarah Flew, Ruth Taylor

Nottingham University Hospitals NHS Trust, Nottingham, United Kingdom

Background: Increasing healthcare demand, higher patient expectations, and constrained resources have created significant pressure on healthcare systems worldwide. Consequently, individuals are increasingly seeking health information through digital platforms and Artificial Intelligence (AI) that provide immediate, round-the-clock accessibility. Whilst Large Language Model (LLM) chatbots offer solutions for health information dissemination, questions of accuracy raise concerns when applied to fields such as sexual wellbeing and bodily autonomy.

This study aimed to evaluate and compare the accuracy of Sexual Reproductive Health (SRH) advice provided by commonly available LLM chatbots, specifically examining their capacity to deliver reliable information on SRH matters to non-expert users.

Methods: Five widely accessible LLM chatbots (ChatGPT, Grok, Gemini, Meta-AI, and Claude) were assessed using five scenario-based SRH questions designed from a non-expert perspective. Only basic, freely available, chatbot versions were utilised; to reflect the experience of typical users. Responses were evaluated and ranked by a qualified SRH clinician using accuracy criteria developed from UK clinical guidelines.

Results: Gemini demonstrated the best performance in providing accurate SRH guidance, whilst Meta-AI failed to respond to any questions and was excluded from analysis. Four of the five SRH scenarios generated accurate responses from all chatbots. However, lower-scoring responses, whilst accurate, failed to account for biological sex or types of sexual activity, potentially leading to unnecessary recommendations for post-exposure prophylaxis or emergency contraception. Critically, regarding a question on contraception and implant usage, two of four chatbots provided incorrect advice that could increase unintended pregnancy risk.

Conclusion: Whilst AI can potentially support individuals in sexual wellbeing and bodily autonomy decision making, accuracy remains a concern, particularly in contraceptive guidance. The observed inaccuracies reflect broader gender bias issues within both AI systems and healthcare. For decades, and continuing today, clinical research has been heavily male-focused, with men used more in trials, and women's health issues under-researched and underrepresented in medical literature. LLM chatbots are, therefore, likely to reflect those imbalances without appropriate AI governance frameworks and technical interventions to ensure equitable, accurate health information. Furthermore, AI cannot replace the nuanced judgement of a clinical consultation with an experienced healthcare professional.

FC4.10 | Can Anxiety Levels Impact Recurrence Rates in Patients with Anogenital Warts?

George Tyros, Antonios Kanelleas, Ourania Kotsafti, Anastasios Giannoukos, Sofia Papanikou, Alexandros Stratigos, Electra Nicolaidou

Sexually Transmitted Infections Unit, 1st Department of Dermatology and Venereology, National and Kapodistrian University of Athens, "A. Sygros" Hospital for Skin and Venereal Diseases, Athens, Greece

Background: Identifying prognostic factors for response to treatment is essential, yet data on the influence of mental health parameters in anogenital warts (AGW) treatment outcomes remain limited. In a recent prospective study of newly diagnosed AGW patients treated with cryotherapy, we found no significant associations between State-Trait Anxiety Inventory (STAI) scores at treatment onset and time to lesion clearance, time to first recurrence, or recurrence frequency. However, a trend toward elevated STAI scores in patients experiencing recurrence was observed, though without statistical significance.

Objectives: To further explore the relationship between patient anxiety—both state and trait—and AGW treatment outcomes, specifically regarding recurrence rates.

Methods: The previously mentioned study was a single-center, prospective study that included newly diagnosed male patients with anogenital warts treated in the Sexually Transmitted Infections Unit of "A. Sygros" Hospital. Cryotherapy was administered biweekly until resolution of lesions, and patients were monitored over an 18-month follow-up period for recurrences. Anxiety levels were assessed using the STAI at the onset of treatment and following complete lesion clearance. Herein we assessed the association of STAI scores following complete lesion clearance and patients' recurrence rates.

Results: Among 167 male participants, mean time to lesion clearance was 89 ± 65 days. Recurrence occurred in 28% of patients during follow-up. Those without recurrences showed a statistically significant reduction in State-STAI scores post-treatment (from 39.8 to 33.6), confirmed by Bonferroni correction. In contrast, patients with recurrences exhibited only a modest decrease (from 41.4 to 36.5), which did not reach statistical significance. A decrease in Trait-STAI scores was observed across both groups, yet no significant difference emerged between them.

Conclusion: These findings suggest a potential interplay between anxiety levels and AGW recurrence, highlighting the relevance of psychological factors in treatment outcomes. Further research may contribute to more holistic patient care strategies.

FC4.11 | Sexual transmitted diseases in children: Into the rabbit hole

Evridiki Tsoureli Nikita[1], Sara Poggiali[2], Alexandros Katoulis[1]

[1]Dermatology Dept, Attikon University Hospital, Athens, Greece; [2]Azienda USL, Toscana Sud Est, Siena, Italy

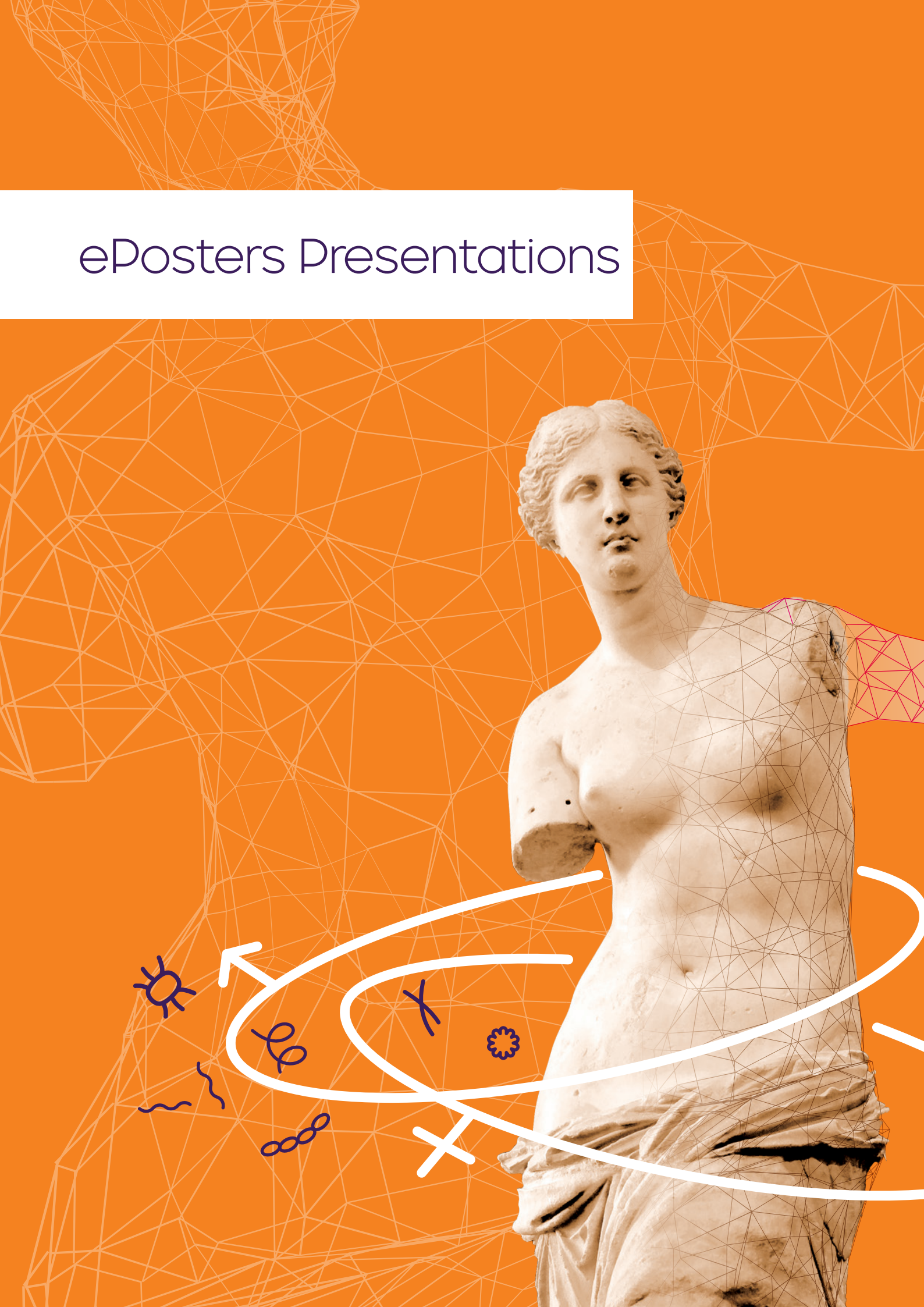
Background: Despite the fact that sexual transmitted infections are regarded as a rising matter of public health, there are very limited data as far as it concerns the actual incidence in the pediatric population.

Methods: Thorough literature review and case reports.

Results: New evidence demonstrates young women to be more exposed to contracting STIs respect to men, amongst heterosexuals. Moreover, the presence of STIs in children is also arising due to perinatal infections, change of lifestyle, geographical and-or social norms, demonstrating a worrying educational gap. To address this crucial issue, targeted school educational models, as well as innovative healthcare guidelines are necessary in order to prevent and manage uncontrolled spreading of the STIs in this fragile population worldwide.

Conclusions: In front of clinical symptoms of an STI in a child, a thorough investigation is essential. Accidental horizontal, as well as vertical transmission have to be considered. Moreover, one should never omit to consider the suspicion of a possible sexual abuse, despite the various social and legal impications that such a statement could arise. Safeguarding a child in all possible ways is mandatory, and doctors should act as primary whistle blowers.

ePosters Presentations



PP001 | Solitary painless penile ulcer without evidence of syphilis: A diagnostic challenge

Katja Großschädl, Angelika Kogler, **Birgit Sadoghi**

Department of Dermatology and Venereology, Graz, Austria

Background: The etiology of an ulcer in the genital area can be diverse. It can be classified into sexually transmitted infectious causes (syphilis, lymphogranuloma venereum, chancroid, granuloma inguinale, monkeypox), non-specifically sexually transmitted infectious causes (HSV 1 and 2, EBV and other viral pathogens, fungal infections, bacterial superinfections), and non-infectious causes (e.g., Behçet's disease, erosive lichen planus, Lipschütz ulcer, fixed drug reactions).

Materials methods: We report a 29-year-old male patient presenting with a painless, 5mm ulcer with a raised border in the sulcus coronarius, persisting for 9 days, accompanied by inguinal lymphadenopathy. Intermittent fever and headaches were also noted, but no other neurological symptoms were reported. In his sexual history, the patient mentioned unprotected sexual intercourse with his regular partner, but denied any additional sexual contacts, also unprotected.

Results: Syphilis serology, HIV antigen/antibody screening, and hepatitis B and C serology yielded negative results, as did a follow-up syphilis serology. A PCR test for 11 STI pathogens (Chlamydia trachomatis, Neisseria gonorrhoeae, HSV 1 and 2, Haemophilus ducreyi, Mycoplasma genitalium, Mycoplasma hominis, Treponema pallidum, Trichomonas vaginalis, Ureaplasma parvum, Ureaplasma urealyticum) also came back negative. Two weeks after his initial presentation at our STD clinic, the patient reported abdominal pain, particularly in the left lower abdomen, prompting a visit to the emergency internal medicine department. Here, splenomegaly measuring over 17 cm was found. PCR testing for EBV was positive, indicating an EBV-associated genital ulcer, as well as an infection-associated splenomegaly.

Conclusion: Genital ulcers are a rare clinical manifestation of Epstein-Barr Virus (EBV) infection, mainly found in women. EBV-associated ulcerations in men, as in our case, are rarely described in the literature.

PP002 | Unrecognized Genital Scabies Misdiagnosed as Genital Warts: A Case Report Highlighting Clinical Oversight

Viktor Simeonovski[1], Marko Kostovski[2]

[1]University Clinic for Dermatology, Faculty of Medicine, Ss. Cyril and Methodius University in Skopje, Skopje, North Macedonia; [2]Institute of Microbiology and Parasitology, Faculty of Medicine, Ss. Cyril and Methodius University in Skopje, Skopje, North Macedonia

Introduction: Scabies is a common parasitic infestation caused by Sarcoptes scabiei var. hominis. While typically presenting with pruritic papules and burrows in predilection locations, atypical presentations—particularly in the genital area—can be misinterpreted, leading to diagnostic errors. Misdiagnosis may result in inappropriate treatments and prolonged patient discomfort. This case highlights a patient with genital scabies misdiagnosed as genital warts, illustrating the importance of a thorough history and complete dermatological examination.

Case Report: A male patient in his early 20s was initially treated by multiple providers for presumed genital warts, receiving cryotherapy over several sessions without clinical improvement. As lesions persisted, he was later prescribed empirical oral antibiotics, again without benefit. At no point had any clinician inquired about associated pruritus, particularly nocturnal itching.

Upon referral to our Dermatology Clinic, the patient reported intense nocturnal itching affecting both the genital area and other body regions, which he had not previously associated with his symptoms. Physical examination revealed erythematous papules and excoriated lesions on the genitalia, as well as classic scabetic burrows located in the interdigital spaces of the hands. A diagnosis of scabies was made based on clinical presentation. The patient was treated with topical permethrin 5% cream, resulting in rapid symptom resolution and clearance of lesions upon follow-up.

Conclusion: This case highlights the crucial importance of a comprehensive clinical history, including symptom timing and associated pruritus, as well as a thorough skin examination, in patients presenting with genital lesions. Scabies, although common, may be overlooked when presenting in atypical locations such as the genital area, particularly in the absence of classical burrows or when clinicians focus solely on sexually transmitted differential diagnoses. Misdiagnosis can lead to unnecessary treatments, patient distress, and ongoing transmission. Clinician education on the varied presentations of scabies and a high index of suspicion in pruritic dermatoses remain essential for timely and accurate diagnosis.

PP003 | Persistent HIV-induced Epidermodysplasia Verruciformis with polymorphous clinical features and response to topical tazarotene

Georgios Sarris, Varvara Vasalou, Pagona Zisi, Ioanna Lakoura, Vasilios Paparizos, Alexander Stratigos

1st Department of Dermatology and Venereology, Medical School, National and Kapodistrian University of Athens, "Andreas Syggros" Hospital for Skin and Venereal Diseases, Athens, Greece

Background: Epidermodysplasia Verruciformis (EV) is a cutaneous disorder caused by impaired immunological response to Human Papillomavirus (HPV). EV patients are prone to recurrent HPV infections with lesions that often evolve into Bowen disease or Squamous Cell Carcinoma (SCC). This study presents a case of acquired EV in an HIV patient with an exanthem of variegated characteristics that improved after topical tazarotene treatment, following years of non-response to consecutive therapeutic modalities, mostly due to poor compliance.

Material and Methods: A 56-year-old Caucasian male of skin phototype I presented to our clinic with erythematous, partially confluent, extensively distributed papules on the torso, thighs, forearms and right temporal scalp and a verrucous plaque on the left gluteal area. The patient had a 27-year history of HIV seropositivity under therapy since 3 years after diagnosis, treated hepatitis B infection, 2 facial basal cell carcinomas diagnosed 2 and 1 year ago and a 15-year history of clinically suspected and subsequently histologically confirmed acquired EV with reddish-brown papules on the thighs. This chronic EV had been treated briefly with topical trichloroacetic acid 35%, interferon α, photodynamic therapy and liquid nitrogen cryotherapy with non-significant response, mostly attributed to lack of patient cooperation and, regarding cryotherapy, regional inflammatory reaction. After clinical assessment, one month of daily topical tazarotene treatment was decided, during which the patient showed an unprecedented commitment to the therapeutic protocol.

Results: On clinical re-evaluation, there was a marked clinical improvement, especially on the forearms, where the papules appeared flattened, smoother and with loss of preexisting brownish sharp cyclical demarcation, leaving a pale pink background. Continuation of topical treatment for an additional month and frequent skin hydration were recommended.

Conclusion: This case presentation aspires to raise clinical awareness concerning HIV-induced Epidermodysplasia Verruciformis, a rare but frequently persistent and prominent manifestation that is associated to SCC. Acquired EV spectrum of clinical features should draw the attention of clinicians managing HIV-seropositive patients, a growing population of impaired immunocompetence that requires intensive tertiary screening.

PP004 | Moth-Eaten Alopecia as a Manifestation of Secondary Syphilis in an HIV-Positive Patient: A Case Report

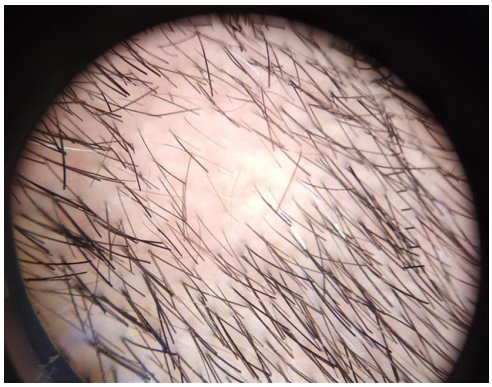
Dua Cebeci, Içim Kömürcügil

Famagusta State Hospital, Department of Dermatology, Famagusta, Cyprus

Background: Secondary syphilis can present with a variety of mucocutaneous and systemic findings. Moth-eaten alopecia, although uncommon, is a distinct manifestation. Coinfection with HIV may alter the clinical presentation and progression of syphilis.

Case Presentation: We report the case of a 36-year-old male diagnosed before with HIV infection who presented with patchy scalp hair loss. Serological testing confirmed secondary syphilis. The patient was treated with intramuscular benzathine penicillin G and showed significant clinical improvement. This case emphasizes the importance of recognizing moth-eaten alopecia as a potential marker of syphilis in HIV-positive individuals.

Conclusion: Moth-eaten alopecia should prompt consideration of secondary syphilis, especially in patients at high risk for sexually transmitted infections, including those living with HIV.



PP005 | Case series of intraurethral warts: a rare presentation of genital HPV infection

Yugansh Gautam, Prakhar Srivastava, Niti Khunger

Safdarjung Hospital, New Delhi, India

Background: Genital warts, caused by human papillomavirus (HPV), are among the most common sexually transmitted infections. Isolated urethral warts are rare, seen in only 0.5%–5% of men with genital warts. Intraurethral warts pose diagnostic and therapeutic challenges due to their location and potential for recurrence. They may present with dysuria, urethral discharge, and discomfort. This case series aims to highlight the clinical presentation, diagnostic approach, and treatment strategies for intraurethral warts.

Materials & Methods: Not Applicable.

Results: Case 1: A 27-year-old bisexual male presented with dysuria and intermittent urethral discomfort for 3 months. Examination revealed erythema and papillomatous growths in the anterior urethra. Diagnosis of intra-meatal wart was confirmed, and treatment was done using radiofrequency ablation after ruling out proximal involvement via urethroscopy.

Case 2: A 20-year-old heterosexual male with a history of multiple partners presented with pink lesions at the tip of the penis for 2 months. On parting the urethral meatus, multiple small papillary masses were visualized. He was managed with a combination of radiofrequency ablation and 100% trichloroacetic acid (TCA) application.

Case 3: A 28-year-old homosexual male reported dysuria and a visible intraurethral growth for 4 weeks. He initially noted urinary discomfort and occasional discharge, followed by awareness of a painless, enlarging growth. Examination showed a 1 cm cauliflower-like lesion at the distal urethra with mild surrounding erythema. Radiofrequency ablation was performed.

Conclusion: Intraurethral warts represent a rare but important manifestation of HPV infection. Their concealed location necessitates a high index of suspicion and, at times, urethroscopy for accurate diagnosis. Treatment options include radiofrequency ablation and chemical cauterization, tailored according to lesion characteristics. Given the potential for recurrence and HPV-associated complications, long-term follow-up is essential.



PP006 | Beyond the usual: molluscum contagiosum presenting as nipple areolar lesions

Keshav Yadav, Sushruta Kathuria, Niti Khunger

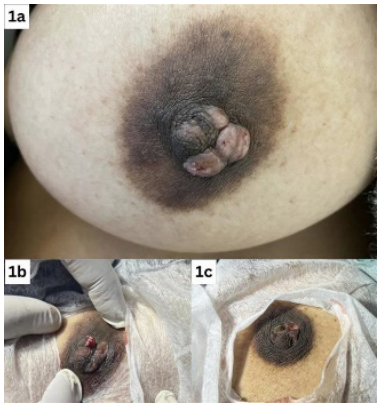
VMMC and Safdarjung Hospital, New Delhi, India

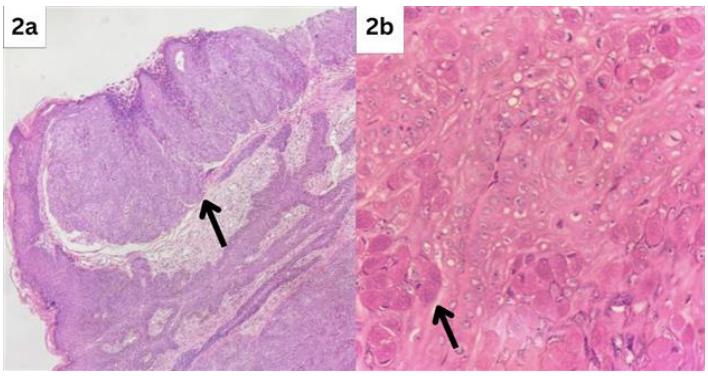
Background: Molluscum contagiosum is a viral infection caused by double stranded DNA virus, poxvirus family. These usually present over the face and trunk in children. In adults, it presents over genitals as sexually-transmitted disease and can have generalised involvement or presence at atypical sites in immunocompromised individuals. It can spread through skin-to-skin or sexual contact or sharing of fomites. Here we report an usual case of molluscum contagiosum at an atypical site posing diagnostic challenges.

Material and Methods: -

Results: A 21-year-old unmarried female presented to the out-patient department with complaints of asymptomatic corn sized swellings over left breast for 2 months. On examination, there were three skin-colored soft to firm, non compressible, non tender, papules with superficial erosion and crusting present at the left Nipple-areolar complex (NAC) (Figure 1A). No breast lump or regional lymphadenopathy was noted and there were no similar lesions elsewhere on the body. A skin biopsy and hormonal profile was done with differential diagnosis of erosive adenomatosis of nipple, nodular hidradenoma, paget's disease or any other benign adnexal tumor. The hormonal profile was normal. Surprisingly, her histopathology revealed cup shaped inverted lobules of hyperplastic squamous epithelium expanding into dermis with keratinocytes containing large intracytoplasmic eosinophilic inclusion bodies (Henderson-Patterson bodies) diagnostic of molluscum contagiosum (Figure 2A, 2B). No atypical or malignant changes were observed. She had no derangement of immunological status. Later on these lesions were removed by needle extraction and radiofrequency ablation(Figure 1B, 1C).

Results: The classical dome shaped appearance with central umbilication was missing in this patient probably because of the erosion and regional morphology of the nipple-areolar complex region. Our patient denied a history of peno-vaginal contact but gave a history of oral contact on the breast area with her partner, which may explain the isolated lesions on the breast. Atypical sexual mode of transmission can be considered in such cases. This case highlights the presence of a common sexually transmitted infection, molluscum contagiosum, at an atypical site that is the nipple-areolar complex area.





PP007 | Methicillin-resistant Staphylococcus aureus (MRSA) in pre-exposure prophylaxis (PrEP) users and other men who have sex with men (MSM) attending an STI clinic in Barcelona

Vicente Descalzo[1], Patricia López-Álvarez[1], Maider Arando[1], Jorge García-Pérez[1], Mayli Lung[2], Juan José González-López[2], Paula Salmerón[2], Mateo Cerro[1], David Téllez-Velasco[1], Jordi Arcarons[1], Luis López-Pérez[1]

[1]STI/HIV Unit Drassanes-Vall d'Hebron, Barcelona, Spain; [2]Microbiology Department, Hospital Vall d'Hebron, Barcelona, Spain

Background: MRSA has been widely described in MSM, mostly in HIV cohorts in the United States and Japan. Evidence in Europe is scarce, including a recent study in HIV-positive MSM engaging in chemsex and the DOXYVAC trial showing increasing rates of colonization in PrEP users. Our study aimed to describe the cases of MRSA infection among PrEP users and other MSM attending a reference STI clinic in Barcelona.

Methods: We selected all cases with a positive culture for MRSA from clinical samples in MSM and trans* women users of the STI/HIV Unit Drassanes-Vall d'Hebron, between 2020 and 2024. Demographic, clinical, and microbiological data were collected retrospectively. Incidence was calculated among the total PrEP cohort.

Results: We included 42 episodes of MRSA infection in 34 MSM and 1 trans* woman. Most patients were PrEP users (17; 48.6%) or HIV-positive (12; 34.3%) and originally from Spain (15; 42.9%) or Latin America (15; 42.9%). Twenty-six (76.5%) reported chemsex, using GHB (21; 60%), methamphetamine (19; 54.3%) and mephedrone (14; 40%). Most common presentations were furuncles (19; 45%), abscesses (17; 40%), cellulitis (16; 38%), and ulcers (9; 21%), located in the pubo-genital or gluteal-perianal regions in 21 cases (50%). Empirical antibiotics were prescribed at the clinic in 29 cases, 23 of which (79.3%) covered potential MRSA. By contrast, of the 13 patients who were prescribed antibiotics before arriving at the clinic, only one (7.7%) received MRSA-oriented treatment (p=0.0001). Six patients (14.3%), all of them HIV-negative, experienced complications, including 3 major surgical interventions for drainage, and 2 cases of osteoarticular infection. Regarding antimicrobial resistance, 92.9% of isolates were susceptible to tetracyclines, 88.1% to cotrimoxazole, 69% to clindamycin, and 11.1% to mupirocin. Decolonization treatment (antiseptic soap plus topical nasal antibiotics) was prescribed to 9 patients, 6 of whom had subsequent MRSA infection episodes. The incidence rate of confirmed MRSA infection among PrEP users was 0.3% per year.

Conclusion: MRSA causes skin and soft tissue infections in PrEP users and other MSM in our context, particularly among those engaging in chemsex, and can lead to complications. Tetracyclines show higher levels of activity, and decolonization appears to be ineffective.

PP008 | The hyperpigmented puzzle on the penile shaft: a case of bowenoid papulosis

Yugansh Gautam, Krati Mehrotra Dewan

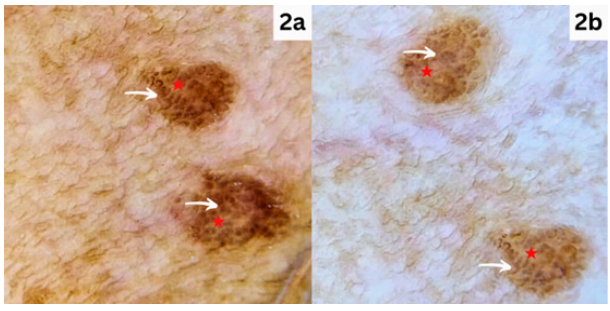
Safdarjung Hospital, New Delhi, India

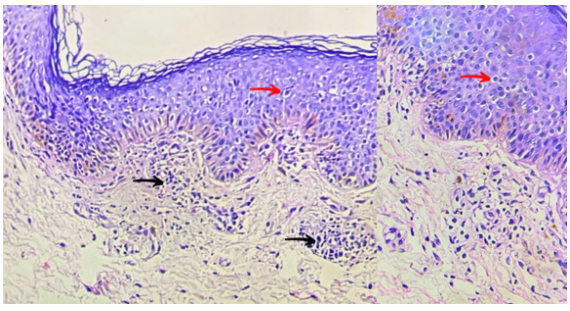
Background: Bowenoid papulosis (BP) is a rare sexually transmitted condition caused predominantly by high-risk human papillomavirus (HPV) subtypes 16 and 18. It presents as asymptomatic genital papules exhibiting histological features of squamous intraepithelial neoplasia but typically follows a benign course. However, potential malignant transformation to invasive squamous cell carcinoma necessitates prompt diagnosis and treatment. The condition often mimics other genital dermatoses, making histopathology and dermoscopy valuable tools for accurate diagnosis.

Materials and Methods: A 37-year-old sexually active male presented with multiple asymptomatic hyperpigmented papules over the penile shaft persisting for 8 months. He reported high-risk sexual behaviour but no systemic or mucocutaneous complaints. Initial treatment with trichloroacetic acid and podophyllin yielded no improvement. Clinical examination revealed 10–12 well-defined, dark brown verrucous papules (2–5 mm) over the penile shaft. Dermoscopic evaluation showed diffuse brown-gray globules over a homogenous brown background without specific vascular patterns. A skin punch biopsy was performed.

Results: Histopathology revealed features consistent with BP—epidermal architectural disarray, squamous atypia, koilocytic changes, and a mild lymphohistiocytic infiltrate with an intact basement membrane. A diagnosis of Bowenoid papulosis was made. The patient was treated with topical 5% 5-fluorouracil cream applied twice daily for 8 weeks. Marked resolution of lesions was observed on follow-up without scarring or adverse effects. The case highlights characteristic dermoscopic and histopathological findings supportive of BP and the efficacy of topical 5-FU.

Conclusion: This case underscores the importance of maintaining a high index of suspicion for Bowenoid papulosis in sexually active individuals presenting with chronic, pigmented genital papules. Dermoscopy serves as a non-invasive adjunct, aiding differentiation from other mimickers. Histopathology remains the diagnostic gold standard. Topical 5-fluorouracil is a cost-effective, scar-minimising therapeutic option in such cases. Early recognition and management are essential to prevent potential malignant transformation and ensure favourable outcomes.





PP009 | The characteristics of men who have sex with men with ano-rectal Herpes Simplex Virus: A systematic review

Mohammed Essa[1], Jodie Crossman[1], Julian Robinson[1], Daniel Richardson[1,2]

[1]University Hospitals Sussex NHS Foundation Trust, Brighton, United Kingdom; [2]Brighton & Sussex Medical School, Brighton, United Kingdom

Objective: Herpes Simplex Virus is a well-recognised but infrequent cause of anal ulceration and proctitis (ano-rectal) particularly amongst men who have sex with men. Clinical practice guidelines are not clear about the empirical treatment of HSV in MSM presenting with ano-rectal HSV. The aim of this systematic review was to explore the characteristics of MSM with ano-rectal HSV.

Method: Four bibliographical databases were searched in April 2025 for manuscripts exploring the characteristics of MSM with ano-rectal HSV. Two authors independently reviewed full text manuscripts and performed a risk of bias assessment. Narrative data were synthesised to generate themes. [PROSPERO ID:CRD420251002325)

Results: There were 19 out of 170 eligible manuscripts published between 1979-2024 from the USA (n=9), UK (n=5), Australia (n=4 and Japan (n=1). In total, this review included 226 MSM with ano-rectal HSV reporting in case reports (n=7), case series (n=6), cross sectional studies (n=5) and a clinical trial (n=1). This review highlighted demographic (younger age, living with HIV), behavioural (condomless anal, oral-anal, oral-penile sex, multiple sexual partners, use of sex toys, rectal enemas, fisting, using sex on premises venues) and co-infection (Chlamydia trachomatis (including lymphogranuloma venereum), Treponema pallidum, Mycoplasma genitalium, Mpox) characteristics seen in MSM with anorectal HSV.

Conclusion: This review provides insight into the characteristics of MSM with ano-rectal HSV for future public health control strategies and interventions (e.g. vaccine targeting), clinical guidelines (e.g. role of empirical treatment) and research.

PP010 | A case of vulvovaginitis and cervicitis caused by Neisseria meningitidis

Thomas Elliott-Walker[1], Manik Kohli[1,2,3], Harry Coleman[3]

[1]NHS Homerton Healthcare, London, United Kingdom; [2]Institute for Global Health, University College London, London, United Kingdom; [3]Central and North West London NHS Foundation Trust, London, United Kingdom

Background: Neisseria meningitidis (N.men) can be sexually transmitted, including through oral sex, which is alarming due to the pathogen's potential to cause invasive disease. Outbreaks of meningococcal urethritis in male patients have been reported, with fewer reports of symptomatic vulvovaginal infection.

Materials and Methods: Case report

Results: A 23-year-old British-Asian heterosexual female presented to a North London sexual health clinic following one week of purulent, foul-smelling vaginal discharge and vulvovaginal itch. She reported 2 days of general malaise, nausea and fever at onset of genital symptoms but at time of clinical review she had no systemic symptoms. She had a history of bacterial vaginosis, no prior sexually transmitted infections (STIs), and used a levonorgestrel intrauterine system (IUS) for contraception. There was no other significant past medical history, allergies or medications. She reported condom-protected vaginal sex with a casual male partner 2 days before symptom onset. There was no documented oral sex history.

Clinical examination revealed a correctly sited IUS and evidence of vaginitis/cervicitis, with purulent green discharge present within the cervical os and vaginal vault. There was no cervical excitation or other signs of pelvic inflammatory disease.

Chlamydia, gonorrhoea, trichomonas vaginalis (TV) and cervical culture swabs were taken, alongside HIV, syphilis and Hepatitis B blood tests. In-clinic microscopy of vaginal swab revealed polymorphic neutrophils and epithelial cells; no fungal hyphae were seen. Patient was treated empirically for TV and candidal infection – with metronidazole 400mg twice daily for 7 days and single dose fluconazole 150mg. All performed laboratory tests were negative except the cervical culture – which grew N.men.

There was no follow-up after the positive N.men culture. The case was identified retrospectively whilst investigating a concurrent increase in N.men urethritis in heterosexual men at the clinic. No other cervical/vaginal cultures revealing N.men were identified between 2014 and 2024 at this clinic.

Conclusion: Patients with positive N.men culture and negative STI screening need follow-up to ensure appropriate antibiotic prescription and symptom resolution. Oral sex history should always be documented. Increased awareness is required amongst clinicians regarding clinical presentations of genital N.men infection and potential outbreaks within heterosexual sexual networks.

PP011 | Clinical course of monkeypox disease: The two waves of illness. A retrospective study

Stella Michelaki

1st Department of Dermatology – Venereology, Medical School, National and Kapodistrian University of Athens, "A. Sygros" Hospital for Skin and Venereal Diseases, Athens, Greece

Background: Monkeypox (MPX) is a rare zoonotic disease caused by the monkeypox virus of the Orthopoxvirus genus, historically endemic to sub-Saharan Africa. Since May 2022, cases have been increasingly reported in non-endemic regions, leading to the World Health Organization (WHO) declaring an outbreak on July 23, 2022. Unlike prior outbreaks characterized by systemic prodromal symptoms and centrifugal vesiculopustular rash, the current outbreak is marked by genital lesions and, occasionally, secondary disseminated infections. This study aims to describe the clinical course of monkeypox during the current outbreak through data collected from confirmed cases at Andreas Sygros Hospital, Greece.

Material and Methods: This retrospective cohort study analyzed medical records of confirmed MPX cases from June to November 2022 at the Infectious Disease Unit of Andreas Sygros Hospital. A confirmed case was defined by a positive PCR for MPXV from skin lesions. Collected data included demographics, clinical presentation, travel history, sexual history, vaccination status, medical history, and outcomes. Patients were followed up every 4–7 days until full resolution of skin lesions. Descriptive statistics were analyzed using STATA SE version 11.

Results: A total of 43 patients with confirmed MPXV infection were included, all males and MSM, with a median age of 37 years. Sixteen (37%) were HIV-positive, mostly with undetectable viral load and CD4 >300 cells/mm^3, except one with poor treatment compliance. Median illness duration was 25 days, with HIV-positive patients experiencing longer recovery times (28 days vs. 24 days, p=0.02). All patients presented with anogenital and/or oropharyngeal lesions. A second wave of illness, marked by new lesions, fever, or flare-ups of systemic symptoms, was observed in 27 (77%) patients approximately 7 days after symptom onset. No severe cases or fatalities were recorded.

Conclusion: The clinical course of monkeypox in the current outbreak differs from historical presentations, with primary genital involvement and a notable second wave of illness in most patients. The findings suggest that transmission route and entry site may influence disease progression and immune response. Further studies are needed to elucidate pathophysiological mechanisms and optimize clinical management.

PP012 | Malignant syphilis in an immunocompetent patient

João Nuno Soares, Joana Xará, João Pedro Teixeira, Maria Manuel Brites, José Carlos Cardoso

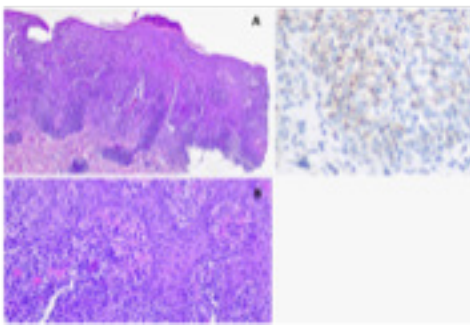
Coimbra University Hospital Center, Coimbra, Portugal

Background: Malignant syphilis (MS) is a rare and severe variant of secondary syphilis, typically affecting immunocompromised individuals, particularly those with HIV. Recently, however, increasing cases have been reported in immunocompetent individuals. It is characterised by ulcerative, rupioid skin lesions, systemic symptoms and a robust response to penicillin.

Methods: We report the case of a previously healthy heterosexual woman in her 20s who presented with a 3-month history of disseminated, painful, rapidly growing skin lesions, accompanied by asthenia, anorexia, weight loss and fever. Physical examination revealed multiple ulcerated erythematous-violaceous plaques and nodules on the neck, trunk and arms, some covered by adherent rupioid crusts. There was associated cervical and inguinal lymphadenopathy. Differential diagnoses included cutaneous lymphoma, deep mycoses, mycobacterial infection and syphilis.

Results: Serologic tests confirmed active syphilis: positive chemiluminescent microparticle immunoassay and RPR titre >256. HIV, HBV, HCV, EBV, CMV and toxoplasma serologies were negative. Liver enzymes were twice the upper limit of normal. Histopathology revealed a dense dermal inflammatory infiltrate with plasma cells, neutrophils and histiocytes. Treponema pallidum immunohistochemistry confirmed spirochetes at the dermoepidermal junction. Skin cultures were negative and immunophenotyping excluded lymphoma. Based on clinical, serological and histological findings, a diagnosis of MS was made. The patient was treated with weekly intramuscular benzathine penicillin G (2.4 million units for 3 weeks), resulting in a Jarisch–Herxheimer reaction and resolution of skin lesions within a month, with residual scarring. HIV serologies remained negative at 3, 6 and 12 months. The liver function normalised post-treatment, supporting syphilitic hepatitis.

Conclusions: This case met Fisher's criteria for malignant syphilis and showed systemic involvement, consistent with newer diagnostic criteria proposed by Karanfilian et al. Despite being classically linked to immunosuppression, MS can occur in immunocompetent patients and should be considered in the differential diagnosis of ulcerated papulonodular lesions with systemic symptoms. Early recognition and prompt treatment with parenteral penicillin are crucial to prevent severe long-term complications. Awareness of this entity is essential in the context of the rising incidence of syphilis.


PP013 | Prevalence and patient characteristics of genital VZV in a large UK Sexual Health Service

Ruth Taylor[1], Howard Gees[1], Ben Canning[2]

[1]Nottingham and Nottinghamshire Sexual Health Service, Nottingham University Hospitals NHS Trust, Nottingham, United Kingdom; [2]Department of Microbiology, Nottingham University Hospitals NHS Trust, Nottingham, United Kingdom

Background: Varicella Zoster Virus (VZV) is common in the United Kingdom, with 90% of over 15s being seropositive. Reactivation as 'shingles' is a rare but recognised cause of genital lesions.

Our local laboratory changed their PCR testing platform for herpes simplex viruses (HSV-1 and 2) to include VZV as routine in 2022. Since then, all anogenital samples where HSV PCR was requested have included VZV testing routinely.

Here we outline the prevalence of VZV positivity from genital lesions in a UK sexual health clinic population and describe the characteristics of the patient population who test VZV positive.

Methods: Case notes from the electronic patient records for a 34 month period (Sept 2022 to Feb 2025) were examined, along with laboratory data. All samples sent for HSV PCR testing where a result was obtained were included in the analysis.

Results: A total of 2895 samples were tested. Of these:

- 851 (29%) were positive for HSV-2

- 625 (22%) were positive for HSV-1

- 14 (0.5%) were positive for VZV

The age range of those positive for VZV was 16-67, with more than half aged under 30 years. None of these were living with HIV or otherwise immunosuppressed. Clinical suspicion of VZV was noted in one case prior to test results, the others were felt to be either HSV, atypical molluscum or uncertain diagnosis. All but one had only genital lesions at presentation, the other had buttock lesions. None were dual positive for HSV and VZV, although one was positive for both VZV and MPOX, and was treated for both.

Discussion: Genital VZV is an uncommon finding, but in our population occurred mostly in healthy, younger adults, which was in contrast with the usually described pattern of shingles affecting older and/or immunocompromised adults.

Lesions were generally on the genital region, often crossed the midline and were not usually ‘typical’ for shingles or primary VZV clinically.

Routine VZV PCR has proven a useful adjunct to HSV testing in our service, as these patients previously would have likely remained undiagnosed, or wrongly assumed to have HSV.

PP014 | Barriers to HIV Pre-Exposure Prophylaxis (PrEP) uptake for men who have sex with both men and women: a global scoping review

Jodie Crossman, Daniel Richardson

University Hospitals Sussex, Brighton, United Kingdom

Background: Although PrEP is a highly effective HIV prevention method, some groups are underrepresented in PrEP uptake. Much of the research on HIV prevention groups gay, bisexual and other men who have sex with men together, however, men who have sex with both men and women (MSWM) may have needs distinct from those who have sex exclusively with men. This scoping review aims to explore documented barriers to PrEP use among MSWM.

Methods: Literature was searched using 4 databases. Studies were included if data referring to MSWM were reported as a distinct category. Data were extracted using a standardised form, and findings were stratified into relevant categories of the social ecological framework.

Results: Alongside intersectional barriers, MSWM were found to have lower awareness of PrEP, and access sexual health services less than men who have sex only with men. Those who did not identify with the LGBT community often missed out on health promotion messages targeted at this group and were less likely to be offered HIV prevention interventions by health care professionals. Some found that they were assumed to be heterosexual by clinicians and so were not offered preventative interventions. MSWM identified more stigmatisation around PrEP use than gay men, seeing PrEP as a signifier of being gay. This was a key barrier in countries where homosexuality is criminalised. However, when aware of PrEP, many MSWM were very motivated to use this intervention to protect themselves and their partners.

Conclusion: Not all MSM will identify within the LGBTQ+ community and may miss out on valuable opportunities for HIV prevention. PrEP information should be widely available in a variety of health and community settings, not just sexual health clinics. Health care professionals should avoid assumptions when assessing patients and provide information about HIV and STI prevention to all attending sexual health services.

PP015 | The characteristics of men who have sex with men with hepatitis A: a systematic review

Annie Russell[1], Madeleine Wedge-Bull[1], Julian Robinson[1], Molly Spence[1], Deborah Williams[1], Daniel Richardson[1,2]

[1]University Hospitals Sussex NHS Foundation Trust, Brighton, United Kingdom; [2]Brighton & Sussex Medical School, Brighton, United Kingdom

Background: Outbreaks of Hepatitis A have been reported in men who have sex with men (MSM) since the 1970s. The aim of this systematic review was to explore the characteristics of MSM with acute hepatitis A.

Method: Four bibliographical databases (MEDLINE, EMBASE, CINAHL and Cochrane CENTRAL) were searched in September 2024 for manuscripts written in English exploring the characteristics of MSM diagnosed with Hepatitis A (by serum IgM or serum/ stool molecular testing. Following the removal of duplicates and abstract review, two authors independently reviewed full text manuscripts and performed a risk of bias assessment using the Joanna Briggs Institute toolkit. Narrative data were synthesised to generate themes. This review was registered on PROSPERO (ID: CRD42024581590)

Results: Thirty-eight manuscripts from Europe (n=28), USA (n=4), Australia (n=2) Japan (n=2) and Taiwan (n=2) published between 1980-2023 were included in this analysis. The manuscripts were case-series(n=28), case-control studies(n=7), cohort studies(n=2) and 1 cross-sectional study, and included 3605 MSM with acute hepatitis A. This review has highlighted demographic (living with HIV, using HIV-PrEP, contact with a known case of Hepatitis A, being a sex-worker, less than high school graduate educational attainment), behavioural (multiple/non regular sexual partners/group sex, oral-anal sex, digital anal sex, anal sex, sex in public spaces, sex on premises venues, sex in 'gay' venues, travel, using the internet/dating apps, recreational drug use), infection (acute HIV, co-infection with sexually transmitted infections, hepatitis B and C) and hospitalisation characteristics in MSM with hepatitis A.

Conclusion: Despite an effective vaccine, there continues to be outbreaks of Hepatitis A in MSM. This review provides robust evidence that susceptible MSM should be offered Hepatitis A vaccination, including MSM living with HIV, using HIV-PrEP, travelling to 'gay' festivals and circuit parties, using sex on premises venues, using recreational drug, sex working and diagnosed with a sexually transmitted infection.

PP016 | How do Gay and Bi Men Navigate Partner Notification After an STI? A Story Completion Study

Chris Noone, Niall Caulfield

University of Galway, Galway, Ireland

Background: Partner notification has been employed as a method for controlling the transmission of STIs for decades. Meanwhile, the prevalence of STIs amongst gay, bisexual, and other men who have sex with men (gbMSM) across the globe is disproportionate compared to other populations, with increasing rates of infections in recent years. This study sought to explore how gay, and bisexual men navigate partner notification following the diagnosis of an STI using a story completion method.

Methods: Qualitative Story Completion was identified as the most appropriate research method since previous studies have reported that it is a particularly effective approach for researching sensitive topics such as orgasmic absence, and sexual refusal. This method circumvents the stress-inducing nature of direct inquiry into personal experience (e.g., one-on-one interviews), and instead, instructs participants to continue the events of a fictional story related to the topic, through which sense-making ideas are projected. We used an online survey to gather narratives from gbMSM populations in the United Kingdom, the US, and Ireland. To analyse our data, we used reflexive thematic analysis (RTA) informed by a social constructionist perspective. Participants were recruited online via prolific and through social media, and were compensated for their participation.

Results: 78 participants completed the story completion activity. RTA revealed three core themes that focus on how feeling “Dirty, “Ashamed” and “Worthless” underlies the experience of shame and stigma within partner notification stories; how partner notification is seen as “The right thing to do” by those that narrate partner notification stories in ethical terms; and how the fear of hearing that “You gave me an STI” and experiencing blame can be a barrier to partner notification in stories where a decision not to disclose one’s diagnosis was made.

Conclusions: Partner notification was framed as an extremely difficult process often characterised by distressing internal debates while making decisions regarding disclosure. Discourses surrounding societal stigma, moral responsibility, and blame were drawn upon by participants when making sense of partner notification following the diagnosis of an STI to accomplish diverse social goals including preserving relationships, social desirability, maintaining self-esteem, and projecting responsible sexual citizenship.

PP017 | Clinically unsuspected secondary syphilis confirmed by PCR in MSM from Sofia, Bulgaria

Venelina Milanova[1], Elena Birindjieva[2], Viktoriya Levterova[1], Ivva Philipova[1]

[1]National Center Of Infectious And Parasitic Diseases, Sofia, Bulgaria; [2]Center for Sexual Health CheckPoint Sofia, Sofia, Bulgaria

Background: Syphilis is a sexually transmitted infection caused by Treponema pallidum. The incidence of syphilis in Europe has shown a continuous increase since 2000s with a brief decline during the COVID-19 pandemic. Over the last decade, particularly men who have sex with men (MSM), have been disproportionately affected by the epidemic. Syphilis can pose diagnostic challenges due to the various clinical manifestations at different stages and especially secondary syphilis can be misdiagnosed as other dermatological conditions and infectious diseases.

Aim: To report our experience with two cases with oropharyngeal lesions, clinically thought to have oral cavity cancer, in which an unsuspected diagnosis of syphilis was made.

Methods: Alongside to tissue biopsies for histopathology, samples from oropharyngeal lesions were sent for microbiology testing as part of the differential diagnostic workup for suspected oral cavity cancer patients. According to individual sexual history molecular diagnostics of sexually transmitted genital ulcer disease (GUD) was performed, i.e. multiplex PCR for T. pallidum, HSV 1 & 2 and Haemophilus ducreyi.

Results: Molecular diagnostics revealed the presence of T. pallidum in two cases. Both cases were MSM (age group 20-24 and 25-29, HIV-negative and HIV-positive, respectively) with severe sore throat, difficulty swallowing, generalized lymphadenopathy, and patchy/ulcerative lesions in the oral cavity. Subsequently, histopathology results were negative for malignancy and the diagnosis of syphilis was confirmed clinically and by serology. After antimicrobial treatment with benzathine penicillin, the signs and symptoms of both patients were resolved within several weeks. Follow up serology testing revealed fourfold decrease in titre of non-treponemal antibodies within 6 months after treatment.

Conclusions: The manifestations of secondary syphilis are often multifarious and are largely responsible for the disease legendary reputation as “the great imitator”. Although mucous patches in the oropharynx are known to be a sign of secondary syphilis, it is clinically often not suspected and rarely considered in the differential diagnosis of oropharyngeal lesions. Therefore, the presence of oropharyngeal lesions and compatible sexual history should alert the physician, and samples from suspicious lesions should also be examined for syphilis alongside histopathology.

Acknowledgments: Supported by Research Grant КП-06-Н83/1 2024-12-02, Bulgarian National Science Fund

	Patient 1	Patient 2
Age group	20-24	25-29
Transmission	MSM	MSM
Duration of the symptoms (weeks)	≥4	3
HIV status	Negative	Known positive
Clinical diagnosis	Suspected oral cavity cancer	Suspected oral cavity cancer
Location of the oropharyngeal lesion(s)	Buccal mucosa, tonsils, palate	Tongue
GUD multiplex PCR *Treponema pallidum* *HSV 1 & 2* *H. ducreyi*	 Positive Negative Negative	 Positive Negative Negative
Serology testing TPHA RPR	 Reactive 1:64	 Reactive 1:64
Follow up RPR, 3 months after treatment RPR, 6 months after treatment RPR, 12 months after treatment	 1:16 Non-reactive Non-reactive	 1:32 1:2 1:2

GUD – genital ulcer disease; TPHA – Treponema pallidum hemagglutination assay; RPR - rapid plasma reagin test

PP018 | The Missing Link: A University Model for Accessible Sexual Health Services

Laura Tully

Technological University of The Shannon, Athlone, Ireland

Background: Sexual health remains a significant public health challenge, particularly among young adults. In response to high rates of sexually transmitted infections (STIs) and poor engagement with off-campus specialist services, the Technological University of the Shannon (TUS) established a nurse-led sexual health, contraception and health promotion service in 2020. Serving 7,000 students, predominately aged 18–24 and classified as high-risk for STIs, the service was developed in a region previously identified as geographically underserved.

Method: The nurse-led service is available throughout the academic year, delivering on-campus, student-focused sexual health care, including STI testing and treatment, contraception provision and comprehensive health education. By situating the service within the university, key barriers such as travel distance, cost and academic disruption have been reduced.

Outcomes: In 2024, the service delivered 1,066 consultations, demonstrating a strong uptake and growing trust within the student body. Student feedback indicates increased comfort, reduced stigma and improved access to timely and appropriate care. The initiative has strengthened peer engagement and health-seeking behaviours across campus.

Discussion: This model illustrates the value of integrated, accessible sexual health services in higher education settings. By aligning clinical care with education, inclusivity and national policy goals such as the upcoming National Sexual Health Strategy 2025–2035 and Sláintecare, the TUS service offers a scalable approach to advancing sexual health promotion among young adults in Ireland.

PP019 | Access to Sexual Health clinics in the UK for men having sex with men

Hiran Kannan[2], **Matthew Sargeant**[1], John Fricker[3], Elizabeth Foley[1]

[1]Hampshire IOW Healthcare NHS Trust, Southampton, United Kingdom; [2]University of Southampton Medical School, Southampton, United Kingdom; [3]Department of Sexual Health, Bournemouth, United Kingdom

Background: Sexual Health Services (SHS) in the UK are publicly funded, free of charge, and offer open access to all patients. However, accessibility has been a persistent challenge due to increased demand, reduced funding, and operational changes. Timely treatment of sexually transmitted infections (STIs) is crucial to prevent onward transmission and reduce public health burden. The UK, like many other European countries, has seen a continued rise in the rates of syphilis and gonorrhoea, particularly in men having sex with men (MSM), highlighting the need for effective access to manage and treat such infections. The British Association for Sexual Health and HIV (BASHH) recommends that 98% of clinics in the UK offer appointments within 2 working days.

Aim: This 2-part service evaluation aimed to assess the accessibility of SHS in the UK for MSMs.

Methods: In 2021, 213 UK clinics were anonymously contacted by telephone during working hours by a male MSM 'patient' complaining of urethral discharge requesting to be seen. In 2025, the case notes of 22 MSMs presenting with gonorrhoeal infection to SHS services were reviewed.

Results: Of the 213 UK clinics contacted, 160 (75.1%) offered an appointment within 2 working days, 38 (17.8%) offered appointments beyond 2 working days, but 15 clinics did not offer an appointment. A single point of access service was used by 142 clinics, and 7 clinics referred patients to other SHS located more than 16 kms away, the furthest being >64 kms away., In 2025, of 22 patients diagnosed with Neisseria gonorrhoea, 15 (68%) were offered an appointment within two working days. The mean travel distance was 12.7 kms, with the furthest travel distance of 59 kms.

Conclusion: The findings suggest that SHS accessibility in the UK has not met the standards set by BASHH with 25 -32% of clinics failing to offer timely appointments. Despite the UK's free and open-access services, delays in access may result in patients having to make multiple attempts to secure an appointment, potentially delaying necessary care. Prompt treatment of STIs is crucial to prevent onward transmission, and delayed access may increase the risk of further spread.

PP020 | Clinical and Epidemiological Insights into Chlamydia trachomatis Infection Among Indian Youth at a Tertiary STI Centre

Abhilasha Negi, Poonam Puri, Sumathi Muralidhar

Vmmc And Safdarjung Hospital, New Delhi, India

Background: Chlamydia trachomatis is a leading cause of curable sexually transmitted infections (STIs) globally, often presenting without symptoms and therefore going undiagnosed. Up to 80% of women and 50% of men remain asymptomatic, increasing transmission risk and long-term reproductive complications. Despite its burden, prevalence data among Indian youth (15–29 years) remains sparse. Biological vulnerability, behavioural risks, and limited healthcare access further contribute to underdiagnosis in this population. This study aims to estimate the prevalence of C. trachomatis infection among youth attending an STI clinic, assess co-infections, and evaluate the impact of sexual orientation and behaviour on infection risk.

Methods: This cross-sectional study was conducted at a tertiary care STI clinic in New Delhi over 18 months. Of the targeted 140 patients, 110 participants (aged 15–24 years) were included for interim analysis. Detailed clinical and sexual history was taken. Diagnosis was made using serological (ELISA IgM/IgG) and confirmatory Direct Fluorescent Antibody (DFA) tests on oropharyngeal, urethral, cervical, and anal swabs.

Results: Sixteen participants (14.5%) had DFA-confirmed C. trachomatis infection. Among these, presenting complaints were vaginal discharge (31.3%), genital lesions (37.5%), ulcers (18.8%), and asymptomatic status (12.5%). Co-infections included vulvovaginal candidiasis in 4 cases (25%), herpes simplex virus in 2 (12.5%), syphilis in 1 (6.3%), molluscum contagiosum in 2 (12.5%), and HIV in 1 case (6.3%)—notably, this individual also had syphilis. One seroconcordant couple with molluscum showed DFA positivity in both partners.

ELISA detected anti-Chlamydia antibodies in 32 cases; however, only 8 of these matched with DFA positivity, while 24 lacked confirmation, suggesting possible false positives. Conversely, 8 DFA-positive cases had no serological reactivity.

Analysis revealed that 25% of participants identified as homosexual or bisexual. Among these, higher rates of anal and oropharyngeal positivity were observed. Patients with multiple sexual partners were more likely to have co-infections.

Conclusion: This analysis highlights a notable burden of C. trachomatis among Indian youth. Incorporating anatomical site-specific testing and behavioural risk profiling is essential to improve diagnostic yield and reduce long-term sequelae of untreated infections like infertility and poor reproductive outcomes.

PP021 | Satisfaction Survey for HIV Pre-Exposure-Prophylaxis users at The Mater University Hospital Sexual Health Service

Coleen Finlay, Carlos Mejia

PrEP Clinic Mater Hosptial, Dublin, Ireland

The National Standards for the delivery and management of HIV Pre-Exposure Prophylaxis (PrEP) recommend that services providing PrEP undertake service user satisfaction surveys. The Mater Misericordiae University Hospital (MMUH) sexual health service performed a PrEP user satisfaction survey to identify areas of improvement.

We designed an online satisfaction survey in SurveyMonkey to evaluate key aspects of the journey through the service: linkage to care, attendance experience, areas of improvement, and overall satisfaction. The survey included 36 questions, 32 of them formatted as multiple-choice. MMUH PrEP users were informed in advance about the survey, which was distributed through the service email in February 2025. All data collected was deidentified and compliant with General Data Protection Regulations. The results are presented using descriptive analyses.

Of 846 users, 245 (29%) participated in the survey with a completion rate over 90%. Most respondents (80%) were on the service waiting list (WL) before accessing PrEP, with 67% of them being on the WL for >6 months. Half of the users who were on the WL tried accessing other PrEP services but only a few managed to avail of PrEP privately (17%) or through another public service (9%). The communication with the service was rated as very good/excellent by 80% of respondents, and >85% feel the service is welcoming and that the time spent in clinic was adequate. Most respondents (95%) find their clinician friendly and approachable, have confidence in their provider (97%), and feel the service treats them with dignity and respect (98%). Over half the respondents would prefer to receive PrEP care using telemedicine and the majority (85.5%) would like to have direct access to the test results performed in clinic. Importantly, nearly all respondents (97%) think the Health Service Executive should provide more funding towards access to PrEP.

Overall MMUH PrEP users are very satisfied with the service and highlighted the staff as the best aspect of the service. However, there are important areas for improvement around decreasing waiting times for new appointments and direct access to test results.

PP022 | Mucocutaneous lesions among Chemsex users, an opportunity to assess and reduce risks

Irene Fuertes[1], María Elena Gimeno Ribes[1], Josep Riera Monroig[1], Alba Català[1], Vanessa Guilera[2], Ana González-Cordón[2], José Luís Blanco[2]

[1]Dermatology Departement, Hospital Clínic, Barcelona, Spain; [2]Infectious Diseases Department, Hospital Clínic, Barcelona, Spain

Chemsex is a growing phenomenon, with users being primarily men who have sex with men (MSM) in urban settings. Though it may depend on the geographical area, the most commonly used drugs are methamphetamine, GHB/GBL, mephedrone, ketamine, poppers, cocaine and alprostadil.

This practice carries an increased risk of health problems, such as mucocutaneous infections, traumatic injuries, bacterial and viral STIs, mental health and psychosocial problems, which may be related to the specific substance consumed or the route of administration.

Chemsex practitioners are at the intersection of two stigmatized communities: drug users and MSM which can lead to avoidance of health care facilities for reasons related to these practices.

We have compiled some of the mucocutaneous signs that we have observed most frequently associated with chemsex use in a Sexual Health Program in the center of Barcelona.

The muco-cutaneous disorders related to chem sex most frequently assessed in our STI clinic are:

- Genital edema due to prolonged use of rings.

- Exoriations in the context of delirium of parasitization,

- Localb urns due to popper

- Genital abscesses in areas of alprostadil injection.

- Skin infections due to MRSA

- Skin infections due to methicillin-resistant Staphylococcus (MRSA).

Identification of chemsex users and subsequent information and referral is an important aspect of sexual health assessment.

We believe that the role of the dermatologist can be key in the detection of some cases that may otherwise be difficult to redirect to the propeer specialists, with the aim of minimizing risks in these users.

PP023 | Assessing the effectiveness of HPV vaccination uptake interventions among gbMSM: A systematic review protocol

Despoina Kelapostolou[1], John P. Gilmore[2], Chris Noone[1]

[1]School of Psychology, University of Galway, Galway, Ireland; [2]School of Nursing, Midwifery and Health Systems,University College Dublin, Dublin, Ireland

Background: Human papillomavirus (HPV) is the most prevalent sexually transmitted infection (STI) globally. HPV is a virus transmitted through sexual contact, with more than 200 different types. High-risk HPV types can cause cancers in various areas such as in the throat, penis, and anus. Some low-risk HPV types can cause genital warts, one of the common STIs. Gay, Bisexual, and other Men who have Sex with Men (gbMSM) experience disproportionate rates of HPV infections and related cancers compared to heterosexual men. Despite the high prevalence of HPV among gbMSM, and the effectiveness of HPV vaccines, HPV vaccination uptake levels are suboptimal among gbMSM. This systematic review and meta-analysis protocol will provide a comprehensive assessment and synthesis of the effectiveness of HPV vaccination uptake interventions among gbMSM globally.

Material and Methods: A systematic review protocol, following PRISMA-P guidelines has been developed. A comprehensive search of the electronic databases MEDLINE, CINAHL, EMBASE, and PsycINFO will be conducted. Empirical studies assessing the effectiveness of interventions to increase uptake of HPV vaccination among gbMSM will be included. Quantitative research articles including randomized control trials (RCT) and non-RCT will be included. Titles, abstracts, and full texts will be screened independently by two reviewers following the Methodological Expectations of Cochrane Interventions Reviews (MECIR). Screening will occur in two stages, and a PRISMA flow diagram will outline the process. Relevant HPV vaccination and intervention effectiveness data will be extracted from studies and analysed using meta-analyses outcomes, if possible. An inclusive risk of bias assessment using Rob 2 and ROBINS-I tools will be also completed.

Results: This review is currently in progress.

Conclusion: This systematic review and meta-analysis will be the first to appraise the effectiveness of HPV vaccination uptake interventions among gbMSM globally. By assessing the effectiveness of existing interventions, evidence-based intervention strategies will be identified based on evidence synthesis. Best practices guiding healthcare practitioners, policy makers, and community stakeholders will be highlighted to implement targeted strategies aiming to enhance HPV vaccination uptake and prevent HPV-related health inequalities in gbMSM.

Keywords: human papillomavirus, vaccination, gbMSM, evidence-based interventions, vaccination uptake, health equity

PP024 | Swipe, score, syphilis: how dating apps influence high-risk behaviour and syphilis prevalence among MSM in an Indian STI clinic

Yugansh Gautam, Shikha Bansal, Prakhar Srivastava

Safdarjung Hospital, New Delhi, India

Background: Syphilis remains a major concern among men who have sex with men (MSM), with digital platforms reshaping partner-seeking behaviours. This study aimed to assess behavioural risk factors—particularly dating app use—among MSM diagnosed with syphilis, in order to understand transmission patterns and guide targeted digital interventions.

Materials and Methods: A cross-sectional study was conducted at a tertiary care STI (Sexually Transmitted Infection) clinic in India from September 2024 to January 2025. A total of 150 adult men were consecutively recruited, of whom 82 (54.7%) identified as MSM. All participants completed a structured questionnaire evaluating app usage patterns, number of sexual partners in the past 6 months, condom use, STI testing frequency, HIV status, and partner notification practices. Syphilis was diagnosed using VDRL and TPHA tests.

Results: Of the 82 MSM enrolled, 52 (63.4%) were diagnosed with syphilis. Among them, 44 (84.6%) reported using dating apps to meet sexual partners—20 (38.5%) “always,” 15 (28.8%) “sometimes,” and 9 (17.3%) “never.” Syphilis positivity was significantly higher among “always” users compared to “never” users ($p = 0.01$). Regarding ease of finding partners via apps, 30 (57.7%) found it “very easy,” 13 (25.0%) “moderately easy,” and 9 (17.3%) “difficult.” Inconsistent condom use was reported by 40 (76.9%) of syphilis-positive MSM ($p = 0.02$). App users had a median of 6 partners in the past 6 months, compared to 2 among non-users ($p = 0.006$). Only 18 (34.6%) had notified all partners, while 17 (32.7%) partially notified, and 17 (32.7%) had not notified any. Although 34 (65.4%) had undergone STI testing in the past year, only 10 (19.2%) adhered to quarterly screening. HIV co-infection was found in 12 (23.1%) of syphilis-positive MSM.

Conclusion: This study underscores the strong link between dating app use and high-risk sexual behaviour in MSM, contributing to higher syphilis prevalence. Beyond risk, dating apps could serve as proactive tools for prevention—by integrating sexual health education, testing reminders, and partner notification features—to help curb the syphilis epidemic in MSM populations, particularly in resource-limited settings.

PP025 | Silent Sites: Oral HPV in men who have sex with men – Findings from a Tertiary Care Centre in India

Abhilasha Negi, Prakhar Srivastava, Niti Khunger

Department of dermatology, Vmmc and Safdarjung Hospital, New Delhi, India

Introduction: Men who have sex with men (MSM) are at high risk for sexually transmitted infections (STIs), including human papillomavirus (HPV), due to high-risk sexual practices and limited healthcare access. Oral HPV, often asymptomatic, is linked to oropharyngeal cancers, yet remains understudied in Indian MSM. This study aimed to screen asymptomatic MSM for oral HPV and associated co-infections.

Materials and Methods: This cross-sectional observational study was conducted at a tertiary care centre in Delhi, India screening 60 asymptomatic MSM for oral HPV infection using PCR-based oral swab testing. Demographic data, sexual behaviour history, and STI screening results were collected. HPV genotypes were identified, and co-infections with other STIs were documented.

Results: Oral HPV was detected in 9 out of 60 individuals (15%). The mean age of the overall cohort was 26.28 years, while HPV-positive individuals had a lower mean age of 23.78 years. Among HPV-positive cases, 6 (66.7%) harboured low-risk genotypes (HPV-6 and HPV-11), and 3 (33.3%) harboured high-risk genotypes (HPV-33 and pooled high-risk marker HPV HCR MM2). Sexual behaviour analysis revealed that 77.8% had multiple partners, 33.3% had paid for sex, and only 22.2% reported consistent condom use. Co-infections were detected in 6 of 9 HPV-positive individuals (66.7%), with Neisseria gonorrhoeae being the most frequent (4 cases), followed by Ureaplasma parvum, U. urealyticum, and HSV-2. One patient was HIV-positive but had no other concurrent infection. Notably, both patients with HPV HCR MM2 had multiple co-infections. Across the entire cohort, 35% (21/60) tested positive for at least one STI.

Conclusion: Oral HPV was detected in 15% of asymptomatic MSM, with 66.7% harbouring co-infections. Multiple partners and low condom use were common. These findings support the need for integrated oral HPV screening and STI testing in MSM to enable early detection, prevention, and targeted interventions.

PP026 | Clinical changes in syphilis presentation after implementation of PrEP

Vicente Descalzo[1], Patricia Lopez- Álvarez[1], Patricia Nadal[2], Jordi Arcarons-Martí[1], Ilaria Furlan[1], Sixto Navarro[1], Jorge Nestor Garcia[1], **Maider Arando**[1]

[1]STI Unit Drassanes-Vall D'hebron, Barcelona, Spain; [2]Microbiology department Hospilta Vall d'Hebron, Barcelona, Spain

Introduction: In 2023, 10879 cases of syphilis were diagnosed in Spain, with an annual rate of change of 24.1% between 2021 and 2023.

The PrEP programme was implemented in 2019, providing regular screening for STIs, including syphilis, to enable early diagnosis during the asymptomatic phase.

The aim of this study is to analyse the impact of the implementation of PrEP on the clinical presentation of syphilis in our unit by comparing individuals who are PrEP users with those who are not.

Methods: This was a single-centre, retrospective, comparative study of individuals diagnosed with early syphilis in 2023.

Demographic, behavioural, and clinical variables were collected and compared between individuals using PrEP and those not using it. Additionally, clinical presentations were compared with data collected in the same unit in 2015.

Results: A total of 291 cases of early syphilis were diagnosed in 2023: 52 (17.9%) primary syphilis, 88 (30.3%) secondary syphilis, and 150 (51.7%) early latent syphilis. Of these, 157 (54.1%) were on PrEP; among the 133 not on PrEP, 51 (38%) were HIV-positive.

One hundred and eleven (70.7%) of those on PrEP were diagnosed at the time of their follow-up visit, of whom 34 (30%) were symptomatic.

Comparison of clinical presentation showed that early latent syphilis was more frequent in the PrEP group (60% vs 42%, $p < 0.001$), with no significant differences in most behavioural variables (see Table 1).

Comparison of the clinical presentations between 2023 and 2015 revealed a significant increase in early latent syphilis cases, with no significant differences observed in behavioural variables (see Table 2).

Conclusions: Early latent syphilis was diagnosed more frequently in individuals on PrEP than in those not using PrEP. Furthermore, the clinical presentation of syphilis in our unit has changed significantly since the introduction of the PrEP programme, likely due to the regular screening provided within the programme.

Table 1. Comparison of behavioral factors and clinical presentation between PrEP among people with and without PrEP.

	No PrEP	PrEP	p
Anal sex without condom	98/110(89%)	147/155(94.83%)	0.081
Drugs	26/81(32%)	49/151(32.45%)	0.9
Previous STI	80/126(63.49%)	137/156(87.82%)	<0.001
Previous syphilis	63/132(47.72%)	83/157(52.86%)	0.384
Primary syphilis	30/133(22.5%)	22/157(14%)	0.059
Secondary syphilis	47/133(35.33%)	41/157(26.11%)	0.089
Early latent syphilis	56/133(42.1%)	94/157(59.87%)	0.003
Coinfection	41/133(30.82%)	49/156(31.41%)	0.915

Table 2. Comparison of behavioral factors and clinical presentation between 2015 (previous period to PrEP implementation) and 2023 (PrEP period).

	2015	2023	p
Sexual orientation	257/270(95%) MSM	257/291(87.5%) MSM	0.001
Age	36 (DS 9.2)	38 (DS de 10.2)	0.03
Native	163/270(60.5%)	121/266(45%)	0.005
HIV	95/270(36%)	51/291(17.6%)	0.00001
Previous syphilis	110/274(42.8%)	146/291(50.30%)	0.01
Primary syphilis	76/274(27.7%)	52/291(17.9%)	0.005
Secondary syphilis	140/274(51.1%)	88/291(30.30%)	0.00001
Early latent syphilis	58/274(21.2%)	150/291(51.70%)	0.00001

PP027 | Doxycycline for STI Prevention Among MSM attending an STI/HIV Clinic in Italy

Mauro Zaccarelli, **Maria Gabriella Dona'**, Massimo Giuliani, Eugenia Giuliani, Laura Gianserra, Christof Stingone, Francesca Di Tullio, Alessandra Latini

San Gallicano Dermatological Institute IRCCS, Rome, Italy

Background: Early research conducted in high-risk populations, including MSM and individuals experiencing recurrent STIs, indicates that prompt doxycycline use can effectively reduce chlamydia and syphilis risk. Considering recent guidelines from the CDC, this study investigated the use of doxycycline as a preventive measure against STIs among MSM attendees of an STI/HIV Clinic in Rome (Italy).

Materials and Methods: Between June 2024 and February 2025, MSM seeking care at the STI/HIV Clinic of the San Gallicano Dermatological Institute were invited to complete a self-administered questionnaire either online or in person. The survey collected data on three key areas: demographic details, sexual behavior over the past year, and doxycycline prophylaxis—both pre-exposure (Doxy-PrEP) and post-exposure (Doxy-PEP). Statistical analysis utilized multivariate logistic regression to determine associations between doxycycline prophylaxis and other factors, adjusting for covariates found to be significant in univariate analysis.

Results: A total of 290 MSM participated (median age: 42 years, IQR: 32-52) in the survey. Of them, 106 (36.6%) were living with HIV, all undergoing stable antiretroviral therapy. Of the 184 HIV-negative MSM, 34 (18.5%) reported using HIV-PrEP, with 28 (15.2%) actively on HIV-PrEP at the time of the study. Twenty-seven MSM (9.3%) referred to have used doxycycline, with 20 (6.9%) opting for PEP and 7 (2.4%) for PrEP. Healthcare providers played a role in doxycycline access, with 13/27 individuals (48.1%) receiving prescriptions from infectious disease specialists and 2/27 (7.4%) from general practitioners. Other sources used to obtain the antibiotic included online platforms (8/27, 29.6%) and sexual partners (4/27, 14.9%). Statistical analysis revealed that Doxy-PrEP/PEP usage was strongly associated with erectile dysfunction agent (EDA) use and having 20 or more sexual partners annually. However, no significant association was observed with inconsistent condom use in insertive/receptive anal intercourse.

Conclusions: While doxycycline remains a relatively uncommon choice for STI prevention among our MSM attendees, its usage is linked to individuals engaging in sex with multiple partners. Continuous monitoring of this novel preventive tool is essential to prevent unregulated use and mitigate potential antibiotic resistance concerns.

PP028 | Opportunistic Fungal Infections in Greek HIV Populations: A 30-Year Study on Demographics and Immune Function

Theodora Douvali[1], Anastasia Politi[2], Vasilios Paparizos[2], Varvara Vasalou[2], Stamatis Gregoriou[2], Vasiliki Chasapi[1], Dimitrios Rigopoulos[2], Alexandros J. Stratigos[2], Electra Nicolaidou[2]

[1]Department of Dermatology and Venereology, NHS, Andreas Syggros Hospital of Skin And Venereal Diseases, Athens, Greece; [2] 1st Department of Dermatology and Venereology, Athens Medical School, National and Kapodistrian University of Athens & Andreas Syggros Hospital for Skin and Venereal Diseases, Athens, Greece

Background: Human Immunodeficiency Virus (HIV) is a sexually transmitted pathogen that induces progressive immunosuppression, thereby predisposing individuals to a wide range of opportunistic infections, including those of fungal origin. HIV infection remains a pressing global public health issue, having resulted in an estimated 40.4 million deaths to date. According to data from the World Health Organization (WHO), approximately 39.9 million individuals were living with HIV in 2023, with 1.3 million new diagnoses recorded during that year. Opportunistic fungal infections are particularly prevalent among individuals with HIV and represent a significant cause of morbidity, mortality, and healthcare utilization within this population.

Methods: A study was undertaken involving 2,500 individuals living with HIV who received care at the Infectious Diseases Unit of "Andreas Syggros" Hospital for Skin and Venereal Diseases over the period from 1988 to 2017. Data pertaining to patients diagnosed with opportunistic fungal infections were systematically analyzed. The cohort comprised both antiretroviral therapy (ART)-naïve patients and those actively undergoing ART. The prevalence of fungal infections was examined in relation to epidemiological parameters and CD4+ T-lymphocyte counts.

Results: Opportunistic fungal infections were identified in 859 patients (34.36%), predominantly affecting males (see Table 1). Candidiasis emerged as the most common fungal infection, occurring more frequently in female patients (Table 2). Significantly lower CD4+ counts were linked to oral candidiasis, Pneumocystis jirovecii pneumonia (PJP), esophageal candidiasis, and cryptococcal meningitis ($p < 0.001$). In contrast, higher CD4+ levels were significantly associated with dermatophytosis, pityriasis/tinea versicolor, and onychomycosis ($p < 0.01$) (Table 3).

Conclusions: Fungal infections caused by opportunistic pathogens continue to be common in individuals living with HIV, especially those with weakened immune systems. The levels of CD4+ cells are essential indicators for diagnosing and predicting clinical outcomes in HIV patients, highlighting their importance in ongoing disease monitoring and treatment decisions. Moreover, there is a need for further studies to investigate new antifungal therapies, patterns of drug resistance, and the advantages of incorporating routine fungal infection screening into HIV care.

Table 1. Demographic characteristics of the HIV/AIDS patients

Characteristics	Category	No. of cases
Gender	Male	744 (86.6%)
	Female	115 (13.4%)
Age	<20 y	6 (0.7%)
	20-29 y	231 (26.9%)
	30-39 y	350 (40.74%)
	40-49 y	161 (18.74%)
	>50 y	111 (12.92%)
Calendar years	1988-1997	503 (58.5%)
	1998-2007	230 (26.8%)
	2008-2017	126 (14.7%)

Table 2. Cutaneous and Systemic fungal infections in PLHIV

Types of fungal infections	Cases	%
Cutaneous Fungal Infections		
Oral Candidiasis (Thrush)	624	72.6%
Pityriasis/Tinea Versicolor	81	9.4%
Onychomycosis (due to Trichophyton rubrum)	75	8.7%
Plantar Epidermophytosis	35	4.1%
Tinea Capitis (due to Microsporum canis)	1	0.1%
Systemic Fungal Infections		
PJP	181	21.1%
Esophageal Candidiasis	84	9.8%
Cryptococcal Meningitis	9	1.0%
Pulmonary Candidiasis	1	0.1%
Candidal Meningitis	1	0.1%

Table 3. CD4+ dynamics in Cutaneous and Systemic fungal infections in HIV/AIDS patients

Opportunistic fungal infections	No		Yes		t	*P-value*
	Mean	SD	Mean	SD		
Cutaneous fungal infections						
Oral Candidiasis (thrush)	390.6	370.5	275.8	288.6	4.273	0.000
Pityriasis/Tinea Versicolor	296.0	314.7	415.8	321.7	3.252	0.001
Onychomycosis	297.3	316.3	411.7	309.6	3.050	0.003
Dermatophytosis	293.7	292.8	449.2	485.0	2.730	0.008
Plantar Epidermophytosis	304.4	316.5	390.6	330.5	1.381	0.177
Tinea Capitis	307.7	317.2	4.0	NA	NA	NA
Systemic fungal infections						
PJP	329.6	324.0	220.2	272.6	4.572	0.000
Esophageal Candidiasis	315.9	323.7	220.8	232.9	3.382	0.001
Cryptococcal Meningitis	308.9	317.8	111.9	118.7	4.799	0.001
Pulmonary Candidiasis	307.1	317.1	37.0	NA	NA	NA
Candidal Meningitis	307.1	317.1	46.0	NA	NA	NA

Note: NA denotes not available

** CDC stages of HIV infection: Stage 1 (>500 cells/µl), Stage 2 (200-499 cells/µl), Stage 3 (<200 cells/µl)*

PP029 | Emergency Copper IUD insertion. Are risk assessments for STI screening effective?

Tara Crosby[1], **Nadi Gupta**[2]

[1]University of Sheffield Medical School, United Kingdom; [2]Rotherham NHS Foundation Trust, United Kingdom

Background: The copper intrauterine device (IUD) is the most effective form of emergency contraception. The UK FSRH guidance advises that routine STI screening of asymptomatic individuals requesting IUD is not necessary; however, a sexual history should be taken prior to insertion and screening offered "if factors associated with increased risk of STI are identified". In our clinic, STI screening is routinely undertaken at the time of insertion, irrespective of perceived risk. We aimed to assess clinical outcomes following emergency IUD insertion by ascertaining the number of untreated STI's at the time of insertion, and whether they subsequently developed pelvic inflammatory disease (PID).

Methods: A retrospective case note review was undertaken of all emergency IUD insertions at a UK sexual health clinic between January 2018 and March 2025. Data reviewed included demographics, previous STI history, number of sexual partners during the previous 3 months, STI status on the day of insertion and post-insertion PID.

Results: A total of 256 emergency IUD insertions were identified. 243 STI screens (for C.trachomatis/ N.gonorrhoeae) were obtained at the time of insertion; mean age 28.5 (range 14–49). Prophylactic antibiotics were not given in any cases. 77(30%) had a history of previous STI's. 5(2%) were positive for C.trachomatis at the time of insertion; mean age 31. All 5 C.trachomatis cases had one sexual partner in the previous 3 months. All 5 received prompt treatment and none of these cases developed PID. 5 patients with negative STI screens on the day of insertion developed clinical PID, 3–16 weeks post-insertion.

Conclusion: Emergency IUD insertion is a safe and effective intervention. STI positivity was extremely low (2% C.trachomatis) and none of these cases developed PID. STI risk assessment would have failed to identify the Chlamydia positive patients as candidates for STI screening, as none would have been deemed "high risk". This suggests that STI risk assessments are not a useful method to determine the need for STI screening in the context of emergency contraception. Further research is required in order to determine optimal STI screening policies prior to IUD insertion.

PP030 | Pediatric Conjunctivitis as the Initial Presentation of Familial Gonococcal Infection

Beatrice Bížová, Tomáš Mihok, Filip Rob

Dermatovenereology Department, University Hospital Bulovka, Second Faculty Of Medicine, Charles University, Prague, Czech Republic

Background: Gonococcal conjunctivitis in children is classically associated with perinatal or non-sexual transmission, while pharyngeal gonorrhea is traditionally considered a marker of sexual abuse. This case demonstrates the potential for intrafamilial, non-sexual transmission of Neisseria gonorrhoeae in a household setting, underscoring the need for comprehensive clinical and social evaluation.

Material and Methods: A 2-year-old boy presented with rapidly progressing purulent conjunctivitis. Initial empirical therapy with Amoxicillin/Clavulanic Acid was ineffective. Microbiological cultures and nucleic acid amplification tests (NAAT) of ocular swabs confirmed Neisseria gonorrhoeae. Further screening included pharyngeal, rectal, and urine NAATs for N. gonorrhoeae and Chlamydia trachomatis, along with serological testing for syphilis, hepatitis, and HIV. A comprehensive contact tracing and multidisciplinary safeguarding investigation were conducted involving all household members.

Results: The 2-year-old boy was diagnosed with concurrent gonococcal conjunctivitis and pharyngitis. He responded well to intramuscular ceftriaxone. Contact tracing and microbiological screening of household members revealed:

- The mother had symptomatic gonococcal colpitis, asymptomatic pharyngitis, and proctitis.

- The father tested positive for asymptomatic gonococcal pharyngitis.

- The 4-month-old sister had asymptomatic pharyngeal gonorrhea.

- The 9-year-old sister had asymptomatic pharyngeal gonorrhea and symptomatic gonococcal colpitis.

- The 6-year-old brother tested negative for Neisseria gonorrhoeae and other STIs.

All positive cultures demonstrated identical antimicrobial susceptibility patterns. No other STIs were detected. A thorough multidisciplinary investigation involving child protection services and law enforcement found no evidence of sexual abuse.

Conclusion: This case highlights the possibility of non-sexual transmission of Neisseria gonorrhoeae within a family, even in the presence of pharyngeal and genital infections. Clinicians should approach pediatric gonorrhea cases with caution and avoid premature assumptions regarding abuse. Accurate diagnosis requires collaboration between healthcare providers, microbiologists, social workers, and legal authorities to ensure child safety without unjustified social consequences.

PP031 | Sexually transmitted diseases in adolescence: A smooth criminal

Evridiki Tsoureli Nikita[1], Sara Poggiali[2], Alexander Katoulis[1]

[1]Dermatology Dept, Attikon University Hospital, Athens, Greece; [2]Azienda USL, Toscana Sud Est, Siena, Italy

Background: Although sexually transmitted diseases (STDs) affect individuals of all ages, they take particularly heavy toll on young people. Despite the fact that youth aged 15 to 24 years consist in approximately one-quarter of the sexually active population, they account for half of the 20 million new STDs in the United States each year.

Methods: Litterature review of the notification and management of STDs in adolescence, combined with few personal cases of particular interest will be presented. Also, special reference on how to communicate this delicate matter to young patients and their family, setting boundaries in order to protect personal information, despite the age.

Results: STDs appear to be in continuous rise nowadays, mostly due to the decreased age of the first sexual intercourse, and the intense effect that social media have on adolescents, spreading "fake news" and encouraging promiscuous and dangerous sexual habits.

Conclusions: An empathetic approach towards the young patients, as well as the whole family is key. As health providers, we can ought be role models for suceful patient-doctor communication, underlining the importance of prevention and timely treatment of STDs at this crucial young age.

PP032 | An unusual presentation of syphilis in pregnancy: A case report

Vanja Romih Pintar[1], Borna Grgić[1], Josip Begovac[1], Šime Zekan[1,2]

[1]University Hospital for Infectious Diseases "Dr. Fran Mihaljević", Zagreb, Croatia;
[2]University of Zagreb School of Medicine, Zagreb, Croatia

Background: Syphilis is a common sexually transmitted infection (STI) that poses serious risks when acquired during pregnancy. Maternal syphilis is associated with miscarriage, stillbirth, preterm birth, and congenital infection. Despite effective screening and treatment options, missed diagnoses still occur, particularly in cases with atypical or misleading presentations. Secondary syphilis may manifest as mucocutaneous lesions, including oral and genital condylomata lata. Early recognition and routine antenatal screening are essential for preventing complications.

Case Presentation: A 25-year-old woman, 18 weeks pregnant (G3P2), presented to our emergency department with sore throat, cervical lymphadenopathy, and painful ulcerative lesions on the tongue and hard palate lasting one week. She also reported flat-topped, well-demarcated papules and plaques around the mouth and genitals present for two months. Although she had attended several routine prenatal check-ups, syphilis testing was not performed. The lesions had been previously treated with acyclovir without improvement.

Based on clinical presentation and serological testing, she was diagnosed with secondary syphilis in pregnancy, presenting as condylomata lata. The rapid plasma reagin (RPR) test was reactive with a titer of 1:32, and the Treponema pallidum hemagglutination assay (TPHA) was >1:10240. She was treated with benzathine penicillin G (2.4 million units intramuscularly) once weekly for three weeks. At one-month follow-up, the RPR titer decreased to 1:8 and TPHA to 1:2560, with marked regression of all lesions. Her partner, who presented with a macular rash, also tested positive for syphilis and was treated accordingly.

Conclusion: Syphilis remains a diagnostic challenge due to its varied clinical manifestations. Clinicians should consider syphilis in the differential diagnosis of unusual oral and genital lesions. This case also highlights the importance of routine antenatal screening for syphilis to ensure early detection and timely treatment during pregnancy.

PP033 | Maternal HIV infection management and perinatal outcomes in Greece: A 30-year retrospective analysis

Sofia Andriani Theodorelou Charitou[1], Electra Nicolaidou[2], Maria Politou[3], Varvara Vasalou[2], Evaggelos Daskalakis[2], Alexander Stratigos[3], Vasilios Paparizos[2]

[1]2nd Department of Dermatology-Venereology, Aristotle University of Thessaloniki, "Papageorgiou" General Hospital, Thessaloniki, Greece; [2]Sexually Transmitted Infections and AIDS Unit, 1st Department of Dermatology and Venereology, 'A. Sygros' Hospital for Skin and Venereal Diseases, Athens, Greece; [3]1st Department of Dermatology-Venereology National and Kapodistrian University of Athens, "Andreas Sygros" Hospital for Skin and Venereal Diseases, Athens, Greece

Background: Human immunodeficiency virus (HIV) infection remains a major global public health concern with significant implications for pregnant women and neonatal outcomes. This study investigates the association between antiretroviral therapy (ART) administration during pregnancy and perinatal outcomes, with emphasis on the risk of vertical (mother-to-child) transmission.

Methods: A retrospective analysis was conducted on 90 pregnant women living with HIV, followed at the Special Infections Unit of "Andreas Syggros" Hospital from 1995 to 2024. Demographic, immunological (CD4+ count) and virological (viral load) parameters, treatment status during pregnancy, and maternal-neonatal outcomes were collected and analyzed.

Results: The mean age at first visit was 30.4 years. Most women were of Caucasian origin. HIV infection diagnosis occurred prior to pregnancy in 41.1%, during pregnancy in 38.9%, and at or after delivery in 11.1%. Among the participants, 61.1% received ART during pregnancy, 25.6% did not, while treatment status was unknown for the remaining cases.

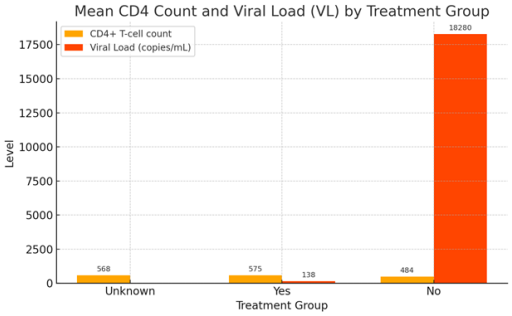
Vertical transmission occurred in eight neonates, all born to mothers who had not received ART. In contrast, no cases of HIV transmission were detected in neonates born to treated mothers. Ten healthy infants were born to untreated mothers, though follow-up and virological data were limited. Women receiving ART had a significantly lower mean viral load (138 copies/mL) and higher mean CD4+ count (575 cells/μL), compared to untreated women (18,280 copies/mL and 484 cells/μL, respectively).

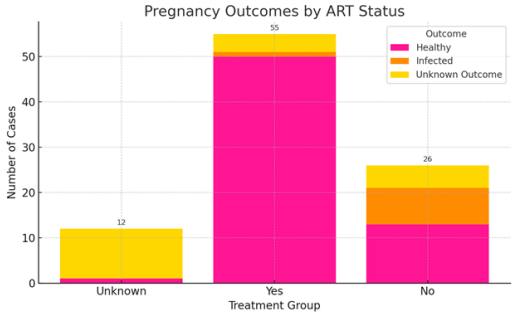
In 19 cases, the neonatal HIV status remained undocumented, mostly due to miscarriage, stillbirth, or loss to follow-up. Treatment data were also missing in 11 cases due to incomplete follow-up or early pregnancy termination.

Conclusions: ART during pregnancy was associated with reduced viral load, improved immune status, and significantly better pregnancy outcomes. Its absence, increased the risk of miscarriage, neonatal complications, and vertical transmission. Early HIV diagnosis, timely ART initiation, and close monitoring are critical for optimizing maternal and neonatal health. Despite limitations such as small sample size and missing data, the study supports international evidence confirming the effectiveness of ART in preventing mother-to-child HIV transmission and improving perinatal prognosis.

Table 1: Timing of HIV Diagnosis

Timing of Diagnosis	Number of Women
Before pregnancy	37
During pregnancy	35
At delivery	8
After delivery	2
Unknown	8





PP034 | A parent-based intervention to support adolescents in STI prevention and sexuality education

Eirini Vardakosta, Angeliki Sarella

University of West Attica, Glyfada, Greece

Background: In Greece, comprehensive sexuality education (CSE) is not included in the official school curriculum, resulting in adolescents seeking answers through unfiltered online content, which is often inaccurate or misleading. At the same time, parents—who are the primary educators of their children—struggle to meet modern challenges, often due to their own cognitive limitations in this area. Parent-adolescent communication is weakening, and with schools largely absent from sexual education efforts, young people are left vulnerable to a flood of digital information where quantity does not equate to quality or truth.

Material and Methods: This study aims to address this critical gap. Initially, a survey will be conducted among parents to assess their knowledge, attitudes, perceptions, and the obstacles they face in communicating with their adolescents on sexuality-related issues. Based on the findings, a targeted intervention will be implemented for a group of volunteer parents. The intervention aims to equip parents with the knowledge, confidence, and practical tools to engage actively in the sexual education of their adolescent children. Emphasis will be placed on STI prevention, reducing high-risk sexual behaviors, and supporting adolescent sexual health overall. The target population will include parents of adolescents aged 13–16 attending schools under the 4th Directorate of Secondary Education in the southern urban area of Athens.

Results: The study will take place in a highly developed urban socioeconomic context, potentially generating findings that prompt further investigation in other populations. The intervention will consist of four weekly group sessions. Although no empirical data are currently available, the program is designed to evaluate pre- and post-intervention changes in parental knowledge, attitudes, self-efficacy, and intention to communicate and collaborate with schools on sexuality education.

Conclusion: More timely than ever: from Hippocrates, the father of Medicine, to modern parents, the solution was, is, and will be found in human connection. Strengthening the bonds between parents and adolescents—as well as between families and schools—can have a transformative impact on the promotion of youth sexual health.

PP035 | An audit of management of syphilis screen positives in pregnant people at Nottingham University Hospitals NHS Trust

Sarah Flew, Holly Royston-Ward, Ruth Taylor, Ashini Fox, Lee Portas

Nottingham University Hospitals NHS Trust, Nottingham, United Kingdom

Background: Screening for syphilis in pregnancy is part of routine ante-natal care in England. Coverage rates have consistently been over 99% for many years. National data is collected by the Integrated Screening Outcomes Surveillance Service (ISOSS) as part of the NHS Infectious Diseases in Pregnancy Screening programme (IDPS). Recent concerns about possible increases in congenital syphilis have led to recommendations, within the ISOSS 2021 report, aimed at reducing future incidences of congenital syphilis. These recommendations emphasise the importance of Multi-Disciplinary Team (MDT) working and communication, and promote the use of a birth plan to facilitate appropriate care of infants.

In 2023, in conjunction with colleagues in maternity and neonatal services, we introduced a modified version of the British Association for Sexual Health & HIV (BASHH) birth plan for those who screen positive for syphilis in pregnancy. A revised and more robust pathway of communication was also introduced between services, to better capture all cases and ensure appropriate management of both parent and infant.

Methods: We conducted a retrospective case note review of all antenatal syphilis screen positive patients (and their subsequent babies) referred to our sexual health service between 1st January and 31st December 2024.

Results and Conclusions: During this time, a total of 29 referrals were received; 38% were White British, 10% White Other, 17% Caribbean, 7% Black African/other, and 14% Asian/British Asian. The majority (62%) were in the 20-29y age group. 79% did not require treatment either because of a confirmed false positive result (5/29), or previous fully completed treatment (18/29). 6 patients required treatment - 1 due to previous inadequate treatment and 5 new infections. All received penicillin-based therapy as per BASHH guidelines. All patients had a birth plan created, which was shared with the relevant MDT.

Of the 6 babies born to mothers who required treatment during the current pregnancy, 5 babies went on to be tested, none of which had, or required treatment for, congenital syphilis. 1 baby was identified as having been missed from this testing process, despite the birth plan, which highlights the importance of ongoing education in the MDT.

PP036 | Seroprevalence of Viral Hepatitis in People Living with HIV

Aslıhan Candevir[1], Süheyla Kömür[1], **Damla Ertürk**[1], Ömer Faruk Yardımcı[1], Ayşe Seza İnal[1], Ferit Kuşcu[1], Behice Kurtaran[2], Yeşim Taşova[1]

[1]Cukurova University, Adana, Turkey; [2]Acıbadem Hospital, Adana, Turkey

Background: Due to shared transmission routes, people living with HIV (PLHIV) are at increased risk for co-infection with hepatitis B (HBV) and hepatitis C (HCV) viruses. Hepatitis A (HAV) is also relevant, especially among men who have sex with men (MSM). This study aimed to assess the seroprevalence of HAV, HBV, and HCV among PLHIV attending a tertiary care center.

Methods: We conducted a retrospective review of PLHIV who visited our outpatient clinic and underwent hepatitis serology testing. Data included age, sex, HBsAg, anti-HBs, anti-HBc, anti-HCV, total anti-HAV, and CD4+ T-cell counts. Patient distribution by year of diagnosis was also analyzed.

Results: Of 1,729 medical records, 1,690 were included. The mean age was 36.0 ± 12 years, and 89.3% were male. (Table 1, Figure 1)

Seropositivity rates were as follows:

Total anti-HAV: 84.7% (1366/1613)

HBsAg: 3.0% (50/1661)

Anti-HBs: 64.7% (1078/1665)

Anti-HBc: 21.9% (342/1560)

Anti-HCV: 1.8% (30/1679)

Among HBsAg-positive patients, 4% were also anti-HCV positive. HBsAg was positive in 11.1% of anti-HBc-positive individuals. The mean CD4+ count was 404 ± 264 cells/μL, with no significant sex-based differences. Notably, half of the cohort was diagnosed in 2020 or later.

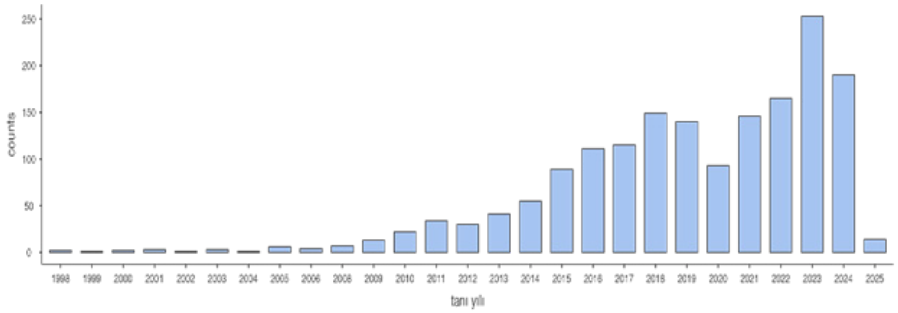
Conclusion: In our cohort, HBsAg positivity (3.0%) was consistent with national data, while anti-HCV positivity (1.8%) was higher than the national average (0.6%). Anti-HBs was more common in younger patients, whereas anti-HBc was more frequent in older ones, suggesting successful vaccination in younger age groups and past infection in older individuals. Anti-HAV positivity was slightly lower than previously reported national averages (>90%), particularly among younger patients. These findings emphasize the need for routine screening and targeted hepatitis vaccination strategies in PLHIV, especially given the trend toward earlier age at diagnosis.

Table 1. Distribution of Age at Diagnosis and CD4 Count According to Viral Hepatitis Serologies

Serology Marker	Parameter	Result	N	Mean	Median	SD	SE	p-value
HBsAg	CD4 (cells/μL)	Negative	1574	404.8	360.0	265.1	6.683	0.420*
		Positive	49	373.8	350.0	241.3	34.47	0.553**
	Age at diagnosis (years)	Negative	1611	35.9	34.0	12.0	0.298	0.155*
		Positive	49	38.4	38.0	10.3	1.47	0.050**
Anti-HBc IgG	CD4 (cells/μL)	Negative	1191	415.7	374.0	266.5	7.721	0.004*
		Positive	334	367.6	321.5	262.4	14.36	0.001**
	Age at diagnosis (years)	Negative	1218	34.2	32.0	11.2	0.321	<0.001*
		Positive	342	42.7	42.0	12.2	0.659	<0.001**
Anti-HBs	CD4 (cells/μL)	Negative	571	366.8	313.0	262.5	10.99	<0.001*
		Positive	1055	425.1	382.0	263.1	8.100	<0.001**
	Age at diagnosis (years)	Negative	587	38.7	38.0	11.8	0.489	<0.001*
		Positive	1078	34.5	31.0	11.7	0.357	<0.001**
Anti-HAV Total Ig	CD4 (cells/μL)	Negative	239	452.2	407.0	276.9	17.91	0.003*
		Positive	1341	396.7	351.0	261.3	7.135	0.003**
	Age at diagnosis (years)	Negative	247	28.5	26.0	9.38	0.597	<0.001*
		Positive	1366	37.3	35.0	11.8	0.320	<0.001**
Anti-HCV	CD4 (cells/μL)	Negative	1610	404.1	357.0	265.3	6.613	0.915*
		Positive	30	398.9	366.5	205.7	37.55	0.771**
	Age at diagnosis (years)	Negative	1649	36.0	34.0	12.0	0.295	0.416*
		Positive	30	37.8	37.0	12.2	2.23	0.352**

Notes:

- *p-values* marked with * refer to comparisons between seronegative and seropositive groups.
- SE = Standard Error; SD = Standard Deviation.



PP037 | Syphilis reinfection rates in males with newly acquired syphilis in Northern Greece

Marina Papageorgiou[1], Virginia Evdokia Pappa[1], Alexandra Sanida[1], Maria Smaragdi[1], Ioannis Moshos[1], Eleni Vagdatli[2], Maria Goula[1]

[1]State Hospital for Skin and Venereal Diseases – Department of National Health System, Thessaloniki, Greece; [2]Ippokrateio General Hospital, Thessaloniki, Greece

Background: Syphilis is a sexually transmitted infection that is highly contagious but treatable if diagnosed timely. Syphilis is experiencing a global resurgence, with a rising incidence of new cases and reinfections in Europe. The aim of this study was to identify the syphilis reinfection rates in men with newly acquired syphilis during a follow-up period of 6-18 months and compare it with historical data.

Material and Methods: Patient population included individuals who visited the State Hospital for Skin and Venereal Diseases – Department of National Health System, Thessaloniki, Greece for a medical consultation between January 2024 and December 2024 and were diagnosed with newly acquired syphilis. Reinfection rates were compared to those of a large European study, conducted in individuals with similar demographic characteristics. For the comparison of proportions chi-square test was used. Statistical significance was set at $p<0.05$ and analyses were conducted using SPSS statistical software (version 26.0).

Results: A total of 63 patients with early syphilis were examined during 2024, of which 16 were excluded (4 non-residents, 10 cases of late syphilis and 2 cases with acute retroviral syndrome that tested negative for syphilis). Within the follow-up period, 3 out of 47 patients (6.4%) presented with reinfection of syphilis and all cases concerned men who have sex with men. In a large Danish study including 1217 men, the reinfection rate was 14.8%. There was no statistically significant difference between the two studies ($p=0.108$).

Conclusion: Our study indicates that the reinfection rates remain comparable to historical data. The main limitation of the study is its small sample size and, as a result, our findings cannot be generalised to a larger population.

PP038 | Barriers and facilitators to accessing sexual health services for refugees and asylum-seeking individuals in the United Kingdom

Harriet Mortimer, Jaime Vera

Brighton and Sussex Medical School, Brighton, United Kingdom

Background: Despite entitlement to healthcare free-of-charge refugees and asylum-seeking individuals (RASI) in the United Kingdom (UK) are often unable to access essential sexual health interventions including HIV Pre-exposure prophylaxis. This study aims to explore the views and experiences of UK service providers working or volunteering directly with refugees and asylum-seeking individuals (RASI) on the barriers and facilitators to accessing sexual health services.

Method: An open-ended online questionnaire was distributed via email to relevant UK-based organisations working with RASI. Responses were analysed using thematic analysis.

Results: Eighty-three email invitations were distributed, yielding 21 responses (response rate: 27%). Of the respondents, 67% participants had been working with RASI for over 5 years and 86% were based in London or South-East of England. Additionally, 38% worked with RASI currently engaged in sex work. Barriers to access included the cost and distance of travel, hostility from administrative staff and online-only/telephone-only appointment booking systems. Facilitators included outreach programmes, chaperones to support appointment attendance and education of clinic staff on RASI healthcare entitlements.

Interpreters were seen as both a barrier and facilitator. Mobile applications aimed at RASI service users were generally viewed as unhelpful due to issues with data availability and concerns around stigma or unintentional disclosure of sexuality by having an app on a personal device.

Conclusions: Although a small study, these findings highlight service providers' concerns about barriers to sexual health access for RASI in the UK. Further research must centre RASI voices and new services developed from co-production principles. Improving service accessibility for RASI is essential for the 'PrEP for all' agenda and the UK goal of eradicating new HIV transmissions by 2030.

PP039 | AI-Powered Classification and Network Analysis for Knowledge Mapping in Medicine: A Century of Neurosyphilis Research

Justine Falciola[1], Myriam Lamrayah[2], François R. Herrmann[1], Alexandre Wenger[3], Laurence Toutous Trellu[4]

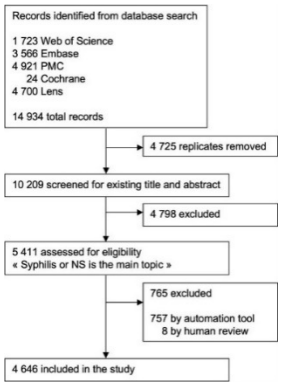
[1]Department of Rehabilitation and Geriatrics, Faculty of Medicine, Geneva University Hospitals and University of Geneva, Geneva, Switzerland; [2]Faculty of Medicine, Geneva University Hospitals and University of Geneva, Geneva, Switzerland; [3]Institute for Ethics, History and the Humanities, University of Geneva, Geneva, Switzerland; [4]Department of Dermatology and Venereology, Faculty of Medicine, Geneva University Hospitals and University of Geneva, Geneva, Switzerland

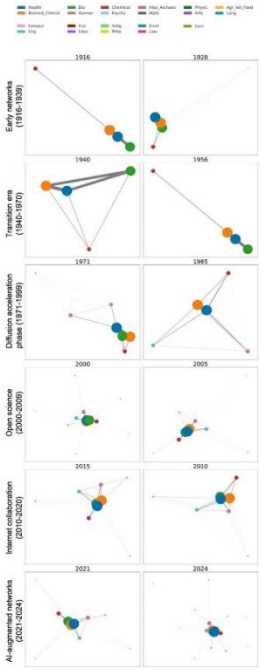
Background: Tracking the evolution of scientific knowledge is challenging due to the scale and complexity of the biomedical literature. Neurosyphilis is a clinically complex and historically stigmatized condition that remains difficult to diagnose and manage. Its underexplored literature offers an ideal test case to evaluate digital methods for mapping research trends and identifying knowledge gaps. We aim to assess how large language models (LLMs), network analysis, and interrupted time series analysis (ITSA) can be combined to automate literature classification and examine how knowledge on neurosyphilis has evolved.

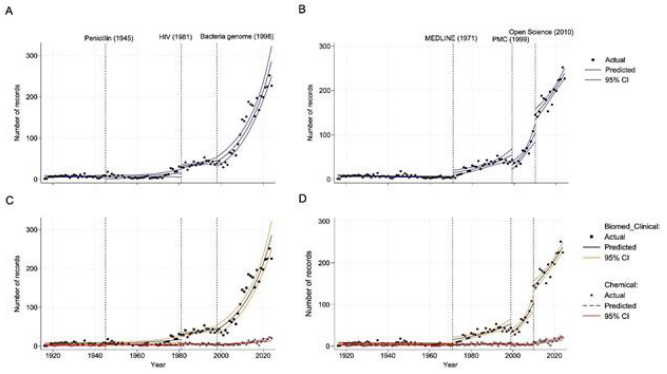
Methods: We systematically searched Web of Science, Embase, PubMed Central, the Cochrane Library, and Lens for records on neurosyphilis through December 31, 2024. We included records with available titles and abstracts that GPT-4o-mini identified as primarily focused on syphilis or neurosyphilis. Eligible records were classified into 23 research fields using LLM-based prompts. Network analysis visualised changes in research structures over time, and ITSA assessed associations between publication trends and major clinical or technological milestones.

Findings: Of 14 934 retrieved records, 4 646 met the inclusion criteria. LLM-based classification showed high repeatability (agreement=99·67%, 95% CI 99·47–99·80; Cohen's κ=0·986, 95% CI 0·96–1·00). Biomedical, clinical, and health sciences were the most frequent domains. Network analysis showed a shift from dense, discipline-specific clusters to larger interdisciplinary structures. ITSA identified significant increases in publication activity following the introduction of penicillin G, HIV emergence, genome sequencing of Treponema pallidum, and the rise of digital dissemination platforms.

Conclusion: Combining LLMs with bibliometric and network methods provides a scalable framework for analysing large-scale biomedical literature. Applied to neurosyphilis, the approach revealed links between research activity, clinical, and technological advances. Beyond this case study, the method could support meta-research and inform evidence-based decision-making across other complex medical conditions.


Records identified from database search
1 723 Web of Science
3 566 Embase
4 921 PMC
24 Cochrane
4 700 Lens
14 934 total records
4 725 replicates removed
10 209 screened for existing title and abstract
4 798 excluded
5 411 assessed for eligibility
« Syphilis or NS is the main topic »
765 excluded
757 by automation tool
8 by human review
4 646 included in the study


Early networks (1916-1939)
Transition era (1940-1970)
Diffusion acceleration phase (1971-1999)
Open science (2000-2009)
Internet collaboration (2010-2020)
AI-augmented networks (2021-2024)


A
B
C
D
Penicillin (1945)
HIV (1981)
Bacteria genome (1998)
MEDLINE (1971)
PMC (1999)
Open Science (2010)
Number of records
Year
Actual
Predicted
95% CI
Biomed_Clinical:
Chemical:

PP040 | Artificial Intelligence Usage in STI Research Presentations using the example of the OL population study on Incidence and Sociocultural Determinants of Sexually Transmitted Infections (STIs)

Karen Rogstad[1, 2]

[1]Sheffield Teaching Hospitals, Sheffield, United Kingdom; [2]Yorkshire and Humber Regional research delivery Network, Leeds, United Kingdom

Background: The medical research establishment including the HIV & STI field are on the backfoot regarding the benefits and hazards of AI use and many organisations have not addressed its use in their submission guidelines. This study looks at the pros and cons of AI in STI abstract submissions using data from the OL study of a semi-nomadic population affected by labour migration which aims to quantify the incidence of major STIs and explore contributing sociocultural factors. This paper identifies learning for researchers and scientific committees.

Methods: AI via ChatGBT was used to prepare the abstract on a study to investigate the incidence and distribution of sexually transmitted infections (STIs) among 300 participants aged 18–80 selected using sampling from five villages using a mixed-methods approach combining epidemiological surveys and qualitative interviews. Data Analysis used descriptive statistics, logistic regression, and thematic content analysis.

Results:

There was a significant disparity in STI rates between different villages

Village	STI Prevalence (%)		Common STI Risk Factor
NN	12.4	A	Dug/alcohol use
CC	7.8	B	Community issues
MM	3.1	C	Literacy
LL	21.6	A	Prophylaxis prog
TH	5.2	B	abstinence prog

STI A was significantly more prevalent in areas with Drug/alcohol use ($p < 0.05$). Access to prophylaxis was correlated with lower STI rates ($r = -0.67$). Sexual education improved awareness.

The utilisation of AI was beneficial in designing the abstract regarding choosing data to use, writing and presenting relevant data within the required word count saving considerable time over non-AI use but several ethical issues were identified. There was no guidance on AI use in the abstract submission information for authors.

Full data and example will be provided on the abstract generation for the OL study to inform the audience and aid discussion.

Conclusion: This is the first study to assess AI impact in STI conferences and has major implications. Guidance on AI use in research presentation is urgently needed for medical including HIV/STI conferences as lack could put both researchers and scientific integrity at risk. The implications for members of scientific committees at conferences is a key outcome.

PP041 | Evaluation of the SpeeDx ResistancePlus® GC kit for simultaneous detection of N. gonorrhoeae and ciprofloxacin resistance

Sophie Gibaud[1], Louise Ruffier d'Epenoux[1], Charles Hervochon[1], Julie Coutherut[2], Estelle Pasquier[2], Patrick Blanco[2], Lise Crémet[1], Stéphane Corvec[1]

[1]CHU, Nantes, France; [2]Federal Prevention Screening Center, Nantes, France

Introduction: N. gonorrhoeae (NG) is an agent of sexually transmitted infection (STI), responsible for cervicitis and salpingitis in women, and urethritis in men. Long considered the reference antibiotic, the increase in therapeutic failures observed with ciprofloxacin is linked to the gyrA S91F mutant genotype. The ResistancePlus® GC kit (SpeeDx, Australia) is a commercially available test allowing the simultaneous detection of NG and gyrA S91F conferring ciprofloxacin resistance.

Materials and methods: The study covers 383 NG positive samples using the Aptima combo 2® assay (Hologic), from 290 patients (2022-2023) comprising 67 urine, 108 rectal, 159 throat, 25 PV, 18 endocervix and 6 urethral specimens, mainly collected in STI screening centers (73%). Residual samples in Aptima® media were extracted with the MagCORE (RBC Bioscience) and tested with ResistancePlus® GC on the LC480 II (Roche).

Results: With the SpeeDx kit, 358 (93,5%) samples were NG positive, 21 (5,5%) NG negative, and 4 identified as invalid. 192/358 (53,6%) of NG PCR-positive samples contained the gyrA S91F mutation, 97 (27.1%) were gyrA S91 wildtype, and 69 (19.3%) gyrA indeterminate. 37 samples were positive by culture. The gyr A S91F mutation was detected by the SpeeDx kit for 18/22 (82%) of cipro R strains with the remaining 4 samples reported as Indeterminate. The assay also detected a mutation in 17/29 (59%) samples where culture failed. Excluding Indeterminate samples, these first results show a ciprofloxacin resistance rate of 66% comparable to the French national rate (70.9% ENGON2023).

Conclusion: The study is ongoing, however these preliminary results already show a good correlation for the detection of NG between the Aptima combo 2® and ResistancePlus® GC kits. The rapid determination of ciprofloxacin sensitivity using the SpeeDx kit, offers a therapeutic alternative to ceftriaxone in cases of allergy to beta lactams, and allows the monitoring of resistance to fluoroquinolones.

PP042 | Do all service users accessing PrEP want a virtual consultation?

Emily Mabonga, Dale Coley, Julianne Lwanga

Lewisham & Greenwich NHS Trust, London, United Kingdom

Background: Pre-exposure prophylaxis (PrEP) effective treatment to prevent HIV has been available at our service from 2018. Initially patients accessed this via the IMPACT trial our first participant recruited 1 February 2018; and then freely available via the NHS from 1 April 2020. Due to COVID-19 pandemic this was not available at our service until 1 December 2020.

The convergence of the COVID-19 pandemic with digital innovations accelerated opportunities for services to review alternative routes from the traditional face-to-face consultation. Digitalization has broadened access to sexual and reproductive health services but digital exclusion can exacerbate existing disparities, particularly for vulnerable populations.

Aim: To assess how service users would like to access PrEP at our service.

Materials and Methods: A questionnaire was developed in Microsoft Forms and service users (SU) that had accessed PrEP from our service from 01.02.2018 - 31.05.2025 were texted with a link to complete the questionnaire on the 05.06.2025.

Results: 1,576 SU were texted the questionnaire with 112 responses - 7% response rate within 10 days. 106 (95%) of respondents were male; with 45 (40%) and 42 (38%) of White British and White Other ethnicities respectively. 92 (82%) described themselves as gay men. 52 (46%) were in the age group 35 – 44 years.

75% (84) SU would like a virtual consultation with 54% (45) happy with the consultation via video or telephone. Best day for an appointment was Monday 36% (28) closely followed by Friday 34% (26) with 10.20am to 12.40pm the most popular time 47% (37). 61% (51) would prefer medication to be posted to their home though 27% (23) would like to pick up medication at our clinic.

Conclusion: 25% of SU did not want a virtual consultation. As services innovate and adopt digital routes with the aid of artificial intelligence to broaden access to services; we need to ensure there is equitable access to healthcare services and prevent digital technologies from widening the gap in health outcomes. One size does not fit all so services need to engage with SU to ensure there are options to access; maintaining equity particularly for vulnerable populations.

PP043 | Understanding STI transmission dynamics using agent-based temporal network models

Priyanka Nair-Turkich, Nicholas Geard, Patricia Campbell

The University Of Melbourne, Parkville, Australia

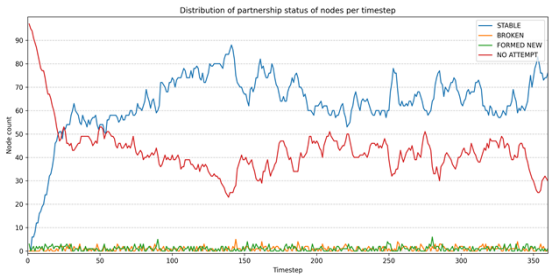
Background: Sexually Transmitted Infections (STIs) significantly impact sexual and reproductive health and cause serious outcomes like cancer and death. STI transmission is driven by complex interactions between individual behaviours, partnership dynamics, and population heterogeneities. This study aims to: 1) quantify the effects of individual attributes, partnership dynamics on STI spread, and 2) assess the impact of underlying dynamic network structure on the spread of STIs.

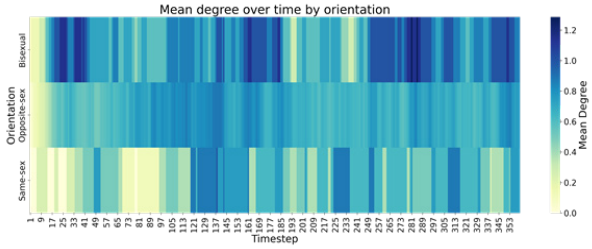
Methods: Agent-based models (ABMs), provide a powerful computational framework to simulate STI transmissions. However, existing models often overlook critical attributes, such as partnership concurrency and population heterogeneities like sexual orientation, limiting their ability to inform equitable interventions. This research aims to address these gaps by developing an agent-based dynamic temporal network model. The model will incorporate partnership dynamics (e.g., duration, concurrency) and individual attributes (e.g., sexual orientation, gender). This study presents a computational framework for simulating the transmission of STIs through dynamic sexual partnership networks, using agent-based and network modelling techniques developed in Python.

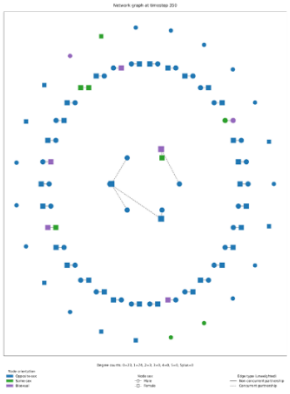
The model begins by creating a synthetic population in which everyone is assigned a biological sex and sexual orientation. Sexual partnerships form and dissolve over time according to probabilistic rules that reflect real-world patterns of relationship formation, dissolution, and concurrency. These dynamic interactions generate datasets that capture the evolution of the partnership network. The network is then analysed to assess key structural features relevant to STI transmission risk, such as the number of partners per individual (degree), the size of connected groups (components), and levels of simultaneous partnerships (concurrency).

To simulate disease spread, the model incorporates an infection process where individuals move between susceptible, infectious, and recovered states. The infection spreads through the evolving network of contacts, allowing exploration of how relationship dynamics influence outbreaks.

Conclusion: The dynamic temporal network approach ensures that time-varying patterns of sexual partnerships are captured, representing the reality of partnership dynamics more effectively than static network models. It supports scalable and predictive simulations, particularly useful in settings with limited data availability. The model will provide new insights into STI spread, enhance intervention strategies, and contribute to the development of equitable health policies, especially for key populations.







PP044 | AI-driven conversational agent which support clients with questions about sexually transmitted infections: Mixed-method evaluation to assess and improve quality

Koenraad Vermey[1], Carlijn Sep[1,2], Sabina Van der Veen[2], Judith Schomaker[2], Divyaa Balaji[3], Martijn De Natris[1], Erwin Fisser[1], **Filippo Zimbile**[1,4]

[1]Aidsfonds - Soa Aids Nederland, Amsterdam, The Netherlands; [2]Universiteit Leiden, Faculty of Social Sciences, Leiden, The Netherlands; [3]University of Amsterdam, Faculty of Social and Behavioural Sciences, Amsterdam, The Netherlands; [4]National Institute of Public Health and the Environment (RIVM), Bilthoven, The Netherlands

Background: Since the mid-1980s telephone helplines in the Netherlands have supported people with questions about sexual health, HIV and other sexually transmitted infections (STIs). Health promotion methods have been innovated since, by introducing direct messaging via social media, chat box and e-mail. Websites offer targeted information and tailored recommendations. The introduction of artificially intelligent (AI) agents brings new opportunities and challenges to delivering reliable sexual health information. In this research we propose an iterative mixed-method evaluation design for assessing and improving the quality of conversational agents for sexual health.

Materials and Methods: Our quantitative and qualitative assessment focused on the validity and empathy of an conversational agent which employs GPT-4o natural language processing. To assess its quality we developed: 1) reference dataset with questions; 2) rule-based instructions and website sources for the conversational agent; 3) scoring tool based on the validated questionnaires (BUS-15 and CUQ); 4) scoring method of the reference dataset and 5) qualitative questionnaire for guided semi-structured interviews with potential users. The instructions and data sources of the conversational agent were optimized in iterations before potential users were invited to the guided online interviews.

Results: The reference dataset included over 400 entries: both short and long user requests, jargon, slang, spelling mistakes and short conversations. Additional entries were written to assess responses to off-topic requests and abusive language related to sexuality. Rule-based instructions were added in iterations to improve the agent, for example to provide information without offering medical advice. Validity was assessed by e.g. medical correctness, perceived quality and consistency. Empathy was assessed by trust, sex-positive language and personality of the agent. Randomization of the dataset was necessary prior to manual assessment, due to the size of the dataset.

Conclusion: Both qualitative and quantitative methods contribute to evaluating and improving conversational agents for sexual health promotion. Conversational agents for sexual health promotion face specific challenges to provide tailored information without offering medical advice, and the distinction between abusive, off-topic and on-topic user requests. For future studies it is recommended to employ multiple AI agents in each step of language processing, answer verification, quality assessment and improvement.

PP045 | Setting up a place-based co-designed HIV-PrEP, STI testing and vaccination service for trans and non binary people

Kim Fortescue Talwar[1], Rory Finn[2], Saxon Absalom[1], Jodie Crossman[1], Marc Tweed[2], Jennifer Whetham[1], Mary Darking[3], Daniel Richardson[1]

[1]Brighton SHAC, University Hospitals Sussex NHS Trust, Brighton, United Kingdom; [2]Terence Higgins Trust, Brighton, United Kingdom; [3]University of Brighton, Brighton, United Kingdom

Objective/Background: Trans, non-binary and intersex individuals (TNBI) experience significant barriers to (sexual) healthcare. Providing place-based co-designed co-delivered services can increase the access and effectiveness of sexual health interventions. TNBI people have unmet sexual health needs locally. The Clare Project is a charity run by and for trans, non-binary, intersex, gender variant and gender questioning people in Brighton, UK.

Method: The local sexual health team, the Terrence Higgins Trust and the Clare Project worked in partnership in December 2024 to design a novel, monthly sexual health clinic (including HIV-PrEP, multi-site STI testing and vaccinations (Hepatitis A, B, HPV and Mpox)) during evening drop-in sessions at the Clare Project. Using our clinic database and the testimonies of the people seen in the drop-in, we describe this initial pilot sexual health service

Results: Over four drop-in clinics we have seen 7 patients (five trans women, one non-binary person, and one female identifying intersex individual). All described themselves as Caucasian, their median age was 29 years (IQR=26-39). Only one person had used HIV-PrEP previously and the same person had also received full vaccination. 5 people were initiated on HIV- PrEP, one continued HIV-PrEP, and one declined PrEP. 5 people initiated vaccination (Hepatitis A (n=5), Hepatitis B (n=5), HPV(n=5), Mpox (n=2)). Two provided verbal testimonials: 'This service is fantastic; I would never go to a clinic to talk about PrEP' and 'I love that you are developing a service for trans people with trans people'. There were at least 4 other contacts with people attending the drop-in where PrEP use, STI testing and vaccinations and sexual health was discussed informally.

Conclusion: Partnership and co-design of a TNBI sexual health service in a non-clinical (place-based) environment can increase the access to sexual health interventions for people who do not attend mainstream clinics. This pilot has provided an opportunity for us to further build relationships with the trans community and strengthen trust to deliver sexual health services.

PP046 | On Hippocratic Treatise “Generation”

Theodore J. Drizis

Independent research, Kalamata, Greece

Background: This work presents medical and historical aspects of a treatise of Hippocratic Collection, in relation to sexual health.

Material and Methods: Material is the Hippocratic treatise Generation relative to “Gender”.

Method is the textual criticism.

Results: The treatise is referred to sexual action in man and woman. On man, sexual action begins by the gentle rubbing of pennis and the participation of respect vessels and nerves, with participation of brain and spinal marrow, by which the body is warming and humid with a tickling sensation with pleasure and warmth and the seed comes from the totality of liquids of organism, comes to marrow spinal, kidneys and by testicles comes to pennis for ejaculation. The eunuchs do not have intercourse because the passageway of their seed is destroyed. The children have vessels small and they have not tickling sensation. In girls for the same reason there is not menses pass. On woman, she has tickling sensation by gentle rubbing of her vagina and uterus and by man’s seed falling in uterus extinguishes a woman’s warmth and pleasure. Women, too, ejaculate, sometimes in uterus, sometimes externally. In both sexes there are strong and weaker seeds and male and female semen, being the male sex stronger than the female. The distinction male and female sex, I think it reflects to chromosomes Y and X respectively, in current era. Then the writer denotes that the child resembles his parents both in various grade. Last, the writer refers to invalidity and mentions that this comes from intrauterine life by accident or no and there is the possibility that weak children are born from strong and robust parents or vice versa, strong and robust children from invalid parents.

Conclusion: the Hippocratic writer speaks on human sexual action, on human seed, on conception, on eunuchs, on assessment of male and female sex and on invalidity, too.

PP047 | The National Sexual Health Outcomes Group (NSOG) questionnaire to evaluate the effectiveness of psychosexual therapy for sexual difficulties: A Clinical Audit

Rivinda Vitharana, Amber Lewis

Umbrella Sexual Health services, Birmingham, United Kingdom

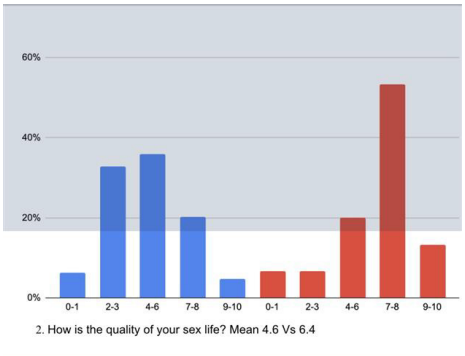
Background: The National Sexual Health Outcomes Group (NSOG) questionnaire is a self-reported tool that assesses various domains related to sexual well-being, including confidence, satisfaction, distress, and overall sexual quality of life. While widely used within psychosexual therapy (PST) services, the NSOG is not a psychometrically validated instrument. This audit aimed to evaluate its utility in capturing patient-reported outcomes before and after psychosexual therapy and to identify trends and limitations within current clinical practice.

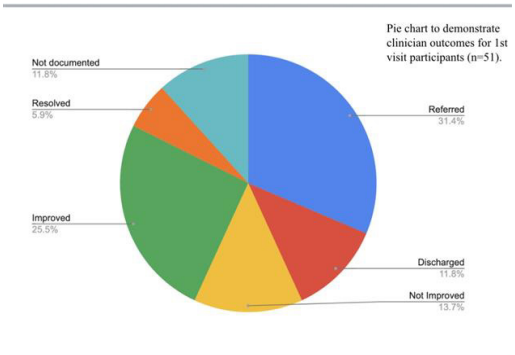
Material and Methods: Patients attending the PST service in 2019 were considered for inclusion. From a total of 202 individuals, 66 patients (33%) met the inclusion criteria: at least one completed NSOG during 2019, including patients seen that year who completed the NSOG in 2018 or 2020. Demographic data, diagnoses, and both patient- and clinician-reported outcomes were analysed. Of these, only 15 patients (7.5%) completed two or more NSOG questionnaires. Quantitative data were extracted and analysed, comparing mean scores across ten NSOG domains pre- and post-therapy.

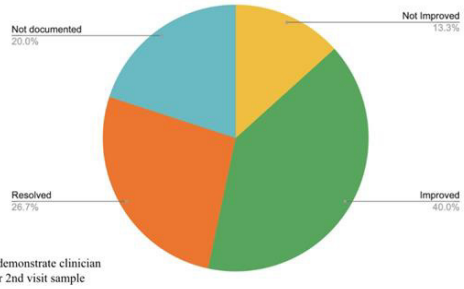
Results: Patients reported improvements across all NSOG domains following psychosexual therapy. Notable changes in mean scores included:

sexual confidence (4.7 vs 6.6), satisfaction (3.7 vs 5.7), and reduced distress (7 vs 4.5). anxiety with engaging in sex (6.6 vs3.7), Mood and emotional problem (5.7 vs3.5), practical difficulties for sex (2.0 vs1.9). Clinician-assessed outcomes aligned with patient-reported progress. However, limitations included inconsistent NSOG administration, particularly at final sessions, and a small sample completing follow-up assessments

Conclusion: The audit demonstrated meaningful improvements in patient-reported outcomes using the NSOG following psychosexual therapy. However, the lack of psychometric validation and inconsistent implementation limits its reliability. It is proposed that a validated tool such as the Sexual Function Evaluation Questionnaire (SFEQ) be introduced. Routine administration at key therapy milestones and re-auditing following process improvements are recommended to better capture treatment efficacy.







Pie chart to demonstrate clinician outcomes for 2nd visit sample (n=15).

PP048 | Exploring experiences and needs of trans and gender diverse people in sexual health clinics in the UK

Kyle Ring[1,2], Frank William Patrick Gillespie[3], Megan Devonald[1], Alison Berner[1,4,5,6], Chloe Orkin[1,2]

[1]SHARE Collaborative, Queen Mary University Of London, London, United Kingdom; [2]Department of Infection and Immunity, Barts Health NHS Trust, London, United Kingdom; [3]School of Medicine and Dentistry, Queen Mary University of London, London, United Kingdom; [4]Barts Cancer Institute, Queen Mary University of London, London, United Kingdom; [5]Gender Identity Clinic, Tavistock and Portman NHS Foundation Trust, London, United Kingdom; [6]UK Cancer and Transition Service, Chelsea and Westminster Hospital NHS Trust, London, United Kingdom

Background: Trans and gender diverse (TGD) people have significant unmet needs in terms of their sexual and reproductive healthcare. TGD people in the UK experience more STI diagnoses and increased discrimination in healthcare settings than cisgender people. Ensuring TGD people's voices are heard and built into service design and development is essential to address these existing health inequities.

Material and Methods: Between 8/Dec/2023 and 8/Feb/2024 we conducted an online survey, including multiple-choice and free-text responses, to explore past experiences in sexual health clinics, factors affecting attendance and access and specific service requirements. Inclusion criteria were TGD people, aged ≥16, living in the UK. Demographic data were collected; all responses were anonymised. The survey was disseminated through social media and via community organisation mailing lists.

Results: We received 150 responses: 26%(39/150) were transfeminine/trans women, 28%(42/150) transmasculine/trans men, 20%(30/150) were non-binary, the remaining 26%(39/150) selected gender non-conforming, gender fluid, agender, genderqueer or other. 69%(104/150) percent of respondents were aged between 21 to 39, 65%(98/150) were white British and 18%(27/150) spoke English as a second language. 69%(104/150) reported having attending sexual health service previously. One third had negative experiences and described inexperienced staff, misgendering/mispronouning and transphobia. The main ways that clinic attendees heard about sexual health services were word-of-mouth 53%(80/150), clinic websites 35%(53/150) and social media 31%(47/150). Respondents emphasised the need for non-judgemental, gender-affirming care with respectful communication from adequately trained staff regarding trans-related issues. Important elements included accurate use of pronouns and trauma-informed practices. Many respondents desired holistic care that includes provision and monitoring of hormone therapy. Accessibility concerns included location, ease of appointment booking and consideration of neurodiversity. Many respondents advocated for trans-led services and felt that an additional community peer support worker would help to create a safe space.

Conclusion: Our results highlight the need for inclusive and accessible sexual health services for TGD people which integrate aspects of gender-affirming care. Prioritising respectful, trauma-informed practices and integrating community voices into service design are essential steps toward addressing sexual healthcare inequities and improving engagement, trust and outcomes for TGD people across the UK.

PP049 | Clinical Preparedness and Awareness of Greek Dermatologists-Venereologists Toward LGBT Patients: A Cross-Sectional Study

Olga Pikou[1], Nikolaos Chaitidis[2], Elena Sotiriou[2]

[1]Department of Dermatology and Venereology, General Hospital of Corfu, Corfu, Greece; [2]First Department of Dermatology and Venereology, School of Medicine, Aristotle University of Thessaloniki, Thessaloniki, Greece

Background: Lesbian, gay, bisexual, and transgender (LGBT) individuals experience significant health issues, including both infectious and non- infectious dermatologic and venereological conditions. Despite increasing visibility, LGBT patients continue to face substantial health disparities, and often encounter discrimination in healthcare settings, including provider bias and lack of cultural competency. Dermatologists-venereologists play a critical role in addressing the unique health challenges of the LGBT community. Understanding providers' preparedness and attitudes is critical to improving healthcare. This study aimed to assess awareness, clinical competence, and biases of dermatologists-venereologists in Greece toward LGBT patients.

Material and Methods: We conducted a cross-sectional study among 74 dermatology-venereology specialists and residents in northern Greece using the validated LGBT-Development of Clinical Skills Scale (LGBT-DOCSS). The questionnaire evaluated three domains: clinical preparedness, attitudinal awareness, and basic knowledge of LGBT health disparities. Responses were scored on a 7-point Likert scale, with higher scores indicating greater competency and inclusivity.

Results: Mean scores were 4.6/7 (clinical preparedness), 5.71/7 (attitudinal awareness), and 5.00/7 (basic knowledge), indicating moderate self-rated preparedness, relatively low prejudice, and partial awareness of healthcare disparities. Older participants (≥45 years) reported less training and more conservative views compared to younger colleagues, though comparison between the 2 groups showed no significant differences ($p>0.05$).

Conclusion: This study suggests that Greek dermatologists-venereologists generally demonstrate positive attitudes toward LGBT patients. However, ii also highlights persistent gaps in clinical training and awareness of health disparities. Targeted education in residency programs and continuing medical training—particularly for older practitioners—could improve clinical preparedness and culturally competent care for the LGBT community.

PP050 | Fractional CO2 Laser for Vulvar Bleaching: Clinical Approach, Efficacy and Safety Considerations

Dimitrina Nikolova

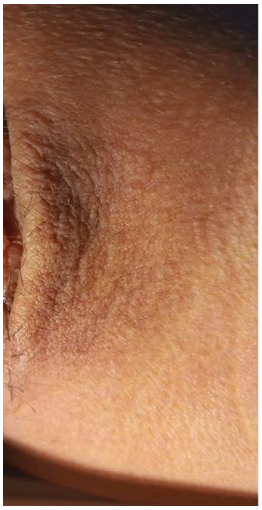
Vejen Medical, Sofia, Bulgaria

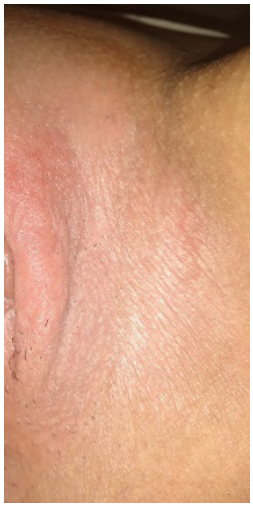
Background: Genital hyperpigmentation is a common aesthetic concern among women, often influenced by hormonal, genetic, and mechanical factors. Despite the lack of standardized medical guidelines, the demand for vulvar bleaching procedures has increased significantly in recent years. This study aims to present the rationale, safety, and protocol behind fractional CO_2 laser vulvar bleaching, emphasizing both clinical outcomes and ethical considerations.

Material and Methods: A prospective clinical protocol was developed and applied to women aged 18+, excluding those with contraindications such as genital infections, Fitzpatrick types V-VI, or dysmorphic body disorder. Treatments were conducted using a DEKA CO_2 laser with Smart Stack settings (1–3), tailored according to individual Fitzpatrick skin types. Pre-treatment preparation included cleansing, topical anesthesia, and avoiding irritants. Sessions were spaced 4–6 weeks apart, with a typical course consisting of 3–5 procedures.

Results: Significant improvement in vulvar pigmentation was observed in patients with Fitzpatrick types II–III. Visual evaluation 14 days post-treatment showed a more even, pinkish tone and improved skin texture. Side effects were generally mild—temporary erythema, swelling, or itching. Cases of PIH were observed in higher energy settings and overlapping shots, mostly in darker phototypes. No scarring or long-term complications were reported when following the established protocol.

Conclusion: Fractional CO_2 laser vulvar bleaching appears to be a safe and effective method for aesthetic genital pigmentation concerns, provided that patient selection, laser parameters, and post-treatment care are strictly followed. Ethical counseling and realistic expectations are essential, as the procedure is non-permanent and largely aesthetic. Additional studies are encouraged to standardize practices and evaluate long-term outcomes.





PP051 | Multimodal Treatment of Vaginal Dryness: Aesthetic and Functional Approach with Focus on Cancer Survivors

Dimitrina Nikolova, Natasha Tsekova, Stoyana Pavlova

Vejen Medical, Sofia, Bulgaria

Background: Vaginal dryness (VD), often linked to estrogen decline, is a common and underreported condition affecting women across all ages. Its prevalence is especially high among menopausal women and breast cancer survivors, where hormone replacement therapy may be contraindicated. This presentation outlines a multimodal, non-hormonal therapeutic approach targeting both the functional and aesthetic aspects of VD.

Material and Methods: Patients were assessed for trophic, anatomical, and emotional consequences of VD. Treatment protocols combined vaginal mesotherapy using hyaluronic acid (18–22 mg/ml) and DEKA CO_2 + 1540 nm laser therapy. Protocols varied depending on severity. Mild cases received mesotherapy prior to laser; severe cases began with mesotherapy followed by laser, and included vestibular laser treatment in all cases. Special consideration was given to breast cancer survivors, who received individualized regimens involving additional labial fillers and lipofilling.

Results: Significant improvement in vaginal lubrication, elasticity, and comfort was observed within 7–10 days post-mesotherapy. Laser therapy further enhanced mucosal regeneration and long-term relief. Patient satisfaction was high, including among oncology patients with previous chemotherapy or radiation. One representative case of a 32-year-old breast cancer survivor showed notable functional and aesthetic recovery after seven months of therapy, including restored sexual comfort and improved labial volume. Histological examination confirmed the regeneration of the vaginal mucosa, demonstrating increased epithelial thickness and vascularization after treatment.

Conclusion: Multimodal therapy combining vaginal mesotherapy and laser treatment is effective and safe for addressing VD, particularly in sensitive populations such as breast cancer survivors. This approach offers non-hormonal, targeted regeneration of the vaginal mucosa, supporting both function and patient quality of life. Further research is needed to standardize protocols and evaluate long-term outcomes in broader populations.

PP052 | The Hidden Burden: Impact of Anogenital Lichen Sclerosus on Women's Sexual Life – A Pilot Study Using the SRSLQ Questionnaire

Jelena Nojner[1], Olivera Drulović[1], Mirjana Milinković Srećković[1,2]

[1]Clinic of Dermatovenereology, University Clinical Center of Serbia, Belgrade, Serbia;
[2]Faculty of Medicine, University of Belgrade, Belgrade, Serbia

Background: Lichen sclerosus (LS) is a chronic inflammatory condition that predominantly affects the anogenital region in women. Clinically, LS presents with ivory-white plaques and atrophy, accompanied by symptoms such as itching, burning, pain, dryness, and dyspareunia. Progressive disease may lead to anatomical changes due to scarring, which can impair sexual function. However, data on the sexual quality of life among affected women remains limited. This pilot study aimed to evaluate the impact of genital LS on women's sexual health using the Skin-Related Sexual Life Questionnaire (SRSLQ).

Materials and Methods: This pilot study included 25 women aged over 18, diagnosed with anogenital LS, consecutively recruited from a dermatology outpatient clinic between January and June 2025. Participants completed SRSLQ to assess sexual quality of life, and Dermatology Life Quality Index (DLQI) to evaluate the overall impact on quality of life.

Results: Participants had a mean age of 61.7 years (range 35–80) and mean disease duration of 5.7 years. The mean SRSLQ total score was 9.44 (SD 6.7), indicating a considerable burden on sexual quality of life. Subscale analysis showed a mean score of 6.4 (SD 4.7) for the first domain (psychosocial and emotional problems) and 3.0 (SD 2.3) for the second (embarrassment and self-image), highlighting significant emotional impact and reduced feelings of attractiveness. The mean DLQI score was 6.6 (SD 4.6), reflecting a moderate impact on overall quality of life. Spearman's rank correlation revealed a moderate positive correlation between SRSLQ and DLQI scores ($\rho = 0.47$), suggesting that greater sexual distress was associated with a higher general disease burden. Weak correlations were observed between SRSLQ scores and both age ($\rho = 0.29$) and disease duration ($\rho = 0.25$).

Conclusion: This pilot study demonstrates that sexual quality of life is significantly impaired in women with anogenital LS, particularly in emotional and psychosocial domains, and moderately correlates with overall dermatologic disease burden. These findings highlight the importance of incorporating sexual health assessments into routine LS management and support using the SRSLQ as a valuable clinical tool. Further research with larger cohorts is needed to validate these associations and guide comprehensive, patient-centered care.

PP053 | Assessment of Sexual Quality of Life in Women with Anogenital Psoriasis: A Pilot Study Using the SRSLQ Questionnaire

Mirjana Mirjana Milinković Srećković[1,2], Jelena Nojner[1], Olivera Drulović[1], Dubravka Živanović[1,2], Vesna Reljić[1,2], Danijela Milčić[1,2]

[1]Clinic of Dermatovenereology, University Clinical Center of Serbia, Belgrade, Serbia;
[2]Faculty of Medicine, University of Belgrade, Belgrade, Serbia

Background: Psoriasis vulgaris (PV) has a well-established negative impact on quality of life. Anogenital involvement affects 29–40% of patients with lesions in other body regions, while isolated genital PV is rare, seen in only 2–5% of cases. Despite its frequency, studies specifically examining the impact of anogenital involvement, whether isolated or coexisting with widespread PV, are lacking. This pilot study aims to assess the impact of anogenital lesions in PV on sexual quality of life, using Skin-Related Sexual Quality of Life (SRSLQ) questionnaire.

Materials and Methods: This pilot study included 10 adult female patients with PV and anogenital involvement, recruited between January and June 2025. Participants completed SRSLQ and Dermatology Life Quality Index (DLQI). Disease severity was assessed using the Psoriasis Area and Severity Index (PASI).

Results: Participants had a mean age of 43.0 years and a disease duration of 19.0 years. The mean DLQI score was 17.4, indicating a moderate to high impact on overall quality of life. The SRSLQ revealed a significant burden on sexual quality of life, with a total mean score of 24.4 (SD 10.8). The psychosocial and emotional aspects were most affected (mean 16.1), accompanied by considerable embarrassment and concerns about attractiveness (mean 9.2), reflecting emotional strain and lowered self-esteem. A weak, non-significant correlation was observed between DLQI and SRSLQ scores (Spearman's rho = 0.146, p = 0.688), indicating no statistically significant association between overall dermatology-related quality of life and sexual quality of life.

Conclusion: This study highlights the significant impact of anogenital psoriasis on the sexual quality of life in women. It emphasizes the need for targeted assessment tools, such as the SRSLQ, which evaluate emotional and aesthetic concerns, critical for sexual well-being, unlike general instruments like DLQI, which include only a single item on sexual function. The lack of correlation between these instruments suggests that general quality of life questionnaires may underestimate sexual distress related to anogenital involvement. Limited data on anogenital psoriasis may stem from its exclusion from routine exams, low physician awareness, and patient-related stigma. Our findings support using SRSLQ alongside general tools and call for further research in larger cohorts.

PP054 | Beyond STIs: Langerhans Cell Histiocytosis as a Diagnostic Mimic in Anogenital Ulcerative Disease

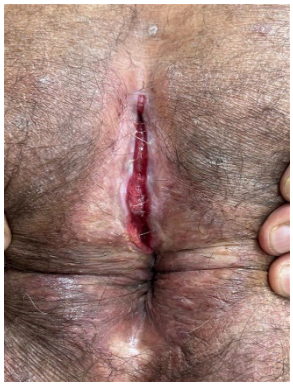
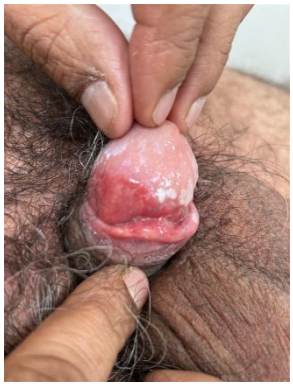
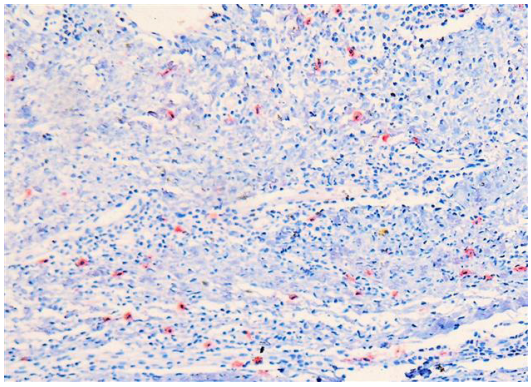
Abhilasha Negi, Prakhar Srivastava, Niti Khunger

Department of Dermatology, Vmmc and Safdarjung Hospital, New Delhi, India

Introduction: Langerhans cell histiocytosis (LCH) is a rare histiocytic disorder, primarily affecting children, with an incidence of only up to 0.07 cases per million in adults. It is characterized by a broad spectrum of clinical manifestations and an unpredictable disease course. In some instances, cutaneous lesions may be the sole manifestation of LCH. We present a rare case of LCH where cutaneous lesions, specifically perianal and perineal ulcerations, were the sole and primary presenting features.

Case report: A 35-year-old male presented to the dermatology outpatient department with multiple painful perineal and perianal lesions, accompanied by difficulty in defecation. Physical examination revealed well-demarcated, erythematous, ulcerated plaques around the anal orifice, right inguinal fold, and penis, while the rest of the examination was unremarkable. Initial differential diagnoses included cutaneous tuberculosis, cutaneous Crohn's disease, and atypical herpes infection. Comprehensive sexually transmitted infection (STI) screening was negative, including non-reactive serology for HIV, VDRL, and hepatitis B and C. Tzanck smear and PCR for HSV were negative. Stool studies and gastrointestinal evaluation ruled out inflammatory bowel disease. A skin biopsy was performed, which showed a dense perivascular and perifollicular lympho-histiocytic infiltrate, with occasional histiocytes displaying nuclear grooves. Immunohistochemistry revealed increased CD1a positivity, confirming the diagnosis of Langerhans cell histiocytosis. Following the diagnosis, a systemic evaluation was conducted to check for multi-system involvement. Hematologic and serologic tests, including a differential blood count and peripheral blood smear, were normal. X-ray of the skull revealed lytic lesions, and MRI of the brain showed hyperintensities. The patient was started on oral and topical corticosteroids, which led to improvement of the ulcers.

Conclusion: This case reinforces the need to consider LCH in the differential diagnosis of chronic or atypical anogenital ulcerative lesions, particularly when standard STI workups are negative. The striking clinical overlap between LCH and STIs can lead to diagnostic delays or mismanagement. Genital involvement, though rare, may be the only presenting feature of cutaneous LCH. Prompt histopathological confirmation with immunohistochemistry is essential for accurate diagnosis. Recognizing such mimics ensures timely initiation of appropriate therapy and surveillance for systemic involvement.

PP055 | Genital Pemphigus: A Missed Diagnosis in Plain Sight – Case Series and Clinical Perspective

Abhilasha Negi, Krati Dewan, Niti Khunger

Department of Dermatology, Vmmc and Safdarjung Hospital, New Delhi, India

Introduction: Pemphigus is an autoimmune disorder causing blisters on cutaneous and mucosal surfaces, marked by acantholysis and keratinocyte separation due to autoantibodies against desmogleins. In India, its incidence ranges from 0.09% to 1.8%. Oral involvement occurs in ~80% of cases, while genital involvement, though rare, typically presents as erosions. This case series aims to explore the spectrum of genital involvement in pemphigus and its treatment response.

Materials and Methods: This prospective analysis was done at a tertiary care centre in India from October 2023 to October 2024. Patients of biopsy proven pemphigus were enrolled consecutively and a thorough physical examination was done following written informed consent. Baseline investigations were done, and treatment was given according to standard protocols. Pemphigus Disease Area Index (PDAI) was calculated before and after treatment.

Results: Of 25 patients, 15 (60%) had genital symptoms, with a female-to-male ratio of 13:2. Disease duration ranged from 1 month to 12 years. Severity was mild-moderate in 20% (PDAI <14), significant in 46.67% (PDAI 15-44), and extensive in 33.33% (PDAI>45). Common genital findings included erosions (53.33%), hyperpigmentation (26.67%), vaginal discharge (13.33%), and plaques (6.67%). In females, the vulva was most affected (8 patients), while in males, the root of the penis was common (2 patients). After 4 weeks, all patients responded well to rituximab and corticosteroids, with 86.67% showing a 50% PDAI reduction.

Conclusion: Genital involvement in pemphigus is often overlooked, yet it should be considered in the differential diagnosis of genital lesions. In cases of isolated genital pemphigus, intralesional rituximab alone may be sufficient, without the need for systemic treatment. The disease tends to have a chronic course, leading to significant morbidity, mortality, and a reduced quality of life. Assessing the disease severity and extent of involvement, especially the genitalia, is crucial for effective management.

PP056 | From chronic inflammation to carcinoma: vulvar squamous cell carcinoma arising in lichen sclerosus

Keshav Yadav, Chayashree S., Poonam Puri

VMMC and Safdarjung Hospital, New Delhi, India

Background: Squamous cell carcinoma (SCC) of the vulva is a rare malignancy, accounting for approximately 90% of vulvar cancers. It predominantly affects postmenopausal women and arises from two distinct pathways: HPV (Human papillomavirus)-associated and HPV-independent. The latter, often linked to chronic inflammatory dermatoses such as lichen sclerosus (LS), is more common in elderly women and carries a worse prognosis compared to HPV-related cases. The pathogenesis of vulvar SCC involves genetic and epigenetic alterations that disrupt normal cellular processes. Chronic inflammation in LS further exacerbates oxidative stress and DNA damage, promoting malignant transformation. These changes contribute to the stepwise progression from LS to differentiated vulvar intraepithelial neoplasia (d-VIN) and ultimately invasive SCC. Here we present a rare case of SCC over genital lichen sclerosus.

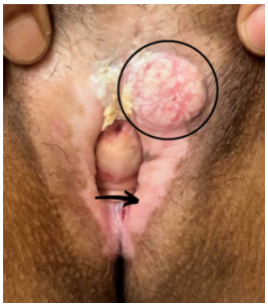
Material and Methods: -

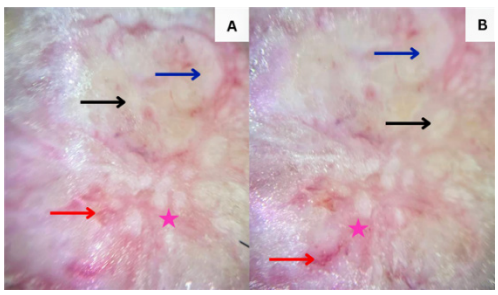
Results (Case Synopsis): A 61-year-old postmenopausal woman, gravida 2 para 2, presented with a 15-year history of chronic idiopathic vulvar itching later followed by depigmentation. Recently she developed a painful swelling there that has gradually increased in size over the past 1 year. Her medical history was unremarkable. Physical examination revealed a solitary, whitish-erythematous, firm, and tender exophytic mass measuring approximately 3×3 cm on the left labia majora. Additionally, atrophic white plaques were observed on the labia majora, with clitoral resorption noted. (Fig. 1) The introitus was patent without stenosis, and erosions were present near the posterior fourchette. No inguinal lymphadenopathy was detected.

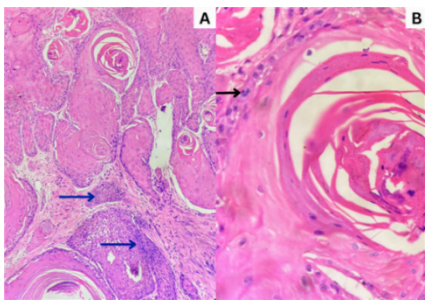
Dermoscopy of the vulvar mass demonstrated surface keratin, irregular branching vessels, with white structureless areas over a pink background. (Fig. 2A, 2B) Histopathological examination revealed epidermis with hyperkeratosis, parakeratosis and pseudoepitheliomatous hyperplasia with nests of atypical squamous cells invading the dermis. Moderate perivascular, periadnexal inflammatory infiltrate also present. (Fig. 3A, 3B)

Based on these findings she was diagnosed with SCC over LS site and was then referred to gynecologist for further management.

Conclusion: This case underscores the importance of regular monitoring and prompt biopsy of suspicious lesions in patients with long-standing LS to facilitate early detection and management of potential malignant transformations. Dermoscopy combined with histopathology provides essential diagnostic clarity for differentiating SCC from other vulvar malignancies.







PP057 | A review of diagnoses and outcomes in patients referred to a specialist Genital dermatology clinic within a Sexual Health Services

Sri Narayana, Emmanuella Asiegbu, Stephanie Mulhern, Deepa Grover

CNWL NHS Trust, London, United Kingdom

Background: A genital dermatosis clinic was established within our sexual health service (SHS) to facilitate early diagnosis and comprehensive management of genital skin conditions which comprise a significant proportion of presentations. This integrated approach enhances diagnostic accuracy,ensures timely intervention,and streamlines patient pathways by reducing delays in referral and treatment initiation.

Material and Methods: A retrospective review of patients attending the genital dermatosis clinic over an 11month period (Sept 2023 – Aug 2024) was conducted. Data was collected from electronic patient records using the code for genital dermatosis. Key parameters analysed included adherence to referral criteria, symptom resolution, biopsy referrals, and vulval/penile clinic referrals.

Results: A total of 645 attendances from 500 patients were recorded across two sites. The gender distribution was male 62.5% to female 37.5%. The age range 15 to 80 years. Age distribution, < 20 years:6(1.2%); 20–30 years:138(28%);31 – 50 years:242(48%); >51years: 114(23%).

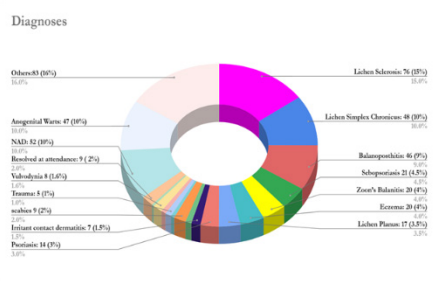
Ethnic distribution included, White: 293(58%): Black:69 (14%); Asian:28(6%); Others: 110(22%)

A dermatological diagnosis was made in 62% of cases. The most common diagnoses included Lichen sclerosis,Lichen simplex Chronicus,Balanoposthitis,Sebo-psoriasis,Zoon's balanitis,Eczema,Lichen Planus and Psoriasis. Majority diagnosed with inflammatory dermatoses reported improvement following treatment (see fig 1). About 10% of patients reported skin findings within normal limits, requiring no treatment but received reassurance.

Supplementary Fig 1: Treatment outcomes and referral patterns

Diagnosis	% Improved After Treatment	Further Referral Required
Lichen Sclerosus (15%)	90% (68/76)	7 patients (Dermatology, Urology for urethral LS, Gynaecology, Circumcision)
Lichen Simplex Chronicus (10%)	94% (45/48)	2 patients (vulval clinic)
Balanoposthitis (11%)	95% (44/46)	5 patients (GP for diabetes control, urgent dermatology referral)
Sebopsoriasis (4.5%)	90% (19/21)	2 patients (dermatology for biopsy)
Zoon's Balanitis (4%)	95% (19/20)	1 patient (Penile Clinic)
Eczema (4%)	95% (19/20)	0
Lichen Planus (3.5%)	94% (16/17)	1 patient (Dermatology)
Psoriasis (3%)	92% (13/14)	1 patient (Dermatology)

Conclusion: This specialist clinic provides an effective model for diagnosing and managing genital dermatoses and improving patient outcomes earlier, therefore minimising onward referrals. The majority of patients treated had improved outcomes. Furthermore, it serves as a platform for education, research, and service development, ultimately advancing standards of care in this complex field.


Diagnoses
Others:83 (16%)
16.0%
Anogenital Warts: 47 (10%)
10.0%
NAD: 52 (10%)
10.0%
Resolved at attendance: 9 (2%)
2.0%
Vulvodynia 8 (1.6%)
1.6%
Trauma: 5 (1%)
1.0%
scabies 9 (2%)
2.0%
Irritant contact dermatitis: 7 (1.5%)
1.5%
Psoriasis: 14 (3%)
3.0%
Lichen Sclerosis: 76 (15%)
15.0%
Lichen Simplex Chronicus: 48 (10%)
10.0%
Balanoposthitis: 46 (9%)
9.0%
Seboporiasis 21 (4.5%)
4.5%
Zoon's Balanitis: 20 (4%)
4.0%
Eczema: 20 (4%)
4.0%
Lichen Planus: 17 (3.5%)
3.5%

PP058 | How a regional STI service is responding to the rise in syphilis in Australia: collaboration and a multidisciplinary approach are key

Rochelle Hamilton

Barwon Health, Geelong, Australia

Background: The past decade has seen a significant rise in the number of syphilis cases across Australia. Case notifications of infectious syphilis have more than doubled between 2015 and 2022. Three key cohorts are identified as high risk in Australia: 1. women and girls of reproductive age 2. Aboriginal and Torres Strait Islander people (and those living in outbreak declared areas) 3. Gay, bisexual and other men who have sex with men.

Methods: Analyses of government and local data, noting all stages of syphilis between 2017 and to date.

Results: There has been a significant rise in all key cohorts across our catchment. The primary concern was the rise in women and those diagnosed during pregnancy.

Conclusions: The collective rise in syphilis across our region includes the increase in referrals received from primary care clinics for treatment and management. This led to a review of how our service could improve support to primary care clinics. Awareness and education opportunities included updates and printed material for primary care clinicians and services, including pregnancy care clinics. Our STI clinic found it challenging to secure engagement for treatment with some of the women who were pregnant. The nurse manager worked collaboratively with the public pregnancy care clinic and chemical dependency unit to ensure that benzathine penicillin would be kept at these clinics to treat opportunistically. This has proven worthwhile. Australia has responded to the number of congenital syphilis diagnoses by implementing a change in policy for antenatal screening for syphilis that recently came into effect.

PP059 | Update on superbugs - Neisseria gonorrheae and Mycoplasma genitalium

Birgit Sadoghi

Department of Dermatology and Venereology, Medical University of Graz, Graz, Austria

Exacerbated by challenges in diagnosis and resistance to conventional antibiotics.

Material and Methods: A comprehensive literature review was conducted, focusing on the most recent guidelines, studies, and expert recommendations concerning NG and MG diagnostics and therapeutic strategies. Special attention was given to recent developments in the understanding of asymptomatic Neisseria gonorrhoeae infections, particularly among men who have sex with men (MSM), and the growing resistance of Mycoplasma genitalium to macrolides and fluoroquinolones. Data was gathered from peer-reviewed journals, clinical trials, and health organization reports from the past years.

Results: The review found that NG continues to be a significant public health concern, especially in the MSM population, where asymptomatic cases may not require treatment, challenging previous notions of mandatory intervention. New recommendations suggest reevaluating the diagnosis and treatment approaches for asymptomatic cases, as overdiagnosis and overtreatment have been linked to increased resistance. For MG, there has been a marked rise in resistance to first-line antibiotics, such as azithromycin, necessitating alternative therapeutic regimens, including sitafloxacin.

Conclusion: The management of Neisseria gonorrhoeae and Mycoplasma genitalium infections demands a more nuanced approach, balancing the need for effective treatment with the prevention of antibiotic resistance. Updated diagnostic strategies are critical to avoid unnecessary treatment, especially in asymptomatic cases of NG. For MG, emerging resistance patterns emphasize the need for ongoing research into alternative therapies and revised treatment guidelines. Efforts to minimize overdiagnosis and overtreatment are crucial in mitigating the spread of resistance and safeguarding future therapeutic options.

PP060 | Unmasking syphilis: A case of syphilitic alopecia

Christina Silaidi, Spyridoula Kappa, Melpomeni Theofili, Electra Nikolaidou

1st Department of Dermatology and Venereology, "Andreas Sygros" Hospital for Skin Diseases, National & Kapodistrian University of Athens, Athens, Greece

Background: Syphilitic alopecia (SA) represents a rare and often underrecognized manifestation of secondary syphilis. Its clinical heterogeneity and frequently subtle or absent systemic manifestations render diagnosis particularly challenging. SA may present in three distinct patterns: a characteristic "moth-eaten" (patchy) alopecia, diffuse non-scarring hair loss or a mixed form. These presentations frequently mimic other dermatologic, autoimmune or endocrine disorders, contributing to diagnostic delay and potential mismanagement.

Material and Methods: We present the case of a 37-year-old woman who presented to our hospital with a one-month history of progressively worsening hair loss. She reported that the hair shedding began shortly after initiating oral valacyclovir for genital herpes. She had a history of former substance use and was under pharmacological treatment with oral alprazolam (Xanax) and hypnotics (Hipnosedon).

On clinical examination, the patient presented with a mixed pattern non-scarring alopecia, combining well-demarcated, patchy "moth-eaten" area – particularly in the occipital and parietal scalp with diffuse thinning across the scalp.

Trichoscopy showed reduced hair density without perifollicular inflammation or scaling. Initial laboratory investigations, including thyroid function, iron studies and autoimmune screening were within normal limits.

A broad differential diagnosis was considered, including diffuse androgenetic alopecia, telogen effluvium (secondary to medication, endocrine causes or dietary factors), trichotillomania, alopecia areata, systemic lupus erythematosus and secondary syphilis.

Results: Trichogram revealed a mixed pattern with reduced anagen hairs, increased dystrophic hairs, and elevated telogen hairs. Positive serology (VDRL 1/64, TPHA >1/2560) confirmed secondary syphilis with alopecia. The patient received 2.4 million units of benzathine penicillin G, resulting in significant hair regrowth and near-complete alopecia resolution at 3-month follow-up.

Conclusion: Syphilitic alopecia, a non-scarring hair loss seen in 3-20% of secondary syphilis cases, typically affects the parietal and occipital regions with diffuse, moth-eaten, or mixed pattern. It should be considered in unexplained alopecia, even without systemic symptoms. In our case, the patient contracted the infection from a former partner with unprotected extramarital activity. Timely diagnosis, treatment, and partner notification are crucial to prevent reinfection and further transmission.



PP061 | Genital mycoplasmas and adverse pregnancy outcomes: a comprehensive systematic review and meta-analysis with subgroup and multivariate analyses

Boglarka Feher, Zsolt Melczer, Isabel Pinto Amorim das Virgens, Peter Hegyi, Emese Toth, Eniko Uto, Oliver Solymosi, Gokçe Can, Peter Fehervari

Semmelweis University, Budapest, Hungary

Background: Genital mycoplasmas are highly prevalent in women of reproductive age worldwide. However, available data regarding their pathogenicity in pregnancy remain controversial. This study aimed to assess their associations with adverse pregnancy outcomes.

Methods: We conducted a systematic review and meta-analysis of observational studies published up to 11 November, 2023 in Medline, Embase and the Cochrane Library. Eligible case-control, cross-sectional or cohort studies reported the presence of any genital mycoplasmas and at least one adverse pregnancy outcome. Four reviewers independently selected studies and extracted data. Pooled odds ratios (ORs) and mean differences (MDs) with 95% confidence intervals (CIs) were calculated. Risk of bias was assessed using the QUIPS tool.

Results: Of 10.493 records, 177 studies were included. Infections with genital mycoplasmas were significantly associated with preterm birth, though effect sizes varied across species. Regarding secondary outcomes, U. urealyticum showed the strongest associations, particularly with premature (OR = 11.24; CI: 1.97-64.18) and preterm premature rupture of membranes (OR = 15.56; CI: 5.29-45.76), while U. parvum showed no significant associations. M. hominis was significantly associated with multiple adverse outcomes, including early preterm birth, preterm labor, premature rupture of membranes, spontaneous abortion, perinatal death, and low birth weight. In contrast, M. genitalium was only associated with low birth weight. Our multivariate model confirmed species-specific differences in preterm birth risk: both U. parvum and M. hominis showed higher risk compared to U. urealyticum (estimates = 2.32 and 1.13; p = 0.017 and <0.0001, respectively). Sampling site was also a significant predictor, with lower risk observed for cervical or vaginal samples compared to amniotic fluid (estimate = -2.70, p = 0.003).

Conclusion: Our findings support species-specific association between genital mycoplasmas and a broader range of adverse outcomes. Multivariate modeling confirmed the relevance of both pathogen type and sampling site. Although causality cannot be established, these results support the clinical relevance of genital mycoplasma detection in pregnancy. Future interventional studies with standardized diagnostics and treatment protocols are needed.

PP062 | Effective Treatment of Advanced HIV-Associated Kaposi Sarcoma Resistant to Antiretroviral Therapy Using Liposomal Doxorubicin

Melpomeni Theofili, Varvara Vasalou, Eleni Paparizou, Electra Nikolaidou, Vassilios Paparizos, Alexander Stratigos

1st Department of Dermatology & Venereology, Medical School, National Kapodistrian University of Athens, "Andreas Sygros" hospital for venereal and skin diseases, Athens, Greece

Background: Kaposi sarcoma (KS) is a vascular tumor related to human herpes virus-8, frequently affecting immunocompromised individuals, including those with untreated or advanced HIV infection. KS can be the initial manifestation leading to the diagnosis of AIDS. While antiretroviral therapy (ART) typically leads to the regression of KS, aggressive mucocutaneous or visceral forms may not respond to ART alone, and chemotherapy is required for disease control. Liposomal doxorubicin has demonstrated excellent efficacy in treating ART-resistant HIV-associated KS, leading to significant tumor regression and improved outcomes. We report a case of advanced-stage HIV-associated KS resistant to ART who improves following treatment with liposomal doxorubicin.

Material /Methods: A 51-year-old male patient was referred for HIV-associated KS, unresponsive to ART. KS had been diagnosed based on histopathological examination three months earlier after the development of erythematous lesions on the forehead, cheeks, and neck. Following the diagnosis, the patient was screened and tested positive for HIV, with a CD4+ T lymphocyte count of 19 cells/μL. ART was initiated with a combination regimen including nucleoside reverse transcriptase inhibitors (Emtricitabine and Tenofovir), protease inhibitor (Darunavir), and pharmacokinetic booster (Cobicistat). Despite the administration of ART, the patient's KS lesions continued to progress. A low dose of corticosteroids was added to the treatment regimen on the recommendation of an infectious diseases specialist, but without clinical improvement.

Result: On clinical examination, the patient presented with numerous, widespread, red to purplish nodules involving the skin and mucous membranes. Given the progression of the disease despite ART, treatment with liposomal doxorubicin initiated at a dose of 20 mg/m^2 of body surface area, administered every 2 to 3 weeks. Following seven cycles of chemotherapy, the patient exhibited a remarkable regression of the cutaneous and mucosal lesions accompanied by notable laboratory improvement, with the CD4+ T lymphocyte count rising to 242 cells/μL and the HIV viral load becoming undetectable (<20 copies/mL).

Conclusion: This case highlights the importance of considering chemotherapy with liposomal doxorubicin in patients with aggressive, ART-refractory HIV-associated KS presenting with extensive lesions.

PP063 | Eye-catching STIs

Massimiliano Mengarino, Francesca Polita, Valentina Carelli, Maria Angeles Gonzalez Inchaurraga, Rosita Saraceno

Department of Dermatology and Venereology, Hospital of Merano (SABES-ASDAA), Merano, Italy

Background: Sexually transmitted infections (STIs) such as syphilis and gonorrhea remain a major global health concern due to their increasing incidence, atypical presentations, and potential complications. Syphilitic uveitis, a rare ocular manifestation of Treponema pallidum, can be the initial manifestation of central nervous system involvement. Gonococcal conjunctivitis is a rare extragenital manifestation of Neisseria gonorrhoeae, most commonly presenting as ophthalmia neonatorum. In adults, gonococcal conjunctivitis is less common, but recently its incidence is increasing in Western Europe. Both infections can lead to irreversible visual impairment if untreated. This case series highlights three cases of syphilitic uveitis and two cases of ocular gonococcal infection, illustrating the diagnostic challenges of these infections.

Material and Methods: This retrospective case series analyzes five patients diagnosed and treated in the Hospital of Merano (Italy) between September 2024 and May 2025. Clinical data, laboratory findings, and treatment outcomes were reviewed.

Results: Three patients (aged 54–61) presented with unilateral blurred vision and ocular pain. Diagnosis of syphilitic uveitis was confirmed via serology and Polymerase Chain Reaction (PCR) on cerebrospinal fluid. They were treated with intravenous penicillin G. The two cases of ocular gonococcal infection involved one male and one woman aged 64 and 50, both presenting with eyelid oedema and ocular secretion. PCR analysis and culture were positive for N. gonorrhoeae. The woman was diagnosed with preseptal cellulitis, the man with gonococcal conjunctivitis. Both received intramuscular ceftriaxone. All five cases involved heterosexual or bisexual HIV-negative patients.

Conclusion: These cases underscore the importance of recognizing STI's ocular involvement, especially in at-risk populations.

Neurosyphilis is traditionally associated with late-stage syphilis however, emerging data indicate that it can present much earlier, often with atypical symptoms such as ocular involvement. Syphilitic Uveitis is a frequently underdiagnosed early manifestation of Neurosyphilis and should be considered in patients with unexplained uveitis.

Gonococcal conjunctivitis should be suspected in every patient with hyperacute purulent keratoconjunctivitis. However, gonococcal infection leading to preseptal cellulitis in adults is rare, and only few cases have been reported in the literature.

Professional awareness of STI's ocular involvement is needed to promote prompt testing and treatment and prevent severe complications.

PP064 | Evaluation of Molecular Collection Media for Sample Collection Kits using the BIOFIRE® SPOTFIRE® Sexually Transmitted Infection Panel

Caitlin Castañeda[1], Lorin Brookes[1], Cameron Hill[1], Margarita Rogatcheva[1], Jeremiah Antosch[1], Kerrin Koch[1], Ray Kirby Jennings[1], Sarah Gross[1], Jenifer Einstein[1], Marta Mangifesta[1], Usha Spaulding[1], Toma Todorov[1], Matthew Poulson[1], Russell Green[1], Jeffrey Bastar[1], Ashley Ky[1], John Kriesel[2], Aaron Ermel[3], Barbara Van Der Pol[4], LaShonda Crane[5], Justin Keener[1]

[1]bioMérieux, Salt Lake City, United States; [2]University of Utah, Salt Lake City, United States; [3]Indiana University School of Medicine, Indianapolis, United States; [4]University of Alabama at Birmingham, Birmingham, United States, [5]Planned Parenthood Gulf Coast, Houston, United States

Background: Sexually transmitted infections causing cervicitis and urethritis are symptomatically similar conditions spread through sexual activity, causing sexual health complications and, in some cases, adverse reproductive outcomes. bioMérieux is developing sample collection kits (SCKs) for use with the BIOFIRE® SPOTFIRE® Sexually Transmitted Infection (STI) Panel, a molecular test designed for the point-of-care setting to detect Chlamydia trachomatis, Mycoplasma genitalium, Neisseria gonorrhoeae, and Trichomonas vaginalis from first-catch penile urine (Urine) or vaginal swabs (Vswab) specimens. The goal of this effort was to develop SCKs with an optimal molecular collection media (MCM) capable of stabilizing STI organisms and suitable for use with the SPOTFIRE® STI Panel.

Methods: Two candidates for the SCK MCM, a commercially available eNAT® (Copan) media and a proprietary bioMérieux buffer (bMx), were evaluated across two studies. First, contrived organism stability was evaluated using pooled neat Urine and Urine or Vswab matrix in each MCM at room temperature (RT) and 4°C for 365 days. Second, Urine (616) and Vswab (698) specimens collected in each MCM from symptomatic subjects were evaluated using a Research-Use-Only (RUO) SPOTFIRE® STI Panel. Assay performance was compared to a composite infectious status (CIS).

Results: Neat Urine degrades target analytes after 7 days at RT and 30 days at 4°C, but stabilization with either MCM improved organism stability up to 60 days at RT and 365 days at 4°C. Vswab organism stability was maintained for at least 90 days at RT and 365 days at 4°C in both MCMs. Candidate MCM performance evaluation shows total positive percent agreements of 98.5% and 97.5% in bMx and eNAT®, respectively, and total negative percent agreements of 99.3% for both MCMs compared to the CIS (Table 1).

Conclusion: Utilizing an MCM provides organism stability. Candidate MCMs performed similarly to each other, indicating that either is suitable for use with the RUO SPOTFIRE® STI Panel. The SCKs will utilize eNAT® as the MCM as it is commercially available and accurately detects analytes present in the SPOTFIRE® STI Panel.

This abstract contains data regarding a device that has not been reviewed or approved by regulatory agencies for in vitro diagnostic use.

Table 1. BIOFIRE® SPOTFIRE® STI Panel molecular collection media performance compared to a composite infectious status for penile urine and vaginal swab specimens. The table includes organisms tested by STI Panel, bioMérieux buffer (bMx) or eNAT® molecular collection media. Performance is characterized by true positive (TP) results, false negative (FN) results, positive percent agreement scores (PPA), true negative (TN) results, false positive (FP) results, negative percent agreement (NPA) scores, and the total number of samples evaluated for each organism.

BIOFIRE® SPOTFIRE® STI Panel Molecular Collection Media Performance								
Penile Urine Sample Type								
Organism	**Molecular Collection Media**	**TP**	**FN**	**PPA**	**TN**	**FP**	**NPA**	**Total # Samples Evaluated**
C. trachomatis	bMx	57	2	96.6%	556	1	99.8%	615
	eNAT	57	2	96.6%	557	0	100%	615
M. genitalium	bMx	67	0	100%	532	1	99.8%	600
	eNAT	67	0	100%	533	0	100%	600
N. gonorrhoeae	bMx	16	0	100%	601	0	100%	616
	eNAT	16	0	100%	601	0	100%	616
T. vaginalis	bMx	11	0	100%	606	0	100%	616
	eNAT	11	0	100%	605	1	99.8%	616
Vaginal Swab Sample Type								
Organism	**Molecular Collection Media**	**TP**	**FN**	**PPA**	**TN**	**FP**	**NPA**	**Total # Samples Evaluated**
C. trachomatis	bMx	42	1	97.7%	651	3	99.5%	697
	eNAT	43	0	100%	648	6	99.1%	697
M. genitalium	bMx	81	1	98.8%	589	5	99.2%	676
	eNAT	81	3	96.4%	584	8	98.6%	676
N. gonorrhoeae	bMx	12	0	100%	679	7	99.0%	698
	eNAT	11	1	91.7%	682	4	99.4%	698
T. vaginalis	bMx	57	1	98.3%	638	2	99.7%	698
	eNAT	57	1	98.3%	640	0	100%	698

PP065 | Rapid detection of four STI bacteria and associated antibiotic resistance markers enabling specific treatment at the point-of-care

Sonny Michael Assennato[1], Odeta Villaruel[2], John White[3], Nikolai Kirkby[4], Lourdes Nadala[1], Helen H. Lee[1]

[1]Diagnostics For The Real World (Europe) Ltd, Saffron Walden, United Kingdom; [2]Social Hygiene Clinic, Iloilo City, Philippines; [3]Northern & Western Health and Social Care Trusts, Londonderry, United Kingdom; [4]Dept. Clinical Pathology, Rigshospitalet, Copenhagen, Denmark

Background: Antibiotic resistance to Neisseria gonorrhoeae and Mycoplasma genitalium is a growing global health threat with significant implications for both individual and public health. Delayed and Ineffective treatment can lead to adverse outcomes and onward transmission. Rapid implementation of resistance-guided therapy using molecular point-of-care is recommended.

Methods: The SAMBA III STI Discharge panel identifies 4 main targets - Neisseria gonorrhoeae (NG), Chlamydia trachomatis (CT), Mycoplasma genitalium (MG), Trichomonas vaginalis (TV) and two important antibiotic resistance markers (to quinolones for NG and macrolides for MG) with time to result of 50 minutes. We evaluated its performance in comparison with CE-marked multiplex molecular assays (cobas® CT/NG and MG/TV, Roche). Resistance-associated mutations (RAMs) for MG and NG were confirmed with the R/MG Elite MGB assay (ELItech InGenius) and sequencing, respectively. Vaginal or urethral swabs were collected from consenting participants attending a social hygiene clinic in Iloilo city, Philippines.

Results: We tested specimens from 243 participants (216 female sex workers, 13 female and 14 male walk-in patients). Results are shown in the table.

Overall, 112 participants (46.1%) tested positive for one or more STI targets: 64 CT (26.3%), 38 NG (15.6%), 36 TV (14.8%) and 28 MG (11.5%). 71 participants had monoinfections and 41 had multiple STIs: CT/NG (12), CT/TV (8), CT/MG (6), MG/TV (3), NG/MG (1), CT/NG/MG (6), CT/NG/TV (3) and CT/MG/TV (2). NG quinolone RAMs were present in 94.7% of the NG positive samples whereas macrolide RAMs were detected in only 10.7% of the 28 MG-positive samples. All samples identified as antibiotic resistant were confirmed by alternative assay or sequencing.

Conclusion: The SAMBA III Discharge panel provides high diagnostic accuracy and rapid turn-around time allowing clinicians to promptly and accurately diagnose STIs at the point-of-care and provide with resistance-guided therapy while patients still on site.

			SAMBA III / COMPARATOR					
SITE	TARGET	NUMBER OF SPECIMENS	+/+	+/-	-/+	-/-	PPA (95% CI)	NPA (95% CI)
Philippines	CT	243	63	0	1	179	**98.46 %** (91.72-99.96)	**100 %** (97.96-100)
	NG	243	37	0	1	205	**97.44 %** (86.52-99.94)	**100 %** (98.22-100)
	MG	243	27	0	1	215	**96.55 %** (82.24-99.91)	**100 %** (98.3-100)
	TV	243	35	0	1	207	**97.30%** (85.84-99.93)	**100 %** (98.23-100)

PP066 | Dermoscopy in pearly penile papules: transforming anxiety into assurance

Keshav Yadav, Prakhar Srivastava, Niti Khunger

VMMC and Safdarjung Hospital, New Delhi, India

Background: Pearly penile papules (PPP) are common, benign anatomical presentations found on the glans penis in 14-48% males. These often appear during late-puberty and could be a cause of significant anxiety and discomfort, misidentifying them as sexually transmitted infections. Here in this case series we have reported their clinico-dermoscopic features that could facilitate early and correct diagnosis, providing reassurance to the patient.

Material and Methods: -

Results: Ten uncircumcised males with mean age 25.1±2.9 years presented with a 3-7 years history of multiple asymptomatic, small, smooth eruptions over glans and coronal sulcus. (Table 1, Fig. 3) The patients reported significant anxiety and embarrassment, fearing them as a sexually transmitted disease (STD), seeking multiple prior consultations. Physical examination revealed multiple, uniform 1-2 mm pearly-white to skin-colored dome-shaped papules arranged in incomplete or complete rows circumferentially around the coronal rim of the glans penis. (Fig. 1) Dermoscopy revealed whitish-pink translucent cobblestone-like papules with smooth bulbous-tips, containing central dotted vessels surrounded by crescent-shaped whitish structures in few. (Fig. 2) Reassurance regarding the benign and non-infectious nature of the lesions after dermoscopy, significantly alleviated their anxiety, provided more satisfaction and precluded further unnecessary interventions.

Conclusion: Dermoscopically, PPP exhibits whitish-pink "cobblestone" or "grape-like" appearance, with central dotted, comma-like, or hairpin vessels, often surrounded by crescent-shaped whitish structures. Transparent to translucent white structureless areas with smooth bulbous-tips were also observed. Unusual but similar clinical presentations can often lead to misdiagnosis, for example other benign anatomical variants like fordyce spots or pathological conditions like genital warts, molluscum contagiosum, lichen nitidus, sebaceous hyperplasia etc. The dermoscopic evaluation could eliminate the need for biopsies and prevent unnecessary, potentially scarring treatments. This diagnostic clarity provides patient reassurance, reducing psychological distress,venereophobia, and improving quality of life. Integrating dermoscopy into routine clinical assessment enhances diagnostic accuracy, provides better patient satisfaction and reduces the broader healthcare burden of unwarranted investigations.

Table 1: Clinical and Dermoscopic Characteristics of Patients with Pearly Penile Papules (n=10)

Case	Age	Duration	Prior consultations	Anxiety	Dermoscopy
1	24	4	1	Y	Linear row of whitish papules
2	20	3	0	N	2-3 incomplete rows of white-pinkish translucent papules
3	27	6	4	Y	Grouped white-pinkish papules over dorsum of glans and coronal sulcus
4	23	4	2	Y	Single row of grape like white-pinkish papules
5	25	5	2	Y	2-3 rows of translucent whitish papules with central dotted vessels
6	28	5	2	Y	Multiple rows of grape like pinkish papules
7	22	4	2	N	Grouped whitish papules over rim of coronal sulcus with white crescentic structures
8	30	7	4	Y	Row of concentric white-pinkish translucent papules
9	25	4	0	Y	Dotted vessels in few white-pinkish papules over rim of coronal sulcus
10	27	5	2	Y	Multiple incomplete concentric rows of whitish papules, few with dotted vessels

Y=Yes, N= No

PP067 | Sexual behavior, risk, and COVID-19 pandemic: Insights from an online survey among STI clinic attendees in Italy

Eugenia Giuliani[1], Alessandra Latini[1], Mauro Zaccarelli[1], Christof Stingone[1], Laura Gianserra[1], Maria Gabriella Donà[1], Claudia Colli[2], Camilla Negri[3], Massimo Farinella[4], Mauro Grandolfo[5], Daniel Saiani Campostrini[6], Massimo Giuliani[1]

[1]San Gallicano Dermatological Institute IRCCS, Rome, Italy; [2]ASU Giuliano Isontina, Trieste, Italy; [3]ASU Giuliano Isontina, Gorizia, Italy; [4]Mario Mieli NGO, Rome, Italy; [5]Dermatological Department, Bari University, Bari, Italy; [6]Arcigay NGO, Trieste, Italy

Background: The COVID-19 pandemic profoundly affected interpersonal dynamics and sexual behaviour. This study aimed to evaluate changes in sexual practices among clients of three sexually transmitted infections (STIs) clinics in Italy during and after the pandemic.

Materials and Methods: From November 1, 2024, to April 30, 2025, a cross-sectional online survey using an anonymous self-reported questionnaire distributed by the website of the STI Centre (www.pensarapido.it) of San Gallicano Dermatological Institute of Rome, Italy, was conducted. Sociodemographic data, sexual habits, attitudes, and feelings during different phases of the pandemic (i.e.; pre-pandemic: 2019, pandemic: 2020-2021, post-pandemic: 2022) were explored and analysed.

Results: During the study period, 247 attendees completed the questionnaire using a QR code printed and exposed in the centres. The median age was 39 years (IQR: 31–49), and the responders were predominantly male (89.1%) and identified as men who have sex with men (MSM, 56.3%). Participants reported a marked decline in the median number of annual sexual partners from 4 (IQR: 1–11) in 2019 to 1 (IQR: 1–5) in 2020, followed by a gradual increase in subsequent years. During the pandemic, 59.9% reported changes in overall sexual behaviour, with 55.9% modifying partner selection or number, and 47.4% avoiding sexual activity due to fear of COVID-19. Increased caution regarding partners' health status (58.3%) and SARS-CoV-2 vaccination (49.0%) was common. Behavioural adaptations included sex exclusively with known (59.9%) or stable (38.1%) partners, increased self-masturbation (41.7%), reduced use of dating-web-sites (34.0%), engagement in high-risk practices such as anal sex (12.1%) and chemsex (2.4%). Psychological impacts were substantial: 69.2% experienced anxiety or mistrust, 44.1% reported hypochondria, and 35.6% noted depression or loneliness. While 95.1% were vaccinated, 63.2% had at least one SARS-CoV-2 infection.

Conclusions: The COVID-19 pandemic significantly altered sexual behaviors, partner dynamics, and psychological well-being among STI clinic attendees in Italy. These findings underscore the need for integrated sexual health and mental health services during public health crises and seem to explain some changes in STI trends observed in the same centres.

PP068 | Dark ground microscopy. Is it still a useful skill in the modern day?

Anais Bruder[1], Nadi Gupta[2]

[1]Sheffield Medical School, University of Sheffield, Sheffield, United Kingdom;
[2]Rotherham Sexual Health Services, Rotherham NHS Foundation Trust, Rotherham, United Kingdom

Background: Dark ground microscopy (DGM) enables immediate identification and prompt treatment of primary syphilis. With the availability of and ease of serological testing (and PCR in some centres), it is possible that DGM is less utilised. Furthermore, the sensitivity of DGM is variable and depends on the expertise of the clinician obtaining the sample as well as the microscopist. This study aims to assess the benefit of using DGM within a UK sexual health clinic.

Methods: A retrospective case note study was undertaken of all patients who underwent DGM of genital ulcer specimens from 2018 to 2025. Data was collected on demographics, DGM results, serological testing and syphilis POCT (point of care test).

Results: A total of 90 patients with genital ulceration were identified, of which 42 (47%) were subsequently diagnosed with primary syphilis. A total of 96 DGM results were analysed (some patients attended on more than one occasion for repeat DGM, when initial DGM was negative): 20 (21%) DGM positive (motile spirochetes seen), 5 (5%) suspicious (non-motile spirochetes), and 71 (74%) negative DGM. All positive DGM cases received immediate (same day) treatment for primary syphilis.

15 (75%) patients with a positive DGM also had a positive serological test or syphilis POCT. 27 of 71 (38%) patients with negative DGM results were subsequently diagnosed with syphilis by positive serology.

Conclusions: Our work highlights that DGM is still a valuable tool in diagnosing syphilis, with a fifth of DGM tests being positive within our service. Whilst serological tests are the mainstay of syphilis diagnosis, the results are not immediately available. In addition, a quarter of positive DGM tests were in the absence of positive serology, highlighting that early serology may be false-negative. Furthermore, the turn-around-time of serological testing means that the diagnosis and treatment are delayed. Given the current syphilis epidemic, we suggest that DGM plays an imperative role in enabling earlier primary syphilis diagnosis and treatment, thus reducing onward transmission.

PP069 | Improving the Clinical Management of Pelvic Inflammatory Disease through Audit

Stephanie Hanson, Anya Hargreaves, Rita Browne

Mortimer Market Centre, Central and North West London NHS Trust, London, United Kingdom

Background: Pelvic inflammatory disease (PID) is a well-recognised differential in presentations of lower abdominal pain to sexual health clinics. Adequate investigation and treatment are necessary to avoid long-term sequelae associated with PID and excluding ectopic pregnancy is essential to avoid morbidity and mortality. We aimed to determine if our service met local and national standards for investigating and managing patients with PID, and whether implementing simple interventions - a flow chart of actions required for assessment and management, and dissemination of this amongst clinicians - improved standards.

Material and Methods: A retrospective audit of 100 female patients diagnosed with PID across our service from 01/02/2024-31/05/2024 was performed. Demographic and clinical data were extracted from electronic clinical records and a descriptive analysis undertaken. Audit results and a flow chart for management were discussed at our service educational meeting and added to clinic guidelines. A re-audit was performed after our intervention from 12/05/2025-16/05/2025.

Results: Median age was 31 (range 17-66) and the majority were of White ethnicity (55%). 80% reported 1 sexual partner and 82% reported condomless sex in the prior 3 months. The most common presenting symptom was lower abdominal pain (83%). 90% were tested for M. genitalium. 22% were diagnosed with 1 or more STIs (11% chlamydia, 3% gonorrhoea, 5% trichomonas, 7% M. genitalium) and 13% diagnosed with a non-sexually transmitted genital infection (candida or bacterial vaginosis). All (74%) tested for HIV were negative. 78% and 59% had a pregnancy test (PT) and urinalysis performed respectively. 95% were offered a recommended treatment regime. 24 re-attended within 1 month, with 13 having symptom resolution. On re-audit, 88% reported 1 sexual partner and condomless sex in the preceding 3 months. All were tested for M. genitalium; 12% and 18% diagnosed with an STI and a non-STI respectively. 88% and 76% had a PT and urinalysis respectively. 100% were offered a recommended treatment regime.

Conclusion: Testing for STIs and pregnancy are essential in women with clinical PID and simple interventions that provide a clear guide for the assessment and management of common presentations can result in a demonstrable improvement in standards of care.

PP070 | Are We Blind To The Problem? A Case Study Of Delayed Syphilis Diagnosis

Sean McGinley, Leah McVeigh, **Ryan McCloskey**, Amy Claridge

Belfast Health and Social Care Trust, Belfast, Ireland

Background: Syphilis rates are on the rise within the UK and commonly presents with end-organ complications. However, it remains off most doctors' differential diagnosis.

Methods/Results: A 23 year old female presented to hospital with a sudden onset headache and reduced vision. On further questioning this was preceeded by a two month history of tinnitus, rash and lethargy. Fundoscopic examination demonstrated bilateral severe papilloedema and opening pressure on lumbar puncture was over 33mmHg. After three weeks in hospital and multiple investigations (including insertion of an invasive intracranial pressure monitor and four lumbar punctures), a syphilis test was performed which was positive (RPR 64). She was treated with steroids and IV benzylpenicillin, but unfortunately visual recovery was limited. Upon stopping steroids, visual acuity actually worsened. She is currently on a slowly weaning course of steroids to reduce optic nerve inflammation.

Conclusion: Syphilis is a common infection which is generally easy to treat. However, it can lead to irreversible consequences if diagnosis is delayed.

PP071 | Vaccination status and incidence of systemic symptoms in mpox disease: Experience in Badalona, Spain

Pablo Pillado[1], Anton Popov[2], Victor Morillas[2], Adrià Mendoza[3], Miriam Campos[1], José Manuel Carrascosa[2], Agueda Hernández-Rodríguez[1], **Júlia Cabré-Torrents**[1]

[1]Microbiology Department, Clinical Laboratory North Metropolitan Area, University Hospital Germans Trias I Pujol, Badalona, Spain; [2]Dermatology Deparment, University Hospital Germans Trias I Pujol, Badalona, Spain; [3]Skin Neglected Diseases and Sexually Transmitted Infections Section, University Hospital Germans Trias I Pujol & Fight Infectious Diseases Foundation, Badalona, Spain

Background: Since the global outbreak of mpox occurred in 2022-2023, vaccination has been considered a control measure. Although there is no MPXV-specific vaccine, smallpox vaccines can be used to prevent mpox in vulnerable individuals, especially those with impaired immune systems, or in high-risk groups. The objective of this study was to compare the clinical severity, according to the appearance of systemic symptoms, in patients diagnosed with mpox based on their vaccination status.

Material and Methods: The analytical-descriptive and retrospective study consisted of the review confirmed mpox cases with MPXV DNA detection using real time PCR testing of skin lesion, pharyngeal and anal samples. Variables studied included sex, age, PrEP usage and type, HIV status, smallpox vaccination and dose, and severity of disease. Statistical analysis was performed using a Chi-square and for disease severity a multivariate analysis.

Results: From June 2022 to February 2025, 385 cases of mpox disease ware diagnosed. Of all the cases of mpox, 371 were men who have sex with men (MSM), 6 cis women, 3 heterosexual men, 2 trans women and 3 children. The average age was 38.7 years (range 1-88). Additionally, 31.4% patient have HIV infection and among 23% of negative, were on PrEP 45.3%. Also, in 72 (18.7%) cases we knew the vaccination status, 31 had received the smallpox vaccine in their childhood and 41 where inoculated with JYNNEOS vaccine (73.2% two doses and 26.8% one dose). The 15% of HIV negative individuals were vaccinated, 50.8% on PrEP and 33.3% of HIV infected. About clinical severity, 64.8% individual have systemic symptoms and 3 patients, all HIV-positive, required hospitalization (1 vaccinated, 1 unvaccinated and 1 unknown). Besides, 70% of unvaccinated individuals present systemic symptoms compared to 50% of vaccinated individuals ($p<0.05$). Of the vaccinated, 64.7% presented systemic symptoms with the classical smallpox vaccine versus 36.8% with JYNNEOS vaccine ($p<0.05$).

Conclusion: A lower incidence of systemic symptoms of mpox disease was observed in vaccinated patients, but HIV infection was associated with a higher risk of presenting systemic symptoms. Further multicenter, prospective studies including larger numbers of patients are needed to confirm these findings.

PP072 | The aetiology and treatment outcomes of epididymo-orchitis: A clinic-based review

Jim Abi Frem[1], Peter Soliman[1], Colin Fitzpatrick[1,2], Deborah Williams[1], Daniel Richardson[1,2]

[1] *University Hospitals Sussex, Brighton, United Kingdom;* [2] *Brighton & Sussex Medical School, Brighton, United Kingdom*

Background: Epididymo-orchitis can be caused by sexually transmitted pathogens. All patients with a clinical diagnosis of epididymo-orchitis are tested for urinary bacteria (mid-stream urine bacterial culture), Chlamydia trachomatis and Neisseria gonorrhoeae (and Mycoplasma genitalium if they have a urethritis) at their initial visit, and are treated with a stat dose of 1g ceftriaxone IM /oral doxycycline 100mg BD for 14 days and are reviewed clinically after 14 days. The aim of this study was to explore the demographics, microbiological findings and treatment outcomes of patients presenting with epididymo-orchitis to our centre.

Methods: We reviewed the clinical notes of 100 random patients seen in our service with a diagnosis of epididymo-orchitis between 2021 and 2025. We extracted data on demographics, microbiological findings, follow up and clinical response rate to treatment.

Results: The median age was 37 years (IQR=30-47), 48% were MSM, 9% were living with HIV and 79% HIV negative MSM were using HIV pre-exposure prophylaxis. Overall, 21% had positive microbiology. 10% tested positive for C. trachomatis, 4% N. gonorrhoeae, 10.8% M. genitalium and 3.8%E. coli. 79% had <1 organism found at initial visit. 73% attended a follow up appointment and of these 67% had experienced symptom resolution. 50% had a documented partner notification plan.

Conclusion: A minority of men attending our sexually transmitted infection clinic with clinical epididymo-orchitis have positive microbiology, including M. genitalium. More work is needed to understand the clinical-pathophysiology of epididymo-orchitis to streamline treatment algorithms.

PP073 | Species distribution and resistome of oropharyngeal commensal Neisseria spp. in Pretoria and East London, South Africa

Hyunsul Jung[1], Mandisa Mdingi[1,2], Remco Peters[1,3]

[1]Department of Medical Microbiology, University Of Pretoria, Pretoria, South Africa; [2]STI Research Unit, Foundation for Professional Development, East London, South Africa; [3]Division of Medical Microbiology, University of Cape Town, Cape Town, South Africa

Background: Emergence of antibiotic resistance in Neisseria spp. to all available antibiotic classes is a major global health concern, given that gonorrhoea is one of the most common sexually transmitted infections worldwide. Recently, non-pathogenic Neisseria spp. received attention due to its potential to serve as a reservoir for providing antibiotic resistance genes (ARGs) and antibiotic resistance-associated mutations (ARMs) to pathogenic species. However, the data on its resistome remain scarce worldwide. The aim of the study was to investigate the prevalence and resistome of oropharyngeal commensal Neisseria spp. in Pretoria and East London, South Africa using a short read whole genome sequencing (WGS).

Methods: From June to August 2024, oropharyngeal swabs were collected from 30 participants in Pretoria (university students) and 30 participants in a rural community of East London, South Africa. Bacterial isolates from swabs were cultured on a chocolate agar in 5% to 10% carbon dioxide environment and were presumptively identified based on the colony morphology, Gram staining and the real-time PCR assay after total genomic DNA extraction. The extracted DNA of presumptively identified isolates was subjected to a short read WGS. Bioinformatics analyses were performed using the jekesa pipeline (https://github.com/stanikae/jekesa) and AMRFinderPlus 4.0.19.

Results: A total of 95 presumptively identified isolates were recovered from 23 participants in Pretoria and 26 in East London, of which 52 isolates were subjected to WGS. Out of 42 identified as Neisseria spp., the Pretoria isolates consisted of N. mucosa (13/25), N. sicca (6/25), N. cinerea (4/25), N. bacilliformis (1/25) and N. lactamica (1/25), whereas the East London isolates consisted of N. mucosa (11/17), N. sicca (3/17) and N. subflava (3/17). Commensal Neisseria isolates possessed up to 10 different ARGs and ARMs conferring resistance to aminoglycosides, β-lactams, fluoroquinolones, macrolides, sulfonamide and tetracyclines, while the most common ARM was gyrA S91I (18/42). In addition, a set of aminoglycoside-modifying enzyme, extended-spectrum β-lactamase and sulfonamide resistance genes [aph (3'')-Ib, aph (6)-Id, blaTEM-2, sul2] was found in three East London N. mucosa isolates.

Conclusions: The presence of multiple ARGs and ARMs in oropharyngeal commensal Neisseria spp. shows its potential role as an ARG reservoir and thus warrants further investigations.

PP074 | Laboratory findings from STI tests conducted by a Nationwide Commercial Laboratory in Korea Throughout 2024

Soyoun Shin, Yonghak Son

Seegene Medical Foundation, Daejeon, South Korea

Background: The epidemiology of sexually transmitted infections (STIs) in Korea is evolving, yet comprehensive nationwide data utilizing multiplex PCR assays are limited. This study aims to assess positivity rates and pathogen-specific distributions of STI markers across sex and age groups, from a representative nationwidecCommercial clinical laboratory in Korea.

Material and Methods: We retrospectively analyzed 390,712 Anyplex™ II STI-12 Detection (Seegene, Seoul) results from urine samples (n=178,230 males) and vaginal swabs (n=269,172 females), collected throughout 2024. This assay simultaneously detects 12 STI-related pathogens. Positive rates were stratified by sex and age, and rates of co-infection were calculated.

Results: Overall positivity was 63.9% (249,686/390,712), with 58.3% of positive cases showing two or more pathogens. Females had a significantly higher positivity rate (74.8%) compared to males (45.0%). The top three pathogens in males were Gardnerella vaginalis (27.7%), Ureaplasma urealyticum (13.3%), and Ureaplasma parvum (12.8%). In females, the most common were G. vaginalis (61.2%), U. parvum (37.9%), and Candida albicans (19.1%). Chlamydia trachomatis was detected in 5.8% of males and 2.4% of females, while Neisseria gonorrhoeae appeared in 1.7% of males but was negligible in females. Positivity rates peaked in teens to 40s (50–80% in males, 70–80% in females) and declined with age.

Conclusion: Multiplex PCR screening reveals high STI prevalence in Korea, notably elevated in females and younger populations. G. vaginalis predominates, especially among women, whereas bacterial STIs like C. trachomatis and N. gonorrhoeae are more common in men. These results underscore the need for targeted STI screening strategies stratified by sex and age in Korea.

PP075 | Impact of HPV vaccination in males aged over 15 on HPV-Associated Diseases: Findings from a 15-Year Prospective Cohort Study

Carlos Nogueira[1], Filomena Azevedo[2], **Carmen Lisboa**[2,3]

[1]Dermatovenereology Department, Unidade Local De Saúde De Braga, Braga, Portugal;
[2]Dermatovenereology Department, Unidade Local De Saúde De S. João, Porto, Portugal;
[3]RISE-Health, Pathology Department, Faculdade de Medicina da Universidade do Porto, Porto, Portugal

Background: Human papillomavirus (HPV) is associated with anogenital warts and premalignant/malignant lesions. In Portugal, routine HPV vaccination for boys was introduced in 2020, despite earlier European approval. There is limited evidence on the impact of male vaccination, particularly among adults. This study aims to evaluate the impact of male HPV vaccination on HPV-related conditions, including anogenital warts, high-grade lesions (HSIL) and squamous cell carcinoma (SCC).

Material and Methods: This prospective cohort study included males aged ≥15 years who attended their first STI consultation between 2010 and 2020, with at least 36 months of follow-up. Data was retrieved from national health system records until December 2024. Outcomes were assessed using relative risk (RR) with 95% confidence intervals and Fisher's exact test when appropriate.

Results: A total of 1120 patients were included. HPV infection occurred in 68.3%. Anogenital warts were observed in 65.7% of patients, with a recurrence rate of 29.1%. HPV vaccination was administered to 81 (7.2%) patients, 92.3% of whom had prior HPV-related disease. Overall, the RR for wart recurrence was 0.98 (0.66–1.46). For major HPV-related outcomes (HSIL, in situ/invasive SCC), the results were non-significant. Among HIV-positive patients, RR for wart recurrence was 0.63 (0.36–1.46) and 0.67 (0.09-5.14; Fisher's p=1.00) for invasive SCC. In those with anal HPV infection, RR for major HPV-related outcomes was 0.53 (0.22–1.28) and 0.17 (0.01–2.87; Fisher's p=0.121) for anal SCC. Among HIV-positive patients with anal HPV, vaccination significantly reduced major events (RR: 0.33, 0.13–0.86; Fisher's p=0.011). The effect on anal SCC was not significant (RR: 0.15, 0.01 – 2.57; Fisher's p=0,099).

Conclusion: Our study suggests a potential protective effect of vaccination in specific groups. Among HIV male patients, vaccination may reduce recurrence of anogenital warts and invasive SCC, although the findings were not statistically significant. In men with anal HPV infection, vaccination appeared to reduce the incidence of high-grade lesions and in situ/invasive anal SCC, reaching statistical significance in HIV-positive individuals The lack of statistical significance in some results may reflect the rarity of certain outcomes and the small number of vaccinated individuals. Further studies with larger vaccinated cohorts are warranted.

PP076 | Coinfections in Gonorrhoea Cases at a Regional Irish Hospital: Surveillance Trends and Clinical Implications (2017–2024)

Billie Caceda, Jean Wellwood, Kathy Neylon, Mark McKeon, Ultan Campbell, Colin Murtagh, Roisin Lynch, Dominic Rowley

Hospital Regional of Mullingar, Mullingar, Ireland

Introduction: Post-pandemic trends have seen rising Neisseria gonorrhoeae notifications across Ireland, particularly among young females. While antimicrobial resistance has been widely studied, real-world data on co-infections with other STIs in regional centres remain underreported. This study analyses laboratory-confirmed co-infection patterns at a 230-bed regional hospital, highlighting key diagnostic and treatment implications

Methods and materials: A retrospective laboratory-based surveillance study was conducted from January 2017 to December 2024. Neisseria gonorrhoeae and Chlamydia trachomatis were diagnosed locally using nucleic acid amplification tests (NAATs) on the COBAS 4800 platform. Samples were referred to the National Reference Laboratory for additional NAAT testing for Mycoplasma genitalium, Trichomonas vaginalis, and serological testing for syphilis, HIV, and hepatitis. Culture and antimicrobial susceptibility testing (AST) for N. gonorrhoeae were performed when isolates were recovered. Demographics, coinfection patterns, and resistance trends were analyzed.

Results:

• Total cases (2017–2024): 207 for N.gonorrhoea.
• Coinfections identified: 61 (32.3%)
• C. trachomatis: 46 (24.3%)
• Syphilis: 6 (3.1%)
• Mycoplasma genitalium: 2 cases (both as part of complex co-infections)
• HIV: 1 case(co-infected with M. genitalium and syphilis, 2023)
• Hepatitis B: 1 case (co-infected with C. trachomatis and syphilis, 2024)
• Coinfection trend: rose from 25% (2018) to 39.5% (2023), with increasing multi-STI presentations in recent years.
• Demographics: Most cases in men, but the proportion of females increased from 8% in 2019 to over 40% by 2023–2024, with higher rates of coinfection in women aged 20–29.
• Culture recovery was low (4–6/year). Among 2023–2024 isolates: 100% ciprofloxacin resistance, increasing azithromycin resistance, and full susceptibility to cefotaxime, cefixime, and ceftriaxone.

Conclusions: Coinfection occurred in nearly one-quarter of gonorrhoeae cases, reflecting shifting STI patterns and rising complexity. Dual infections were most frequent with C. trachomatis, but syphilis, HIV, and hepatitis B also emerged. The increasing proportion of young women affected highlights the need for targeted sexual health interventions beyond high-prevalence groups. NAAT improves detection but limits AST. Enhanced targeted culture, empirical dual therapy, and ongoing clinician education remain essential to ensure early recognition, appropriate management, and local resistance surveillance.

Year	N. gonorrhoeae Only	N. gonorrhoeae + C.trachomatis	N. gonorrhoeae + Syphilis	N. gonorrhoeae + Others(complex)	Total Co-infections %	Total N. gonorrhoeae and Co-infections (Number Cases)
2017	29	0	0	0	0	29
2018	12	4	0	0	4	16
2019	4	1	1	0	2	6
2020	6	2	0	0	2	8
2021	0	1	0	0	1	1
2022	28	12	0	0	12	40
2023	38	16	3	• 1 × M.Genitalium + Syphilis + HIV • 1 × C. trachomatis + Syphilis	21	59
2024	29	10	5	• 2 × C.trachomatis + Syphilis • 1 × C.trachomatis + Syphilis + M.Genitalium • 1 × C.trachomatis + Syphilis + Hep B	19	48
Total	146 (77.2%)	46 (24.3%)	9 (4.76%)	6 (3.17%)	61 (32.3%)	207 cases

PP077 | Preliminary findings of Anogenital Cytology Screening in people living with HIV: A Single-Center Pilot Study

Damla Ertürk[1], Fatma İlgi Tolu[1], Ayşe Akkaya[1], Behice Kurtaran[2], Süheyla Kömür[1], Ferit Kuşçu[1], Ayşe Seza İnal[1], Aslıhan Candevir[1], Yeşim Taşova[1]

[1]Çukurova University, Adana, Türkiye; [2]Acıbadem Hospital, Adana, Türkiye

Background: Human papillomavirus (HPV) infection is known to have an increased incidence in people living with HIV (PLWH), leading to a higher burden of HPV-related diseases, including preventable cancers. With this study, we aim to emphasize the importance of appropriate screening strategies and the implementation of HPV vaccination in PLWH to reduce morbidity and mortality. We also seek to highlight the preventable nature of HPV-associated diseases through vaccination, raise awareness both for at-risk groups and from a public health perspective, and underline the importance of preventive medicine—particularly among healthcare professionals—regarding vaccine-preventable cancers.

Methods: This study included individuals over 18 years of age who were either newly diagnosed with HIV or already under follow-up at the Infectious Diseases and Clinical Microbiology outpatient clinic. Participants who signed informed consent forms were enrolled for HPV genotyping and cytological evaluation. Cervical and anal samples were collected from female participants, and penile and anal samples were collected from male participants for microbiological and cytological assessment. Demographic data and clinical histories were obtained from the national health database.

Results: A total of 80 PLWH were enrolled. Cytological analysis revealed that 48 patients (60%) had normal findings. Abnormal anal cytology was observed in 7 cases with ASC-US (Atypical Squamous Cells of Undetermined Significance) and 2 cases with LSIL (Low-grade Squamous Intraepithelial Lesion). Two patients were diagnosed with condyloma acuminata. High-grade lesions (HSIL or CIN2) were detected in 3 patients (1 cervical, 1 penile, and 1 cervical with CIN2). Glandular atypia was noted in 1 penile specimen. Inflammatory changes were common and reported in over 12 cases. Some specimens were reported as unsatisfactory or showed purulent material. Overall, cytological abnormalities were more frequently observed in anal samples compared to penile or cervical ones.

Conclusions: Our preliminary findings underscore the relevance of systematic anogenital cytology screening in PLWH. The presence of cytological abnormalities, including pre-malignant lesions, emphasizes the potential for early detection and intervention. These results further support the implementation of targeted HPV vaccination and screening programs in this high-risk population to reduce preventable morbidity and mortality.

PP078 | Is elimination of mpox in Europe possible? No new cases for 27 months after an outbreak in Slovenia

Danilo Cesljarac[1], Barbara Kokosar Ulcar[2], Sabrina Likar[1], Kristina Brecko[1], Martin Strumbelj[1], Mateja Zalaznik[2], Natasa Kejzar[3], Katarina Resman Rus[4], Misa Korva[4], Tatjana Avsic Zupanc[4], Eva Grilc[5], Andreja Murnik Rauh[6], Maja Mastnak[6], Anja Becner[7], Maruska Marovt[8], Mitja Lenart[9], Mojca Maticic[1,2]

[1]University of Ljubljana, Faculty of Medicine, Ljubljana, Slovenia; [2]University Medical Centre Ljubljana, Clinic for Infectious Diseases and Febrile Illnesses, Ljubljana, Slovenia; [3]Institute for Biostatistics and Medical Informatics, Faculty of Medicine, University of Ljubljana, Ljubljana, Slovenia; [4]Institute of Microbiology and Immunology, Faculty of Medicine, University of Ljubljana, Ljubljana, Slovenia; [5]National Institute of Public Health, Ljubljana, Slovenia; [6]Department of Dermatovenerology, University Medical Centre Ljubljana, Ljubljana, Slovenia; [7]Department of Infectious Diseases, University Medical Centre Maribor, Maribor, Slovenia; [8]Department of Dermatovenerology, University Medical Centre Maribor, Maribor, Slovenia; [9]Department of Infectious Diseases, General Hospital Celje, Celje, Slovenia

Background: The 2022 mpox outbreak in Slovenia began in May, reflecting broader global trends, particularly among men who have sex with men (MSM). Since September 2022, no new cases have been reported. This study examines the course of the outbreak and the national public health response, focusing on factors that may have contributed to the sustained absence of new cases.

Materials and Methods: A retrospective observational study reviewed all laboratory-confirmed mpox cases in Slovenia from January 1, 2022, to December 31, 2024. Data sources included clinical institutions, public health authorities and civil society organizations. Information on vaccination and testing was analyzed to assess the impact of prevention and control measures.

Results: Among 175 individuals tested from 2022 to 2024, all 49 laboratory-confirmed mpox cases occurring in Slovenian citizens were reported in 2022. All cases were cisgender males, with 93% self-identifying as MSM. Twenty percent were living with HIV, and 62% reported having recent sexual contacts abroad. Hospitalization was needed in 14%; no specific treatment was applied, and no deaths were reported. Cases surged from May to mid-July 2022, then declined. Slovenia's containment efforts began immediately after the first case detected, involving rapid diagnostics, active case finding, centralized management, and targeted public health measures (Figure 1). The LGBTIQ+ organization Legebitra led awareness campaigns and facilitated vaccination access. By the end of 2024, 383 individuals had been vaccinated as part of pre-exposure efforts, 74 in 2024 alone. No cases were identified in 2023, and only one case in a patient of non-Slovenian origin (Australian) who briefly transited Slovenia was detected in 2024, yielding no local transmission, which classifies Slovenia among very few European countries that have eliminated mpox (Figure 2).

Conclusion: Despite continued clinical and testing alertness, no new mpox cases have been reported in Slovenian citizens since September 2022. A combination of national strategies including ongoing vaccination, comprehensive testing, and strong community engagement likely contributed to this outcome. Comparative studies with other European countries could help clarify the relative effectiveness of such interventions. However, sustained preparedness and cross-sector collaboration remain essential to prevent future outbreaks and support possible regional elimination.

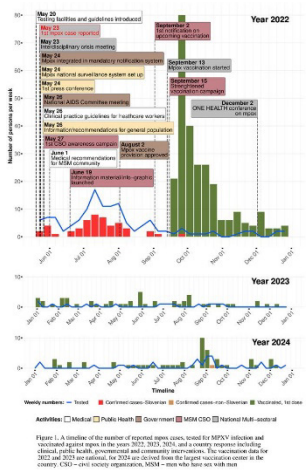
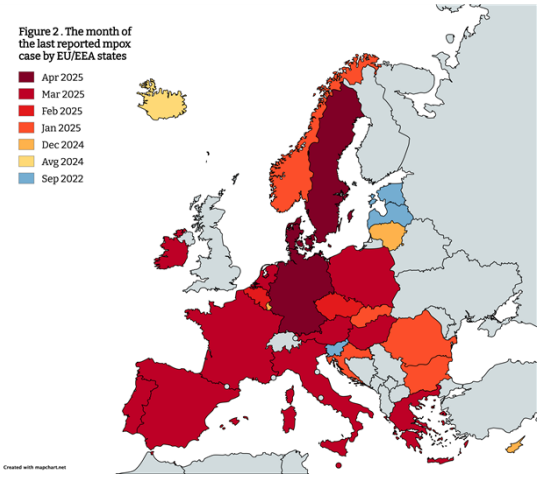


Figure 1. A timeline of the number of reported mpox cases, tested for MPXV infection and vaccinated against mpox in the years 2022, 2023, 2024, and a country response including clinical, public health, governmental and community interventions. The vaccination data for 2022 and 2023 are national, for 2024 are derived from the largest vaccination center in the country. CSO—civil society organization, MSM—men who have sex with men



PP079 | Comparison of antibody confirmation assays for hepatitis C virus testing in patients with HIV

Fien Vanroye, Dorien Van den Bossche, Koen Vercauteren

Institute For Tropical Medicine, Antwerp, Belgium

Background: WHO recommends testing populations most affected by HCV infection, like people living with HIV (PLWH). Following screening with an Ab test, HCV RNA testing is required to identify active (viraemic) infections. One could focus the HCV RNA testing capacity on true positive serological test results, by implementing serological HCV confirmation assays. Our goal was to evaluate the performance of three HCV confirmation assays in PLWH.

Methods: 415 frozen plasma specimens collected in Cambodia (Sihanouk Hospital Center of HOPE) and Belgium (Institute of Tropical Medicine) were tested with Geenius HCV supplemental Assay (Bio-Rad), HCV Blot 3.0 (MP Biomedical, California) and INNO-LIA HCV Score (Fujirebio, Belgium). Results were compared against HCV RNA results and/or a composite reference standard.

Results: Overall, INNO-LIA had the highest sensitivity (97.0%; 95% CI: 94.0%-98.5%) and Geenius the highest specificity (98.2%; 95% CI: 93.7%-99.5%). In a subset of patients with active infection (n=177), all three assays showed comparable sensitivity (99.0%, 95% CI: 96.0 – 100.0%). Both for INNO-LIA (8.7%; 36/415) and HCV Blot (7.0%; 29/415) the indeterminate results were mostly negative and/or indeterminate (respectively 80.6%, 29/36 and 93.1%, 27/29) on the composite reference standard compared to only 26.3 % (10/38) on Geenius.

Conclusion: All three Ab confirmation assays show comparable and high sensitivity in active HCV infections. Geenius potentially offers some advantages in ease-of-use, low turn-around-time and ruling out past infections. The added value of HCV Ab confirmation assays needs to be established in larger cost-effectiveness studies and is influenced by decreasing HCV prevalence and HCV RNA capacity.

PP080 | The characteristics of men who have sex with men with dermatophyte infections: a systematic review

Mostafa Elsayed[1], **Anton Brusov Tereshonok**[2], Julian Lee Robinson[3], Pille Konno[4], Daniel Richardson[1,5]

[1]Royal Sussex County Hospital, Brighton, United Kingdom; [2]BCN Checkpoint, Carrer Comte Borrell, 164-166 bxs. 08015, Barcelona, Spain; [3]Sussex Health Knowledge and Libraries, Chichester, United Kingdom; [4]Confido medical centre, Tallin, Estonia; [5]Brighton and Sussex Medical School, Brighton, United Kingdom

Background: Dermatophytes are a contagious fungal infections affecting skin hair and nails and are an important public health concern. We aimed to review the literature to explore the characteristics of men who have sex with men with dermatophyte infections to provide insights for future guidelines, public health strategy and research.

Methods: Three bibliographic databases were searched for manuscripts written in either English, Spanish, Catalan, Arabic or Russian exploring at least one characteristic of MSM diagnosed with a dermatophyte up to January 2025. Following an initial search, removal of duplicates and abstract review, two authors independently reviewed full text manuscripts and performed a risk of bias assessment using the Joanna Briggs Institute toolkit. Narrative data were synthesised to generate themes. This review was registered on PROSPERO (ID: CRD42024582946

Results: 11 manuscripts were included in this review from France(n=3), USA(n=2), Brazil(n=1), UK(n=1) Australia(n=1), Austria(n=1) and Italy(n=1) and Greece(n=1) and consisted of a case control study(n=1), cross sectional studies (n=2), case series (n=4), and case reports (n=4) published between 1997-2025 and included 230 MSM with a dermatophyte. 10/11 manuscripts in this review highlighted demographic (Living with HIV, living with HIV and a low CD4 count, using HIV-PrEP, occupation-contact with soil, having a sexual partner with tinea, being a sex worker), behavioural (multiple sexual partners, contact with a 'tantric' masseur, attending sex on premises venues, attending the gym, recent travel) and infection (previous STI [Treponema pallidum, Neisseria gonorrhoea, Chlamydia trachomatis] and concurrent STI [T.pallidum, N.gonorrhoeae, C.trachomatis, Human papilloma virus, genital Herpes simplex virus, pthirus pubis]) characteristics of MSM with a dermatophyte.

Conclusion: This review could serve as a resource to consider public health strategies, the development of clinical guidelines and research to understand the sexual transmissibility of dermatophytes in MSM.

Table 1: Manuscripts of MSM diagnosed with a non-foot or nail dermatophyte

Manuscript	Study Design	Study Characteristics	MSM with dermatophyte	Dermatophyte identified and/or clinical tinea	Characteristics of MSM with dermatophyte
Giudice et al (1997), Brazil(32)	Case report	35-year-old MSM living with HIV	1	Microsporium gypseum: tinea cruris, Tinea corporis	Living with HIV (diagnosis of AIDS), occupation contact with soil
Uthayakumar et al (1997), UK(33)	Cross-sectional study	151 patients attending HIV-dermatology outpatient clinic in Brighton, UK	44	'Tinea'	44/151 people living with HIV (139 MSM) diagnosed with tinea. 32 (73%) had CD4 cell count <200cells/ml
Hadacek et al (1999), France(34)	Case report	30-year-old MSM living with HIV	1	Trichophyton tonsurans Tinea corporis	Living with HIV (CD4 cell count 80cells/ml). Recent Travel to the USA.
Rodweil et al (2008), US(35)	Cross-sectional study	Patients recruited from HIV testing clinic, dermatology clinics, HIV clinic, methadone clinic in San Francisco general hospital.	44/62 MSM had dermatophyte	Trichophyton rubrum, Trichophyton mentagrophytes, Trichophyton tonsurans, Epidermophyton floccosum	Overall, Homosexual sex (OR=2.78 (95%CI=1.37-5.64), Living with HIV (OR=2.26, 95%CI=1.09-4.67), Living with HIV <11 years (OR=5.49, 95%CI=1.32-10), attending the gym (OR=3.0, 95%CI=1.11-8.13) associated with dermatophyte in MSM
Stewart et al (2019), Australia(36)	Case-controlled study	HIV negative MSM (n=329) and heterosexual males (n=600) attending family health/sexual health clinic in Sydney.	23/329 MSM diagnosed with dermatophyte	'Tinea'	No difference in prevalence of tinea in MSM v heterosexual controls (OR=0864 95%CI=0.516-1.449)
Chromy et al (2023), Austria(37)	Case series	973 Patients attending HIV/STI clinic in Viena testing positive for fungal infection	17 MSM diagnosed with dermatophyte	Trichophyton rubrum (n=4), Trichophyton. mentagrophytes (n=6), , Microsporum canis (n=1) (untyped Trichophyton) (n=6)	Living with HIV (65%) Using HIV-PrEP (35%), current STI with Treponema pallidum (12%), Neisseria gonorrhoeae (18%), Chlamydia trachomatis (12%)
Jabet et al (2023), France(28)	Case series	Patients testing positive for Trichophyton mentagrophytes at: La Pitié-Salpêtrière and Saint-Antoine Hospitals in Paris (between January 2021-September 2022)	13	Trichophyton mentagrophytes causing Tinea genitalis (n=4), tinea glutealis (n=7), tinea corporis (11), tinea faciei/barbae (n=7)	Living with HIV (n=7) Using HIV-PrEP (n=5), 'multiple' sexual partners in last preceding month (9/13), Previous STI (n=12), concurrent STI (n=4) recent travel (n=4, Estonia, Spain, India, Germany)
Macl et al (2024), Italy(38)	Case series	107 Patients diagnosed with dermatophyte infection at infectious Diseases Unit of San Raffaele Scientific Institute	55 MSM between April 2022-October 2023	Tinea genitalis, tinea barbae, tinea corporis, and tinea cruris	MSM living with HIV (36%), using HIV PrEP (53%), previous STI 85% (55% T. pallidum, 51% N.gonorrhoeae, 38% C.trachomatis). concurrent STI (15% C. trachomatis, 5% T. pallidum, 2% N.gonorrhoeae, 2% herpes simplex virus) (18%). All reported attendance to sex on premises venues, (including saunas), and engagement in cruising activities in the 3 months, and gym attendance in the month prior to diagnosis.
Caplan et al (2024), US(39)	Case report	MSM aged in 30s attending dermatology clinic, New York.	1	Trichophyton mentagrophyte genotype VII causing tinea genitalis	MSM using HIV PrEP, 'multiple' sexual partners, visiting sex on premises venue (sauna), Recent travel to Europe
Jabet et al (2025), France(29)	Case Series	Patients testing positive for Trichophyton mentagrophytes at laboratories: La Pitié-Salpêtrière and Saint-Antoine Hospitals in Paris (between October 2022 - October 2023)	30 (13 sporadic cases and 17 cases as part of a cluster outbreak)	Trichophyton mentagrophytes causing tinea corporis, tinea cruris, tinea genitalis, tinea manuum, tinea faciei	Living with HIV (n=5), Using HIV-PrEP (n=10) 'multiple' sexual partners (n=16), sexual partner with tinea (n=2), roommate with tinea (n=3) Sex workers (n=4), Previous STI (n=3), concurrent STI (n=14), (N. gonorrhoeae (n=3), C.trachomatis (n=3), T.pallidum (n=2), Human papilloma virus (n=2) genital herpes simplex virus (n=1), Phthirus pubis (n=3)), contact with tantric masseur (n=16)
Kapranou et al (2025), Greece(40)	Case report	36-year-old MSM attending sexually transmitted infection clinic, Athens	1	Trichophyton mentagrophyte causing tinea corporis	Sexual partner recent travel to North Africa, sexual partner with tinea

MSM= men who have sex with men, AIDS = acquired immunodeficiency syndrome, STI=sexually transmitted infection, OR= odds ratio, CI= confidence interval, HIV-PrEP = HIV pre-exposure prophylaxis

Table 2: Characteristics of MSM with dermatophytes

Demographic	Living with HIV, living with HIV and low CD4 count, living with HIV for <11 years
	Using HIV-PrEP
	Sex worker
	Occupation: contact with soil
	Sexual partner with tinea
Behaviour	Multiple sexual partners
	Contact with tantric masseur
	Attending sex on premises venues
	Attending the gym
	Recent travel
Infection	Concurrent or previous sexually transmitted infection

PP081 | Sexually transmitted infections in people newly diagnosed with HIV

Amber Savary-Trathen[1], Inessa Alekseeva[2], Natalie Woods[1], Daniel Richardson[1,2], Colin Fitzpatrick[1]

[1]University Hospitals Sussex NHS Foundation Trust, Brighton, United Kingdom; [2]Brighton & Sussex Medical School, Brighton, United Kingdom

Background: Sexually transmitted infections (STIs) are an established risk factor for HIV transmission and can contribute to morbidity. The diagnosis of STIs in people newly diagnosed with HIV has important public health implications. Little is known about the associations of STIs in people diagnosed with HIV, including HIV-subtype or HIV-transmitted drug resistance. We aimed to explore STI co-infections in people diagnosed with HIV in our centre.

Material and Methods: Using our clinic database, we identified and anonymised all new HIV diagnoses from 2014-2024 and extracted data on concomitant STIs (Treponema pallidum, Neisseria gonorrhoeae, Chlamydia trachomatis, hepatitis B and C) including rectal infections in men who have sex with men (MSM). We also extracted age at diagnosis, gender, sexuality, country of birth, baseline CD4 count, HIV subtype and HIV transmitted drug resistance (2009-WHO list), and previous HIV-PrEP use.

Results: 257/293 newly diagnosed with HIV between 2014-2024 were tested for STIs. Median age was 43 years (IQR=36-51-years), 241(94%) identified as male, 215(84%) as MSM, 98(38%) were born outside of the UK. The median CD4 count was 456 (IQR=332-621), 67 (26%) had non-B subtype virus, 27 (12%) had HIV-transmitted drug resistance and 16 (6%) reported previous PrEP use. A total of 82 (32%, 95% CI=26.2-38.0) patients had an STI-coinfection (T.pallidum (46, 18%), N.gonorrhoeae (29, 11%) rectal-N.gonorrhoeae (23, 11%), C.trachomatis (40, 16%), rectal-C.trachomatis (34, 16%), Hepatitis-B (2,1%), hepatitis C (2, 1%). Having an STI-coinfection was associated with a higher median baseline CD4 count (489 vs 433, p=0.03), but not associated with age (p=0.88), non-UK country of birth (p=0.35), non B-subtype (p=0.10), transmitted HIV drug resistance (p=1.00) or previous PrEP use (p=0.28)

Conclusion: High rates of sexually transmitted infections in people newly diagnosed with HIV were observed in this study, particularly T.pallidum, and rectal infections in MSM. Targeting people with STIs for HIV testing and testing people newly diagnosed with HIV for STIs are important, regardless of age, country of birth or previous PrEP use.

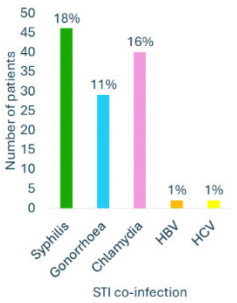


Figure 1: STI prevalence among newly diagnosed patients with HIV

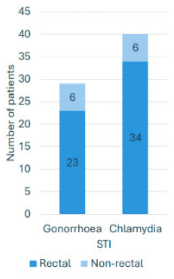


Figure 2: Rectal vs non-rectal gonorrhoea and chlamydia cases in patients newly diagnosed with HIV

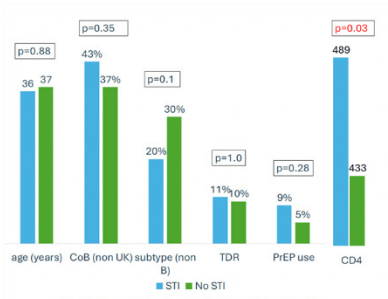


Figure 3: Associations in patients with an STI-coinfection compared to those without an STI-coinfection

PP082 | Neisseria gonorrhoea epidemiology in a Regional Irish Hospital from 2017 to 2024

Billie Caceda, Jean Wellwood, Kathy Neylon, Mark McKeon, Dominic Rowley

Microbiology/Regional Hospital of Mullingar, Mullingar, Ireland

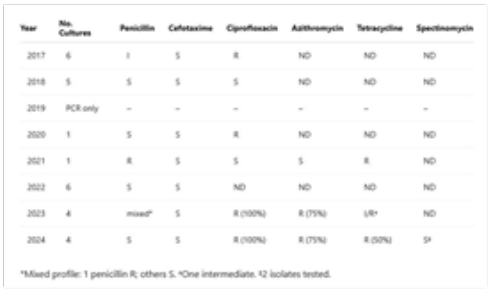
Background: National sexually transmitted infection (STI) notifications have surged across Ireland post-COVID-19, with gonorrhoea showing marked increases. In our Hospital, we maintain comprehensive reporting of all confirmed cases. This study describes the changing epidemiology of N. gonorrhoeae at our 230-bed regional center from 2017 to 2024, focusing on demographics, diagnostic methods, specimen sources, and antimicrobial resistance.

Material and Methods: Retrospective laboratory surveillance was performed using microbiology data from January 2017 to December 2024 for patients attending STD or GP clinics. Confirmed cases were reviewed by year, age, sex, diagnostic method (COBAS 4800 NAAT vs. culture), and specimen type (urethral swabs, endocervical/cervical swabs, anorectal swabs, pharyngeal swabs, and first-void urine). Antimicrobial susceptibility data were compiled for all culture-positive isolates.

Results:

• Annual case counts rose from 16 in 2017 to 51 in 2023, with 49 in 2024.
• Female proportion increased from 8% in 2019 to 45% in 2023 and 41% in 2024; predominant female age group was 20–24 years. The COVID-19 pandemic resulted in a temporary dip in 2020–2021, with cases rebounding from 2022. Improved NAAT access and increased community screening may have contributed to case detection, but low culture numbers limit antimicrobial resistance surveillance.
• Culture positivity remained low: peaked at 17 cultures in 2018, with only 4–6 positives in other years.
• Resistance to ciprofloxacin was consistently high (100% of cultured isolates in 2023–2024), azithromycin resistance emerged in 75% of isolates in those years, and tetracycline resistance reached 50%. All isolates remained susceptible to cefotaxime, cefixime and ceftriaxone. One isolate was tested for spectinomycin and was susceptible.

Conclusion: The post-pandemic rise in gonorrhoea, especially among young females, underscores the need for enhanced culture recovery from multiple sites to monitor emerging resistance. Continued NAAT expansion must be balanced with targeted culture to inform local treatment guidelines and public health interventions. These findings suggest the need for updated local STI protocols and enhanced education among clinicians, especially in non-specialist settings. Gonorrhoea in females must no longer be viewed as rare, as it is a resurgent and clinically important STI in Ireland.



Year	No. Cultures	Penicillin	Cefotaxime	Ciprofloxacin	Azithromycin	Tetracycline	Spectinomycin
2017	6	I	S	R	ND	ND	ND
2018	5	S	S	S	ND	ND	ND
2019	PCR only	–	–	–	–	–	–
2020	1	S	S	R	ND	ND	ND
2021	1	R	S	S	S	R	ND
2022	6	S	S	ND	ND	ND	ND
2023	4	mixed*	S	R (100%)	R (75%)	I/R*	ND
2024	4	S	S	R (100%)	R (75%)	R (50%)	S*

*Mixed profile: 1 penicillin R; others S. *One intermediate. 42 isolates tested.

PP083 | Clinico-demographic Profile of Serologically Reactive Syphilis Patients Attending the Sexually Transmitted Infection Clinic at a Tertiary Care Centre in India

Abhilasha Negi, Prashant Verma

Department of Dermatology, Vmmc And Safdarjung Hospital, New Delhi, India

Introduction: Syphilis remains a significant public health concern worldwide, and early diagnosis and treatment are crucial for preventing long-term complications. This study aimed to explore the clinico-demographic features of patients with serologically reactive syphilis attending a sexually transmitted infection (STI) clinic in India, with a focus on factors such as sex, HIV status, literacy, occupation, and marital status, in order to identify potential risk factors associated with syphilis reactivity.

Methodology: This cross-sectional study was conducted at Safdarjung Hospital, New Delhi, with data collected from 548 patients (293 males and 255 females) who sought care between October and December 2024. Among them, 80 patients were found to be serologically reactive for syphilis, based on VDRL and TPHA testing. Demographic and clinical data were collected, including HIV status, literacy level, occupation, and marital status. Descriptive statistics were used to summarize the data, and Chi-Square tests of independence were employed to examine associations between syphilis reactivity and the clinico-demographic variables.

Results: Among the 548 participants, 14.6% tested positive for serologically reactive syphilis. A significant association was found between syphilis reactivity and HIV status ($p < 0.05$), with HIV-positive individuals being more likely to test positive for syphilis. Sex and occupation ($p < 0.05$) were also significantly associated with syphilis reactivity. Males had a higher prevalence of syphilis reactivity compared to females ($p < 0.05$). No significant associations were observed between marital status or literacy level and syphilis reactivity.

Conclusion: This study highlights significant demographic factors associated with syphilis reactivity, particularly HIV status, sex, and occupation. The findings emphasize the need for targeted interventions among high-risk groups, such as HIV-positive individuals and certain occupational categories, to prevent the spread of syphilis. Further research is warranted to explore additional factors influencing syphilis prevalence and to refine screening and prevention strategies in STI clinics.

PP084 | Resistant strain of Mycoplasma genitalium unresponsive to conventional antibiotic treatment - case report

Premysl Prochazka[1], Hana Zakoucka[2]

[1]*Dermatovenerological outpatient clinic Medicentrum Beroun, Beroun, Czech Republic;*
[2]*National Institute of Public Health, Prague, Czech Republic*

Background: Infection with Mycoplasma genitalium (MG) causes 10-35% of non-chlamydial non-gonococcal urethritis in men. Symptoms are the main indication for testing. Diagnosis is only achievable by PCR and must include testing for macrolide resistance mutations.

A 39-year-old male patient with a history of a cured chlamydial urogenital infection, 9/2024 examined in venereology for dysuric complaints. PCR examination of urethra revealed Chlamydia trachomatis (ChlTr) and MG. He was treated with macrolides, fluoroquinolones (moxifloxacine) and doxycycline consecutively (Outcomes of Resistance-guided Sequential Treatment of Mycoplasma genitalium Infections: A Prospective Evaluation, CID 2/2019). Follow-up examination was negative for ChlTr, positive for MG. Resistance testing performed for suspected resistance to fluoroquinolones was positive. Based on Novel use of oral chloramphenicol for treatment - MG resistance, Goodfellow JJ, et al. Sex Transm Infect 2023 and after consultation with the Microbiology Centre of Na Homolce Hospital (mlabNH) chloramphenicol was deployed.

Material and Methods: Medicentrum Beroun laboratory (labMB)

PCR urethra - ELITe InGenius test Macrolide - R/MG ELITe MGB Kit - diagnosis of MG resistance to macrolides,
PCR urethra - Roche cobas 4800system test, KITcobas 4800 CT/NG AMP DET diagnostics ChlTr NIPH NRL for syphilis
PCR urethra - CFX 96 Bio Rad, Seegene test for resistance of MG to fluoroquinolones and macrolides
(mlabNH) - Columbia Agar culture medium
Results: PCR urethra
9/2024 labMB - ChlTr and MG positive,
10/2024 labMB - ChlTr negative, MG positive after azithromycin treatment
11/2024 labMB - MG positive after treatment moxifloxacine, macrolide resistance
1/2025 labMB - MG positive after treatment doxycycline, macrolide resistance
2/2025 PCR urethra - NIPH NRL for syphilis - diagnosis MG positive, fluoroquinolone and macrolide resistance
3/2025 labMB - MG after chloramphenicol treatment NEGATIVE

Conclusion: Patient with chronic dysuria with findings of ChlTr and MG. Chlamydial infection was cured with macrolide treatment. Treatment of MG with doxycycline and moxifloxacine was indicated due to high level of antimicrobial resistance to macrolides with no effect. No pathology in blood count and biochemical parameters during treatment was found. MG control one month after chloramphenicol treatment was negative.

PP085 | Kaposi Sarcoma in HIV-Infected Patients with Sustained Virological and Immunological Control: A Retrospective Case Series

Pablo Balado-Simó, Josep Riera-Monroig, Alba Català, Irene Fuertes

Hospital Clínic De Barcelona, Barcelona, Spain

Background: Kaposi sarcoma (KS) may develop in People Living With HIV (PLWHIV) despite sustained virological suppression and adequate CD4+ counts under antiretroviral therapy (ART). Immune senescence, CD8+ T-cell activation, and cumulative HIV viremia have been proposed as contributing factors. However, data on the dermatologic presentation, disease extent, and therapeutic approaches in this context remains limited. This retrospective case series aims to describe the clinical features of KS in virologically controlled PLWHIV, contributing to a better understanding of its behaviour.

Material and methods: We conducted a retrospective single-centre study including all patients diagnosed with KS between January 2010 and May 2025. Demographic and clinical data were collected from electronic medical records, including HIV status, CD4+ counts at diagnosis and nadir, viral load, ART regimen, and history of sexually transmitted infections. KS type, clinical presentation, visceral involvement, treatments, and outcomes were also recorded. Descriptive statistical analysis was used to characterize the cohort, with a focus on virologically suppressed patients.

Results: A total of 40 patients with KS were included, 39 (97.5%) males and 27 (67.5%) men who have sex with men (MSM). Among them, 29 (72.5%) were PLWHIV, and 17 (62.96%) were diagnosed with KS despite good immunovirological control (defined as a CD4+ T-cell count above 300 cells/mm^3 and an undetectable viral load for at least 2 years). In this subgroup all were males, and 16 (94.4%) were MSM. Three (17.6%) had mucocutaneous involvement, and four (23.5%) showed visceral disease (three lymphatic, two pulmonary, one gastrointestinal). The mean CD4+ count at KS diagnosis was 449.5 cells/mm^3 and viral load was undetectable in all cases.

Conclusions: KS can occur in PLWHIV despite sustained virological suppression and adequate CD4+ counts under ART. This is a scenario that is presumably becoming more and more frequent. In our series, most patients presented with cutaneous or mucocutaneous lesions, often limited to the skin, and without systemic involvement. The clinical course was generally indolent, with favourable outcomes in the majority of cases. These findings suggest the need to reassess the prognostic and diagnostic relevance of KS in virologically controlled HIV patients and highlight the importance of dermatological evaluation.

PP086 | Resurgence of syphilis in northern Greece: A decade of data from a tertiary dermatology and venereology clinic

Michael Arabatzis, Charalampos Angelidis, Maria Zapridou, Alexandra Kourouklidou, Efstratios Vakirlis, Elena Sotiriou

First Department Of Dermatology And Venereology, Medical School, Aristotle University Of Thessaloniki, Thessaloniki, Greece

Background: Syphilis is a re-emerging sexually transmitted disease that remains a persistent public health concern, despite being a preventable and treatable infection. Over the past few decades, there has been a rising global incidence, prompting the need for updated epidemiological assessments to guide prevention and control strategies. This study aims to analyze the epidemiological patterns of syphilis in a tertiary Dermatology and Venereology Clinic in Northern Greece (population 2,770,000) over a 10-year period.

Material and Methods: We conducted a retrospective analysis of patients diagnosed with syphilis between January 2015 and June 2025 at the First Department of Dermatology and Venereology, Aristotle University of Thessaloniki. Data collected included year of diagnosis, patient demographics, clinical stage of disease, and human immunodeficiency virus (HIV) co-infection status.

Results: The results of our study identified 322 confirmed cases of syphilis during the study period. Patients' ages ranged from 16 to 79 years, with a median age of 37 years. The largest proportion of cases was observed in two age groups: 25–34-year-olds (27.64%) and those aged 45 years and above (33.54%). There was a steady gradual increase of syphilis cases during the study period from 10 cases in 2015, 22 in 2019 and 81 cases in 2024. A transient decrease of incidence was observed during the COVID-19 years of 2020-21. A noticeable increase in cases occurred after the COVID-19 pandemic, with the highest incidence recorded in 2024. The majority of patients were male (87.8%), with a significant proportion identifying as men who have sex with men (68.1%). HIV co-infection was documented in 9.32% of cases. Secondary syphilis was the most prevalent clinical stage (37.89%). Reinfection was documented in 12 patients who presented with a second episode of syphilis over the surveillance period. Additionally, six patients were hospitalized in our department during this period; four were diagnosed with neurosyphilis and two with ocular syphilis.

Conclusion: Our results indicate a resurgence of syphilis in Northern Greece over the past decade, reflecting global trends. The post-COVID-19 increase highlights the urgent need for improved public health surveillance, targeted sexual health education, and early screening strategies, especially among high-risk populations.

PP087 | Resistance of Mycoplasma genitalium: Austrian Experiences

Angelika Stary, Miriam Kyska, Katharina Schwarz

Outpatients Centre For Infectious Venerodermatological Diseases, Vienna, Austria

Introduction: Resistances against Mycoplasma genitalium (M.genitalium) are an increasing problem for patients with M. genitalium infections. Testing for resistance proof of M. genitalium for both, azithromycin and moxifloxacin, is seldomly available.

The Allplex MG&AziR Assay and AllplexMG&MoxiR Assay (Seegene, Korea) are multiple real time PCR assays that simultaneously detect and identify M. genitalium and 6 mutations in 23s rRNA gene related azithromycin resistance and 6 mutations in parC gene related moxifloxacin resistance.

Aim of the evaluation was to perform the resistance proof with both Allplex Assays for samples tested positive with the Alinity m STI Assay (Abbott, USA).

Methods: During 2024 and 2025, 45 patients attending the Outpatients Centre with a positive result in the Alinity m STI assay were included in the study. Resistance was evaluated by the Allplex MG&AziR Assay and AllplexMG&MoxiR Assay for azithromycin and moxifloxacin.

Results: Altogether, for all samples positive in the Alinity m STIAssay as well as in both Allplex Assays, resistance was detected for azithromycin in 85.3% and for moxifloxacin in 51.35%, respectively. A high agreement of 100% for the detection of M. genitalium between the Alinity assay and both Allplex Assays was observed for samples with cycle turn-values (CT) of the Alinity assay below 25.00. For CT between 25.00 and 35.00 of positive Alinity results, 82.8% and 89.7% respectively, revealed also a positive result for the Allplex MG&AziR Assay and AllplexMG&MoxiR Assay. Low numbers of concordant positive results (33.3% and 44.4%, respectively) were observed for the Allplex Assays when CT values of the Alinity Assay were above 35.00.

Conclusion: A high resistance for azithromycin (85.3%) and Moxifloxacin (51.35%) was observed in Austria which confirms the importance of resistance proof, which conveniently was performed by the Allplex Assays. For Alinity positive samples with a high CT level, the Allplex Assays might fail to detect an infection with M.genitalium, missing also to detect an infection with M. genitalium and to perform resistances against standard antibiotics.

PP088 | Awareness, Use, and Acceptability of Doxycycline Post-Exposure Prophylaxis (DoxyPEP) for STI Prevention in Ireland: Findings from an Online Survey

John Gilmore[1], Helen Kelly[2], Chris Noone[3], John White[4], Michael Traeger[5], David Field[6]

[1]School of Nursing, Midwifery and Health Systems, University College Dublin, Dublin, Ireland; [2]School of Public Health, Physiotherapy and Sports Science, University College Dublin, Dublin, Ireland; [3]School of Psychology, University of Galway, Galway, Ireland; [4]Northern & Western Health & Social Care Trusts, Derry, Northern Ireland, UK; [5]Burnet Institute, Melbourne, Australia; [6]Gay Men's Health Service, Health Service Executive, Dublin, Ireland

Background: DoxyPEP has emerged as a promising strategy for preventing STIs, especially for communities of gbMSM and trans women. Understanding awareness, use, and acceptability of DoxyPEP is critical for informing public health planning, clinical guidance, and community education. In Ireland, DoxyPEP has not been formally introduced within publicly funded sexual health services. However, with increasing community discourse on the topic, it is important to assess current levels of awareness and knowledge.

Materials and Methods: A cross-sectional online survey conducted (May & June 2025) assessed awareness, knowledge, and anticipated use of antibiotic prophylaxis for STIs. The survey was adapted from a US-based survey exploring the same topic. We collected demographic information, HIV and PrEP status, STI history, and attitudes toward antibiotic prophylaxis, as well as preferences around antibiotic sourcing and information counselling. Descriptive analysis was conducted on complete responses, further statistical analysis is ongoing.

Results: Among 151 respondents, 77% resided in Dublin. 13 reported living with HIV, among those HIV negative, 91% were currently using HIV PrEP. A substantial burden of STI history reported, with 123 (81%) previously diagnosed with an STI, including 60 in the past 12 months; 25 of those (41%) had multiple diagnoses within that time. Awareness of STI antibiotic prophylaxis was high, 82.7% reporting awareness prior to the survey. Interest in using such prophylaxis was also considerable: 104 respondents reported being extremely interested, only six expressed no interest. Concerns about antibiotic resistance noted by 104 participants. 42 respondents previously took DoxyPEP, with 41 correctly following recommended dosage of 200 mg post-exposure; one was unsure. Most participants reported no change in condom use while using antibiotics for STI prevention. Additional correlational analysis will be presented at the conference.

Conclusion: This study highlights high levels of awareness and strong interest in STI antibiotic prophylaxis, particularly among HIV PrEP users and individuals with a history of STIs. Correct use of DoxyPEP appears common. However, concern about antibiotic resistance underscores need for careful stewardship and monitoring. DoxyPEP should be considered for pilot implementation within national sexual health services, supported by clear clinical guidance, public education, and continued research and community engagement.

PP089 | Providing oral PrEP safely through online clinics: developing and piloting an asynchronous online PrEP consultation

Ross Kincaid[1], Beth Bateson[2], Ceilidh Grimshaw[2], Lindsay Henderson[2], Jo Gibbs[3], Beth McMahon[2], Eleanor Shone[2], Lesley Sinton[2], Mine Guvel[2], Suzanne Hughes[2], Claudia Estcourt[1,2]

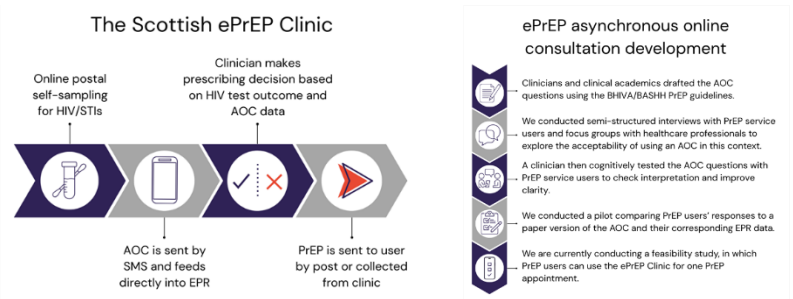
[1]Glasgow Caledonian University, Glasgow, United Kingdom; [2]Sandyford Sexual Health Services, NHS Greater Glasgow & Clyde, Glasgow, United Kingdom; [3]University College London, London, United Kingdom

Background: PrEP demand exceeds capacity in many countries. Incorporating asynchronous online consultations (AOCs) (online medical questionnaires completed by users, later reviewed by clinicians who prescribe based on the submitted information) into PrEP services could help streamline provision for users and clinics. However, for an AOC to be safe, it must be developed robustly and tested within target populations to ensure questions are interpreted as intended and gather accurate information. Therefore, we developed and piloted an AOC for ongoing PrEP prescribing to be used with HIV/STI postal self-sampling within the Scottish ePrEP Clinic (figure 1).

Methods: The eClinical Care Pathway Framework informed the AOC's development (figure 2). We piloted the AOC in a non-randomised quantitative study, recruiting participants from a public sexual health service with Scotland's largest PrEP cohort. Participants were PrEP users with standard monitoring needs aged 18-39 years. Participants completed a paper version of the AOC (paper-AC) immediately before their standard, face-to-face PrEP appointment. We compared participants' paper-AC responses with their electronic patient record (EPR) data from the corresponding appointment. We identified areas of discordance and determined the appropriateness of prescribing PrEP (hypothetically) based solely on the paper-AC responses.

Results: Based on participants' paper-AC responses, study clinicians would have prescribed PrEP to all 59 participants, in complete concordance with the face-to-face clinicians' prescribing. Fifty-four participants' (91.5%) paper-AC responses and EPR data were concordant in the reporting of any new, relevant information. Three participants did not disclose information in their paper-AC that was documented in their EPR (n=1 each for new medication, health condition, PrEP-related side effect). Conversely, two participants disclosed new information in their paper-AC not documented in their EPR (n=1 health condition, n=1 PrEP-related side effect). Study clinician review concluded that the additional information would not preclude prescribing.

Conclusions: We developed a robust AOC that can collect the information needed to inform PrEP prescribing. Our findings support the incorporation of AOCs into PrEP pathways, provided they are adapted for the population that will use them and the relevant PrEP guidelines of that setting.



PP090 | Neisseria meningitidis: A new STI?

Annie Blizard[1], Rebecca Marchant[2]

[1]St George's University Hospitals NHS Foundation Trust, London, United Kingdom;
[2]Central London Community Healthcare NHS Trust, London, United Kingdom

Background: Sexual health services worldwide have reported an increase in urogenital infections caused by Neisseria meningitidis (meningococcus). Several meningococcal strains may have acquired genes from Neisseria gonorrhoeae (GC), enabling them to colonise the urogenital and anorectal tracts, causing localised infections that are clinically indistinguishable from GC. The UK Health Security Agency (UKHSA) has recommended that all meningococcal isolates identified in sexual health settings be submitted for further characterisation. This review aimed to describe the demographics and presenting features of patients with confirmed meningococcal infection in a London Sexual Health Clinic.

Method: We reviewed culture results, antibiotic sensitivities, and clinical notes for all patients with N. meningitidis isolated over a nine-month period (October 2024 to May 2025; N=7).

Results: Seven patients had confirmed meningococcal infections; all isolates were sensitive to ceftriaxone. 5 isolates from urethral culture, 1 rectal and 1 endocervix. Six (86%) were males aged 30–34 and one (14%) was an asymptomatic female. The majority (5; 71%) were heterosexual. Five (71%) of White ethnicity and two (29%) of Black ethnicity. Four (58%) had meningococcus as the sole pathogen, two (29%) had GC co-infection, and one (14%) tested positive for Chlamydia. The most common symptom was purulent urethral discharge (4; 58%). Other presentations included epididymo-orchitis, contact with a GC-positive partner and gonococcal conjunctivitis. A history of travel to Asia was noted for one patient.

Conclusion: Since initiating culture-based monitoring for meningococcus in UK sexual health clinics, we have identified a small number of cases, many with symptoms indistinguishable from GC. All isolates remained ceftriaxone-sensitive and received appropriate treatment. The predominance of male urethral cases likely reflects the greater use of culture due to the more obvious symptoms in this group and significantly superior sensitivity of microscopy of urethral smears over endocervical smears to identify gram negative diplococci. A pilot study incorporating a Nucleic Acid Amplification Test (NAAT) for meningococcus could improve understanding of its true prevalence in London.

PP091 | Awareness, knowledge and readiness of clinicians to deliver 4CMenB vaccines for Neisseria gonorrhoeae prevention

Lucy Rabuszko[1,2], Sarah Stuart-George[1,2], Deborah Williams[1], Daniel Richardson[1,2]

[1]Brighton and Sussex Medical School, Brighton, United Kingdom; [2]University Hospitals Sussex NHS Foundation Trust, Brighton, United Kingdom

Background: 4CMenB vaccines designed for the prevention of N. meningitidis subtype B, offer 33-47% protection against N.gonorrhoeae. As part of a service improvement project, we aimed to understand the awareness, knowledge and readiness of clinicians working in sexually transmitted infection clinics to provide 4CMenB vaccines.

Method: We sent an e-evaluation to 74 clinicians working in sexual health and HIV across the Sussex sexual health network in July 2024. Using a combination of Likert scales and free text responses, we asked clinicians to rate their knowledge, readiness and potential barriers to delivering the 4CMenB vaccine to MSM. This project was approved by our local service development team and research ethics was not required.

Results: 52 (70%) clinicians completed the evaluation including 20 (71%) doctors, 24 (73%) nurses and 8 (62%) health advisors, working in sexual health only (n=29), HIV medicine only (n=4) or both sexual health and HIV (n=19). The majority (76%) had over 10 years of experience. Overall 76% were aware of the 4CMenB vaccine and rated their knowledge as being a median of 2/5 (interquartile range 1-3), where 1 was poor, 5 was good, on a Likert scale. Thirty-one (60%) believed that 4CMenB vaccine reduced N.gonorrhoeae by 33-47%. Overall, clinicians rated that they would be happy to provide the 4CMenB vaccine as 5/5 (IQR=5-5). Doctors were significantly more likely to rate their knowledge of the 4CMenB vaccine higher compared to nurses/health advisors ($p<0.05$). From the free-text responses, clinicians perceived the benefits of 4MenB vaccination as: reduced incidence and spread of N.gonorrhoeae, reduced antibiotic resistance from N.gonorrhoeae treatment, reduced incidence of meningitis B, increased clinic capacity due to reduced N.gonorrhoeae incidence and increased engagement in other sexual health services. The barriers were: requiring increased clinic and staff capacity, vaccine fatigue, lack of clinician knowledge, need for patient education, and difficulty establishing patient eligibility.

Conclusion: More work is needed to understand the clinician knowledge, beliefs and barriers to the effective delivery of the 4CMenB vaccine for N.gonorrhoeae prevention in sexual health clinics.

PP092 | Epidemiology of herpes simplex virus type 2 in Europe versus in the northwest of England: the need for country and regional level data to inform service planning

Bethany Harrison[1], Alicia Moyo[2], Elizabeth Anderson[1], Noel Connolly[3], Zana Ladipo[4], Rebecca Thomson-Glover[5], Andrew Tomkins[6], Martyn Wood[1], **Emily Clarke**[1,2]

[1]Axess Sexual Health, NHS University Hospitals of Liverpool Group, Liverpool, United Kingdom; [2]University of Liverpool, Liverpool, United Kingdom; [3]Axess Sexual Health, NHS University Hospitals Liverpool Gro, Cheshire East, United Kingdom; [4]Blackpool and Lancashire Sexual Health Service, Lancaster, United Kingdom; [5]Sexual Health St Helens, Mersey and West Lancashire Teaching Hospital NHS Trust, St Helens, United Kingdom; [6]Manchester University NHS Foundation Trust, Manchester, United Kingdom

Introduction: Reporting of the relative prevalence of herpes simplex virus types 1 and 2 (HSV-1 and -2) in patients presenting with laboratory confirmed first episode genital herpes is sporadic in Europe. In the UK, the Health Security Agency reports first episode anogenital HSV using national coding which does not distinguish between HSV-1 and HSV-2 despite their different natural histories. A European meta-analysis (published 2022) found that HSV-2 accounted for two-thirds of laboratory confirmed genital herpes cases.

This study aimed to determine the age and sex specific incidence of first anogenital episode HSV-1 and -2 in sexual health clinic attendees in northwest England and to compare this to European data.

Methods: A retrospective review was undertaken of all patients attending 9 sexual health services in northwest England with first episode genital herpes in 2016-18. Patient demographics were matched against HSV type from PCR swabs. This was repeated in 7 clinics in 2020-24. Europe wide data was obtained from a systematic review and meta-analysis published in 2022. Chi squared was used to determine statistical significance.

Results: From our review, 6286 patient records entered analysis of whom 4113 (70.2%) were female, 2773 (44.1%) <25 years of age, and 2890 (46.0%) had HSV-2. In both males and females, HSV-1 presented more frequently in those <25 years and HSV-2 in those >25 years (p<.00001). Heterosexual men were more likely to present with HSV-2 (61.6%) and GBMSM with HSV-1 (58.8%, p=.0001). In comparison with Europe wide data, patients of all genders and ages were less likely to present with HSV-2 (see table 1).

Conclusions: HSV-1 is the most common cause of anogenital HSV in northwest England (due to the main burden of disease being in those aged <25 years where HSV-1 is more common). HSV-2 remains more common than HSV-1 in Europe. Europe wide data may therefore not be reflective of all countries and regions within countries in Europe and the epidemiological picture may be changing over time. We therefore recommend that countries undertake national level data collection of their prevalence of HSV-1 and -2 to more accurately inform epidemiological estimates and support service planning.

Table 1: Patients with laboratory confirmed genital HSV presenting with HSV-2

Patient characteristics	**Europe** N (%)	**Northwest England** N (%)	**p value**
Female	4008/7368 (54.4)	1784/4113 (43.4)	<.00001
Male	3622/5190 (69.8)	1106/2173 (50.9)	<.00001
Age < 25 years	695/1638 (42.4)	855/2773 (30.8)	<.00001
Age = 25 years	1158/1865 (62.1)	2035/3513 (57.9)	.003
First episode genital HSV	4777/9135 (52.3)	2890/6286 (46.0)	<.00001

PP093 | Antibiotics used for treatment of gonorrhoea and trends of antimicrobial resistance

Hana Zákoucká

National Institute of Public Health, Prague, Czech Republic

Background: Gonorrhoea is one of the most prevalent sexually transmitted infection (STI) in the world and so it is in the Czech Republic. Number of notified cases has been rising since 2012 in the Czech Republic. Another serious problem is worsening of antimicrobial susceptibility in individual strains of Neisseria gonorrhoeae, the causative agent of gonorrhoea.

Material and Methods: In the Czech Republic, there is established mandatory notification system (Register of Venereal Diseases, RPN) for gonorrhoea since 1949.

Data on antibiotics used for treatment, tests used for diagnostics and susceptibility testing are available since 2003.

We have done retrospective analysis of data form the RPN for the percentage of cases with gonorrhoea tested by culture, number of cases treated with different antibiotics and percentage of strains resistant to used antibiotics. We have also data from the Czech EUROGASP sentinel study branch since 2018.

Results: Number of cases varied from 1030 to 2509 during years, with lowest in 2011 (709) and highest in 2023 (2562). Methods of detection were usually combined (microscopy, culture and nucleic acids amplification (NAT)), but we can see clear moving to using the NAT. The culture was done in 56% (2003) and in 32% (2024). Trend of using the NAT is opposite – 27% in 2003 and 84% in 2024. The use of azithromycin and ceftriaxone is rising since 2011 and represents the majority of treated cases. Doxycycline is used stably in around 200 of cases according to a susceptibility testing results. There was different number of specimens/cases tested in EUROGASP sentinel study during the years 2018 to 2023, 95, 79, 117, 121, 112 and 87 respectively. AMR data are available for azithromycin, ceftriaxone, cefixime and ciprofloxacin. Percentage of resistant strains varied from 2 to 17 for azithromycin, from 27 to 72 for ciprofloxacin.

Conclusion: Gonorrhoea is now the most prevalent STI in the Czech Republic. As the use of azithromycin rise, we can see higher number of resistant strains. Fortunately, there is no interception of resistance to ceftriaxone.

PP094 | What PrEP Cannot Prevent

Gianluca Tavoletti, Andrea Bombelli, Susanna Benardon, Vinicio Boneschi

STI Center, Department of Dermatology Fondazione IRCCS Ca' Granda Ospedale Maggiore Policlinico, Milan, Italy

Background: Pre-exposure prophylaxis (PrEP) with antiretroviral drugs has proven to be highly effective in reducing the risk and incidence of new HIV infections among individuals who adhere to this preventive strategy.

However, the current literature does not suggest a clear increase in the incidence of other sexually transmitted infections (STIs) in PrEP users who undergo regular screening. Nonetheless, concerns have been raised regarding the potential for increased engagement in high-risk sexual behaviors, which may facilitate the acquisition of other infectious diseases.

Case Report: We present the case of a 42-year-old man who has sex with men (MSM), on HIV PrEP for over one year, reporting an average of approximately 50 sexual partners per year.

He had no prior history of STIs.

The patient presented with multiple erythematous-squamous patches with peripheral scaling and round contours, some of which were confluent, involving the inguinal area, proximal thighs, and lower abdomen.

These pruritic lesions had appeared roughly 10 days earlier and rapidly increased in size.

In addition, three painful papulo-nodular lesions were noted at the pubic area and penile base within the last five days.

Results: Direct mycological examination revealed abundant hyphae.

Culture confirmed the diagnosis of tinea corporis caused by Trichophyton mentagrophytes.

PCR testing was positive for Mpox (monkeypox virus) in both cutaneous lesions and blood samples, while pharyngeal swabs were negative.

The patient was treated with systemic antifungals with rapid clinical improvement; Mpox lesions resolved spontaneously within two weeks.

Conclusions: This case highlights the emerging complexity of STI presentations in the PrEP era and underscores the importance of considering coinfections and atypical pathogens in at-risk populations presenting to STI clinics.

PP095 | HPV Immunization in Bulgaria: Over a Decade of Challenges and a Promising Turning Point

Dimitar Krastev[1,4], Kremena Parmakova[2], **Mihael Skerlev**[3,4]

[1]Faculty of Medicine, Sofia University "St. Kliment Ohridski", Sofia, Bulgaria; [2]Directorate of Public Health, Ministry of Health, Sofia, Bulgaria; [3]Croatian STD Society of the Croatian Medical Association, Department of Dermatology and Venereology St. Catherine Special Hospital and Zagreb University School of Medicine, Zagreb, Croatia; [4]EADV HPV Task Force

Background: Persistent high risk types human papillomavirus (HPV) infections are strongly associated with the onset of the cervical cancer, as well as with other HPV-related malignancies in both sexes. Bulgaria ranks second in the EU for cervical cancer incidence (22.7/100,000) and mortality (11.1/100,000), with nearly 1000 new cases and 500 deaths annually. In response, a national HPV immunization program was launched in 2012 for 12-year-old girls, later expanded to ages 10–13; yet public distrust and misinformation severely limit its effectiveness.

Methods: We conducted a retrospective review of HPV immunization coverage in Bulgaria (2013-2025). Data were extracted from Ministry of Health reports and national parental attitude surveys. Vaccination rates were determined based on the annual number of girls who completed the two-dose schedule.

Results: In 2013, 6535 girls completed the full HPV vaccination course (22% coverage). This marked the highest recorded immunization rate since the program's implementation. A sharp decline followed the 2014, media controversy falsely linking the vaccine to autoimmune illness: 14% in 2014 (4214 girls), 4% in 2015 (2490), and 3% in 2016 (1917). Between 2017 and 2023, national coverage remained consistently low (1-3%), with only a temporary increase in 2018 (5%, 3385). No sustained progress was observed during this period.

A positive trend emerged in 2024 and continued into 2025. In 2024, 3212 girls were fully vaccinated (2.5% coverage) – the highest since 2018. As of May 2025, 2750 girls had already completed the immunization course, with projections indicating further growth. National surveys showed improved public attitudes, with parental willingness to vaccinate increasing from 39.4% in 2023 to 48.5% in 2024, and a drop in the belief that "HPV is not widespread" from 14% to 1.6%.

Conclusion: Despite a prolonged period of low vaccine coverage, Bulgaria is entering a new phase of progress. The newly adopted 2025-2030 National Program expands immunization to boys and progressively broadens age eligibility. A national PCR-based cervical cancer screening program will launch later this year for women aged 25-65. Early 2025 data show renewed public trust and institutional coordination – offering hope for reducing the HPV-related cancer burden in Bulgaria through effective prevention.

Year	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Vaccination Coverage (%)	22%	14%	4%	3%	3%	5%	4%	2%	2%	1%	1.50%	2.50%	N/A
Fully Vaccinated Girls	6535	4214	2490	1917	2160	3385	2709	1642	2525	1103	1938	3212	2750* (Jan-May)
Target Group (Girls by Age)	12	12	12-13	12-13	12-13	12-13	12-13	12-13	10-13	10-13	10-13	10-13	10-14

PP096 | Optimization of Trichomonas vaginalis diagnosis through pooled PCR testing in low-prevalence settings

Júlia Cabré-Torrents, Pablo Pillado, Cristina Sánchez-Lafuente, Mireya Alcaide, Enola Crespillo, Maria Carrasco, Aida Ramírez, Pere-Joan Cardona

Hospital Universitari Germans Trias i Pujol, Badalona, Spain

Background: Trichomonas vaginalis (TV) is a flagellated protozoan responsible for one of the most prevalent sexually transmitted infections worldwide. Although its incidence varies depending on geographical and demographic factors, in low-prevalence settings such as ours (0.61%), pooled PCR testing of samples inoculated in Roiron medium (BioMérieux, France) is proposed as an alternative to direct microscopic examination. This strategy aims to reduce laboratory workload without compromising diagnostic sensitivity.

This study was conducted to evaluate the efficiency and feasibility of this approach in our healthcare environment.

Methods: Prospective study conducted between March and May 2025. A total of 1,030 clinical samples (vaginal and urethral swabs) were cultured in Roiron medium. After 48 hours of incubation, samples were examined individually by direct light microscopy and, simultaneously, grouped into pools of 10 (n=103) for real-time multiplex PCR (Allplex™ STI Essential Assay, Seegene®). Pools testing positive for TV were compared with the corresponding individual microscopy results. In cases of discordance (i.e., multiple positive samples or no positives by microscopy), individual PCR was performed to deconvolute the pool and evaluate concordance between both diagnostic approaches.

Results: Seven positive pools (6.8%) were identified by PCR. In six of them, a single positive sample was also detected by microscopy. In the remaining pool, no samples were positive by microscopy, but one showed significant leukocytosis (raising clinical suspicion), and was confirmed positive by individual PCR.

A total of seven samples (0.68%) tested positive for TV, all detected by pooled PCR. This strategy resulted in a 93.2% reduction in the number of microscopy examinations, without compromising sensitivity.

Conclusions: Pooled PCR represents an effective and efficient diagnostic strategy in low-prevalence contexts for trichomoniasis. It significantly reduces laboratory workload without compromising diagnostic sensitivity and is proposed as an alternative to the conventional microscopy-based protocol.

PP097 | PrEP provision for a cohort with reduced bone mineral density and high fragility fracture risk: real world data from an East London Complex PrEP Clinic

Jozef Shaw, **Laurence Dufaur**

Barts Health NHS Trust, London, United Kingdom

Background: Tenofovir Disoproxil (TDF) is associated with reduced bone mineral density (BMD) in HIV Pre-Exposure Prophylaxis (PrEP) users, although with no reported increased fracture risk. Real world data to inform bone health monitoring in PrEP users with elevated fragility fracture risk is minimal and current international PrEP Guidelines reflect this. Calcium and Vitamin D supplementation and switch to Tenofovir Alafenamide (TAF)-based PrEP are strategies to reduce fragility fracture risk in people with PrEP need.

Methods: Clinical data collected using electronic records of all PrEP users managed through Complex PrEP clinic from March 2024 to May 2025. Referral to the clinic from routine PrEP cohort included those with diagnosed osteoporosis or osteopenia or with a Fracture Risk Assessment Tool (FRAX) 10-year probability of major osteoporotic fracture above the threshold to measure BMD with Dual-Energy X-ray Absorptiometry (DEXA) as set by the UK National Osteoporosis Guideline Group.

Results: 42 PrEP users were referred with BMD concerns, median age 49 (IQR 41-55), 78.6% cis-gender MSM, white ethnicity, representing 1.0% of patients accessing PrEP in our service (4029 users, median age 33 (IQR 28-39), of which 52.3% cis-gender MSM, white ethnicity). FRAX was downgraded in 10 cases, 6 disengaged from PrEP care and 5 have pending DEXA. Demographic and clinical characteristics of those with DEXA completed shown in Tables 1-3. Overall, 18/21 were diagnosed osteoporosis or osteopenia accounting for 0.45% of PrEP users.

Conclusions: In our cohort significant BMD loss is associated with a FRAX 10-year probability of major fracture below 10% and a previous fracture was the most frequent and often isolated risk factor. Increased fracture risk may be a rare complication of TDF-PrEP use in susceptible individuals. We recommend PrEP clinicians ensure all patients are counselled appropriately regarding the risk and perform FRAX on all those aged >40 years or with a history fragility fracture to identify those who may warrant PrEP strategy shift. As osteoporosis is asymptomatic until fragility fractures occur, where resources allow there may be a place for routine DEXA scanning in established daily PrEP users. This cohort will benefit from increased availability of alternative PrEP options in future.

TABLE 1:

	All PrEP users DEXA performed (N=21)	PrEP users Osteoporosis (T Score < -2.5) (N=11)	Prep users Osteopenia (T Score -1 - -2.5) (N=7)	PrEP users normal DEXA (T score >-1) (N=3)
Median Age (IQR)	49 (40-56)	48 (36-59)	50 (41-54)	54 (52-59)
Gender: Cis Male (N, %)	19 (90%)	9 (82%)	7 (100%)	3 (100%)
Gender: Cis Female (N, %)	1 (5%)	1 (9%)	0	0
Gender: Trans Female (N, %)	1 (5%)	1 (9%)	0	0
Ethnicity: White (N, %)	18 (86%)	9 (82%)	7 (100%)	2 (67%)
Ethnicity: Other ethnic group (N, %)	2 (10%)	1 (9%)	0	1 (33%)
Ethnicity: Mixed other (N, %)	1 (5%)	1 (9%)	0	0

TABLE 2:

	All PrEP users DEXA performed (N=21)	PrEP users Osteoporosis (T Score < -2.5) (N=11)	Prep users Osteopenia (T Score -1 - -2.5) (N=7)	PrEP users normal DEXA (T score >-1) (N=3)
Median number condomless sexual partners last 3/12 (IQR)	3 (2-5)	3 (1-4)	5 (3-13)	3 (3-5)
Diagnosed with STI in last 12 months (N, %)	4 (19%)	2 (18%)	2 (29%)	0
Been paid for sex (N, %)	1 (5%)	1 (9%)	0	0
Reporting chems use (N, %)	2 (10%)	1 (9%)	1 (14%)	0
Reporting injecting drug use (N, %)	0	0	0	0

TABLE 3:

	All PrEP users DEXA performed (N=21)	PrEP users Osteoporosis (T Score < -2.5) (N=11)	Prep users Osteopenia (T Score -1 - -2.5) (N=7)	PrEP users normal DEXA (T score >-1) (N=3)
Median BMI (IQR)	26 (23-28)	24 (20-26)	25 (23-26)	32 (31-33)
FRAX: Previous fracture (N, %)	15 (71%)	6 (55%)	6 (86%)	3 (100%)
FRAX: Parent fractured hip (N, %)	4 (19%)	2 (18%)	0	2 (67%)
FRAX: Current smoking (N, %)	6 (29%)	2 (18%)	4 (57%)	0
FRAX: Glucocorticoids (N, %)	0	0	0	0
FRAX: Rheumatoid Arthritis (N, %)	0	0	0	0
FRAX: Secondary Osteoporosis (N, %)	4 (19%)	3 (27%)	1 (14%)	0
FRAX: Alcohol ≥ 3units/day (N, %)	3 (14%)	2 (18%)	1 (14%)	0
FRAX: Only 1 risk factor (N, %)	11 (52%)	7 (64%)	3 (43%)	1 (33%)
FRAX: Median 10-year probability of major osteoporotic fracture (IQR)	7.7 (5.9-9.2)	8 (6.7-11.8)	6.1 (5.9.7.3)	8.8 (6.8-9.2)
Median T-Score Lumbar Spine: L1-L4 (IQR)	-2.4 (-0.8, -2.8)	-2.8 (-2.8, -3.0)	- 1.3 (-0.7, -1.8)	1.4 (0.8, 1.5)
Median T-Score Femoral Neck (IQR)	-1.5 (-1.0, -1.7)	-1.7 (-1.4, -1.8)	-1.3 (-1.2, -1.7)	0.7 (0.1, 1.1)
Median months following TDF-PrEP initiation to DEXA diagnosis (IQR)	29 (13-49)	23 (10-48)	42 (29-59)	21 (14-24)
Daily TDF-PrEP use (N, %)	15 (71%)	7 (63%)	5 (71%)	3 (100%)
Users with fragility fracture on TDF-PrEP (N, %)	3 (14%)	2 (18%)	1 (14%)	0
Median months following TDF-PrEP initiation to fragility fracture (IQR)	81 (49-85)	49 (33-65)	88	0
Management: Switched to TAF-PrEP (N, %)	13 (62%)	11 (91%)	3 (43%)	0
Management: Calcium/Vit D supplementation (N, %)	12 (57%)	7 (64%)	5 (71%)	0
Management: Bisphosphonates (N, %)	3 (14%)	3 (27%)	0	0

PP098 | Lymphogranuloma venereum in a High-Income European Setting: Insights from a 7-Year Case Series from a Portuguese Hospital

Carolina Inácio dos Santos, Margarida Santos Almeida, Ana Isabel Duarte, Sofia Gomes Rocha, André Torcato Cartaxo, João Vaz Alves, Kamal Mansinho

Hospital de Egas Moniz- Unidade local de saúde Lisboa Ocidental, Lisboa, Portugal

Background: Lymphogranuloma venereum (LGV), caused by the invasive L1–L3 serovars of Chlamydia trachomatis, has emerged in high-income countries, particularly among men who have sex with men (MSM). We aimed to characterize the confirmed LGV cases in a Portuguese cohort.

Methods: Observational and retrospective assessment of all cases diagnosed by PCR or gene sequencing between January 2018 and April 2025. Epidemiological data, clinical presentation, coexisting STIs, treatment, and outcomes were analysed.

Results: Sixty-four LGV cases were identified, all in cisgender men, predominantly MSM (89%), with a mean age of 39. Peak incidence occurred in 2024 (n=30), likely reflecting improved local PCR availability. Most patients were Portuguese (45%) or Brazilian (36%), all residing in Portugal for over one year. Only eight reported recent travel, suggesting predominantly local transmission.

HIV co-infection was present in 75%. Chemsex was reported in 28% of cases, 14% were on PrEP and 88% had STI history in the past five years (average prior STI episodes of 2.67).

Proctitis was the main clinical presentation (n=42), followed by asymptomatic cases (n=16), urethritis (n=3), cervical lymphadenitis (n=1) and inguinal lymphadenitis (n=1). Diagnosis was mostly via rectal swabs (n=63). Genotyping, in 31 cases, revealed L2 (58%), L2b (19%), L1 (16%), and two recombinant strains (D-Da/L2-L2b).

Most patients received doxycycline 100mg twice daily for 21 days (n=39). Despite subsequent LGV diagnosis, some were empirically treated with doxycycline for 7 days or single dose of ceftriaxone plus azithromycin, with complete symptom remission and a negative test of cure. Treatment data was missing in four cases. Among symptomatic cases, treatment efficacy was 78% in those appropriately treated. Overall, outcomes were unknown in 16, and one remained symptomatic, likely due to reinfection from an untreated partner.

STI co-infections were frequent (66%, n=42), mainly Neisseria gonorrhoeae (n=24), Treponema pallidum (n=13), acute hepatitis C (n=3) and Mycoplasma genitalium (n=3).

Conclusion: LGV has emerged as a significant STI in Portugal, in apparent epidemiological linkage to MSM behaviours, chemsex practices, HIV coinfection and recurrent STIs. These findings reinforce the importance of routine, multi-site STI screening and risk-reduction strategies in this population.

PP099 | Trends and Causes of Mortality Among People Living with HIV: A 36-Year Retrospective Analysis

Evanthia Mastoraki, Aikaterini-Anni Karaiskou, Varvara Vasalou, Eleni Paparizou, Vasilis Paparizos, Electra Nicolaidou, Alexandros Stratigos

1st Department of Dermatology-Venereology, School of Medicine, National and Kapodistrian University of Athens, Andreas Sygros Hospital, Athens, Greece

Background: Since the introduction of effective antiretroviral therapy (ART) in the mid-1990s, the landscape of HIV-related morbidity and mortality has significantly changed. Understanding the shifting causes of death among people living with HIV (PLHIV) is essential for optimizing long-term care, prevention strategies, and healthcare system planning.

Material and Methods: We conducted a retrospective review of all documented deaths among PLHIV from 1988 to 2024 at a single HIV reference center in Greece. Causes of death were categorized as HIV-related (AIDS-defining illnesses), non–HIV-related, or unknown. Non–HIV-related deaths were further categorized as due to cardiovascular disease, malignancy, infections, external causes, or other.

Results: A total of 558 deaths were recorded over the 36-year period.

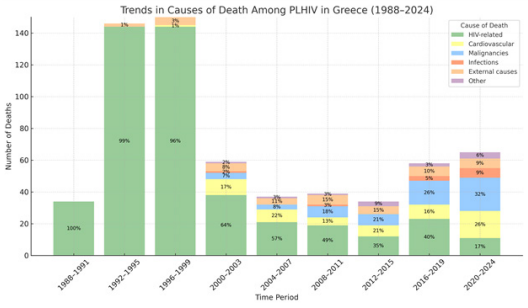
From 1988 to 1999, 97% (256/264) of deaths were HIV-related, with only 3% (8/264) attributed to non-HIV causes, including seven deaths from external factors and one from cardiovascular disease. The median age at death was 40 years.

Following the introduction of ART during the early ART era (2000-2010), the number of HIV-related deaths declined markedly, with 40.3% (50/124) of the recorded deaths attributed to non–HIV-related causes. This shift coincided with a rise in median age at death to 44 years.

In the modern ART era (2011-2024), a further shift was observed, with non-HIV-related causes accounting for 70 (118/168) of deaths. The leading causes of death in this period were malignancy (n=49) and cardiovascular disease (n=33), followed by external causes (n=18), infections (n=9), and other causes (n=3). The median age at death rose further to 55 years.

Deaths due to suicide accounted for 7% of non–HIV-related mortality, substantially higher than in the general population, where suicide typically accounts for less than 1.5% of all deaths.

Conclusion: Our findings demonstrate a clear shift from HIV-related to non–HIV-related mortality among PLHIV, particularly from malignancies and cardiovascular disease, reflecting the impact of ART in prolonging survival. These trends underscore the importance of integrating chronic disease management into routine HIV care, and highlight persistent mental health care gaps requiring targeted psychosocial interventions.



PP100 | Screening for ceftriaxone-resistant Neisseria gonorrhoeae with the Urogenital and Resistance kit (AusDiagnostic)

Aymeric Braille[1,2], **Mary Mainardis**[1,2], Fabienne Meunier[1,2], Margaux Mathar[1], Manel Mérimèche[1,2], Bénédicte Condamine[1,2], François Caméléna[1,2,3], Béatrice Berçot[1,2,3]

[1]APHP, Bacteriology service, Hospital Group St Louis-Lariboisière-Fernand Widal, Paris, France; [2]Laboratory associated with the National Reference Center for Bacterial STIs, Paris, France; [3]3University Paris Cité, INSERM, IAME, F-75018, Paris, France

The increase of ceftriaxone-resistant Neisseria gonorrhoeae (NG) represents a major public health concern. The Urino-genital and Resistance 12 well kit (UR12) (AusDiagnostics, Australia) on the Highplex AllianceTM machine (AusDiagnostics) can detect NG and the A311V mutation associated with ceftriaxone-resistance, notably the penA60 allele, directly from sample.

The aim of this study was to evaluate the performance of the UR12 for the detection of NG and its resistance to 3rd generation cephalosporins (3GC) on a collection of strains from the French National Reference Center (NRC) for bacterial STIs.

The UR12 allows the detection of 12 targets including 4 pathogens responsible of STI: Chlamydia trachomatis, Neisseria gonorrhoeae, Mycoplasma genitalium, Trichomonas vaginalis. Concerning NG, the kit could detect specific genes (opaH and opaJ), and a point mutation in the penA gene associated with 3GC resistance1.

Sixty-seven NG strains were selected from the NRC collection, including 48 different penA alleles and 8 ceftriaxone-resistant NG with the A311V mutation. After extraction by Qiasymphony (Qiagen), the NG isolates were analyzed by multiplex-tandem PCR and sequenced in by Next-Generation Sequencing using Illumina technology.

Among the 67 strains, 64 (95.5%) were detected NG positive for both targets (opaJ and opaH), two (3%) presented only one target (opaH) and one (1.5%) was returned negative by the automat.

For 3GC resistance, the A311V mutation was detected in the eight NG strains harboring the A311V mutation (penA60 allele) and in 11 other NGs (18.6%) negative for this mutation. This false detection was associated to the presence of the I312M mutation in the penA gene and corresponds mostly to a mosaic penA34 variant link to decreased susceptibility to 3GC.

The sensitivity of the UR12 for NG and A311V mutation detection was excellent (98.5% and 100%). However, the specificity for the A311V mutation detection was 81% (48/59) mainly due to non-specific detection of I312M mutation associated with decreased susceptibility to 3GC such as penA34 variants. Additional analyzes are necessary to allow an evaluation on samples and this test currently remains positioned in Research Use Only (RUO) for this parameter.

PP101 | Surveillance of Antimicrobial Susceptibility Patterns in the Gonococcal Population in Greece, 2024

Eirini Siatravani[1,2], Anna-Danai Panopoulou[3], Panorea-Georgia Antonatou[3], Dimitrios Karagiorgas[3], Stella-Eugenia Chryssou[3], Ioanna Magaziotou[4], Electra Nicolaidou[5], Apostolos Beloukas[2], Vivi Miriagou[1]

[1]National Reference Center for Neisseria gonorrhoeae, Laboratory of Bacteriology, Hellenic Pasteur Institute, Athens, Greece; [2]Molecular Microbiology & Immunology Laboratory, Department of Biomedical Sciences, School of Health Sciences, University of West Attica, Athens, Greece; [3]Laboratory of Biopathology, "Andreas Syggros" Hospital of Cutaneous and Venereal Diseases, Athens, Greece; [4]Department for Sexually Transmitted Infections, National Public Health Organization, Athens, Greece; [5]1st Department of Dermatology and Venereology, Medical School, National and Kapodistrian University of Athens, "Andreas Syggros" Hospital, Athens, Greece

Background: Neisseria gonorrhoeae, the bacterium responsible for gonorrhea—one of the most common sexually transmitted infections—remains a significant public health concern. This study aims to assess the epidemiological features of the gonococcal population in Greece in 2024, with a particular emphasis on monitoring trends in antimicrobial resistance.

Materials and Methods: During the study period, 155 N. gonorrhoeae isolates were submitted to the Greek National Reference Center for Neisseria gonorrhoeae. These isolates were consecutively collected from gonorrhea cases diagnosed in hospitals across the country. Antibiotic Minimum Inhibitory Concentrations (MICs) were determined using the E-test method and interpreted based on EUCAST guidelines. Plasmid analysis was conducted for penicillinase-producing strains (PPNG) and those resistant to tetracycline (TRNG). Genetic determinants including tetM, gyrA and parC were identified through PCR and RFLP/sequencing. Selected isolates underwent whole genome sequencing using the Ion Torrent S5 platform.

Results: Plasmid-mediated resistance to penicillin and/or tetracycline was observed in 12.3% of isolates. Resistance to fluoroquinolones remained high at 54.83%. Azithromycin resistance was also elevated at 22.6%, although a declining trend compared to previous years was noted. One isolate (0.65%) exhibited decreased susceptibility to cefixime, marking a change from the 2020–2023 period during which no resistance to extended-spectrum cephalosporins (ESCs) was detected. All isolates remained susceptible to spectinomycin. Intermediate susceptibility to one or more antibiotics was found in 29% of cases, while only 2.6% of isolates were fully susceptible to all tested antibiotics. Penicillin resistance was primarily associated with African-type plasmids, while tetracycline resistance was linked to Dutch-type tetM genes. Quinolone resistance resulted from amino acid substitutions in the gyrA and parC genes. Medium-level azithromycin resistance (MIC 2–96 mg/L) was associated with the C2611T mutation in the 23S rRNA gene. Additional resistance mechanisms included mutations in the mtrR promoter region and mosaic mtrD genes.

Conclusions: Ongoing surveillance of antimicrobial resistance patterns and comprehensive characterization of resistance mechanisms in N. gonorrhoeae are critical for public health planning and to inform empirical treatment guidelines for gonorrhea.

PP102 | Coinfection of Syphilis and HIV: A Retrospective Analysis at a Dermatology Department in Łódź, Poland

Marcin Noweta, Natalia Bień, Irena Predko, Julia Hofmann, Aleksandra Lesiak, Joanna Narbutt

Department Of Dermatology, Pediatric Dermatology and Oncology Of Medical University Of Lodz, Łódź, Poland

Background: An increasing incidence of HIV and syphilis co-infection has been observed in recent years. This study aimed to assess trends and clinical characteristics of patients hospitalized with HIV and syphilis co-infection between 2015 and 2022 at a single tertiary dermatology department.

Material and Methods: This retrospective, single-center study included adult patients diagnosed with both HIV and syphilis. Clinical and demographic data were extracted from hospital medical records. Statistical analysis was performed using IBM SPSS Statistics software, with Pearson correlation used to assess annual trends.

Results: Of 511 patients hospitalized for syphilis, 98 (96 males, 2 females) were co-infected with HIV. A significant annual increase in HIV diagnoses among syphilis-positive patients was observed at a rate of 3.89% per year (Pearson correlation, $p < 0.001$, $N = 8$). A strong correlation was also found between the total yearly number of syphilis and HIV cases over the study period (Pearson correlation, $p < 0.001$, $N = 8$). The most frequent comorbidities in the co-infected group were hepatitis B or C (42.9%), gonorrhea (16.3%), and depression (13.3%).

Conclusion: This study demonstrated a notable increase in HIV and syphilis co-infections over the 2015–2022 period. The findings highlight the evolving epidemiological overlap of these infections and reinforce the need for integrated screening, prevention, and mental health support strategies in at-risk populations.

PP103 | Oral manifestations among syphilis cases in a tertiary hospital in Albania

Edjola Lulja, Najada Como, **Arjan Harxhi**

Department of Infectious Diseases, Medical University of Tirana, Tirana, Albania

Background: Recent data shows a resurgence of syphilis cases in Albania. Syphilis can present in different ways during each stages of disease, including oral manifestations which are less common than those of the skin, but can be seen in all stages of syphilis, sometimes being the only manifestations.

Material and methods: This is a retrospective observational study carried out at Infectious Disease Service, University Hospital Center of Tirana, Albania. It aims to describe some epidemiological and clinical characteristics of cases with syphilis presenting with oral manifestations

Results: Out of 91 patients diagnosed with syphilis and followed during years 2023 -2024, there were selected 17 cases (19%) presenting with oral lesions. All 17 cases (100%) were male with a mean age of 31 years, and median 24 years (range 19-60). According to sexual risk, 47% declared homosexual contacts, 12 % bisexual and 41% heterosexual contacts. 14 cases (82%) were also HIV infected. Only 2 cases (12%) were tested voluntarily for syphilis. Majority of cases 12 (70%) were diagnosed as secondary syphilis, 3 cases (20%) were presented as primary-secondary syphilis, 1 case as primary and 1 case as ocular syphilis. The primary syphilis case presented a lower labial chancre, while the secondary syphilis cases presented with multiple lesions, mainly mucus patches with erosions in palatum and tongue and less often aphthous lesions. In 2 cases erosions were presented in tonsils and pharyngeal area. The therapy was carried out by giving benzathine penicillin G in 16 cases, oral doxycycline in 6 cases and ceftriaxone 1 case. Clinical response to therapy was very good with resolution of the oral lesions in the follow up.

Conclusion: Due to increase of syphilis cases in Albania, medical doctors and dentists should be aware of oral manifestations of syphilis, in order to promptly diagnose and treat these cases in order to prevent progression and transmission.

PP104 | Bridging the Gap: Informal PrEP use in Greece

Nikolaos Kalesis[1], Charalampos D. Moschopoulos[2], Konstantinos Protopapas[1,2]

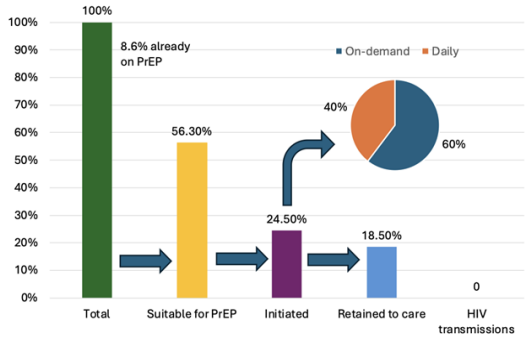
[1]Private Sexual Health Clinic, Athens, Greece; [2]Fourth department of Internal Medicine, Attikon University Hospital, School of Medicine, National and Kapodistrian University of Athens, Athens, Greece

Background: Pre-exposure prophylaxis (PrEP) is an effective biomedical intervention for preventing HIV acquisition among individuals at risk. In Greece, delays in formal PrEP availability led many men who have sex with men (MSM) and transgender women (TGW) to rely on informal PrEP sourced online, under the supervision of informed private healthcare providers. This study describes patterns of PrEP use, adherence, effectiveness, and burden of sexually transmitted infections (STIs) among clients of a private sexual health clinic in Athens.

Material and Methods: Between January and December 2024, 547 MSM and TGW (mean age±SD: 36±9 years) attended the clinic for HIV testing, STI screening, and PrEP counseling. Eligibility for PrEP was assessed based on World Health Organization (WHO) and European AIDS Clinical Society (EACS) guidelines. Data were collected on PrEP uptake, dosing, adherence to quarterly monitoring, interruptions, and STI diagnoses during follow-up.

Results: Of the 547 clients, 308 (56.3%) met criteria for PrEP initiation; 47 (8.6%) were already informal PrEP users at presentation. Following counseling, an additional 134 individuals initiated PrEP via online purchase, choosing daily (39.6%) or on-demand (60.4%) dosing. Among all 181 PrEP users, 144 (79.6%) engaged in quarterly monitoring. Temporary PrEP discontinuation was reported by 24%, due to cost, decreased perceived HIV risk, or entry into monogamous relationships; most resumed PrEP use. No HIV seroconversions occurred over 2,423 person-months of follow-up. Barriers to PrEP initiation included cost, concerns over online-sourced PrEP quality, and difficulties with internet procurement. STI prevalence was high: 166 clients (30.3%) were diagnosed with at least one STI, with 27% of these experiencing multiple infections. Syphilis, urethritis, and proctitis were the most common diagnoses.

Conclusion: Informal PrEP use, when supported by clinical monitoring, demonstrated high retention, good adherence, and no incident HIV infections, suggesting its potential safety and effectiveness as an interim strategy. This informal PrEP use effectively served as a “bridge” during the period before formal national PrEP availability, which has since been established. The substantial burden of STIs and persistent barriers to PrEP initiation emphasize the need for expanded, accessible sexual health services and targeted PrEP education to optimize prevention outcomes in high-risk populations.



PP105 | Exploring influences on contraceptive decision making within a local integrated sexual health service

Annie Russell[1], Nicolas Pinto-Sander[1], Daniel Richardson[1,2]

[1]University Hospital Sussex, Brighton, United Kingdom; [2]Brighton and Sussex Medical School, Brighton, United Kingdom

Introduction: As part of a service improvement project, we aimed to explore the experience of patients attending our local integrated sexual health service and determine whether social media or hormonal content of contraception is influencing decision-making.

Methods: An electronic online evaluation was sent to patients attending our integrated sexual health service for contraception over a 2-month period from April-June 2025. Using a combination of binary questions, Likert scales, and free text, we asked respondents to rate their contraceptive consultation experience and the use of social media/fertility awareness platforms to influence contraception choices.

Results: 143 out of 1022 patients responded to the evaluation, their median age was 26-years (IQR 21-35.5), 131 described themselves as female, 135 stated that their assigned gender at birth was female, 118 (83%) had used hormonal contraception (pills, implants, intra-uterine device, injection, patch, ring) in the past and 31/143(22%) had used online fertility awareness platforms in the past and all reported positive experiences. The respondents rated: how informed did you feel about the different contraception methods during your appointment median 5/5 (IQR 5-5) (where 5 was completely informed) on a Likert scale; do you think it's easy to find clear and helpful information about contraception as median 5/5(IQR=4-5/5); has information from social-media (e.g. Tiktok, Instagram, Facebook, Reddit, Internet) ever helped you decide which contraception to use as 2/5(IQR=1-4); do you have any concerns about information relating to contraception found on social-media 3/5(IQR=1-4); to what extent does concern about the hormonal effects of contraception influence your choice of contraception 4/5(IQR=3-5).

Conclusion: Patients in this evaluation were influenced by social media when making contraceptive choices and those using fertility awareness platforms reported no negative experiences. More work is needed to bust myths and challenge social media contraception misinformation.

PP106 | Emerging Trends in Sexually Transmitted Dermatophytosis at Malta's Genitourinary Clinic

Omar Chircop[1], Amna Elyas[2], Matthew Valentino[3], Donia Gamoudi[4], Katya Muscat[4], **Valeska Padovese**[4]

[1]Department of Medicine, Mater Dei Hospital, Msida, Malta; [2]Department of Dermatology and Venereology, Skåne University Hospital, Malmö, Sweden; [3]Central and North West London (CNWL) NHS Trust, London, United Kingdom; [4]Genitourinary Clinic, Department of Dermatology and Venereology, Mater Dei Hospital, Msida, Malta

Background: Superficial fungal infections involving the genital, buttock, and face (beard) areas have increasingly been reported in recent years, raising concerns about sexual transmission. While traditionally linked to zoophilic dermatophytes, these infections are associated with human-to-human spread, notably Trichophyton mentagrophytes genotype VII (TMVII). Malta has experienced significant demographic changes over the past decade, with 28.1% of its population now composed of foreign nationals. This study aimed to assess the prevalence of dermatophytosis at Malta's Genitourinary Clinic (GUC) over the past 102 months and examine correlations with demographics and clinical outcomes.

Material & Methods: A retrospective review was conducted on patients diagnosed with dermatophytosis at the GUC between January 2017 and June 2025. Patients demographics (age, gender, sexual orientation, nationality), rash location, fungal species, treatment outcomes, and co-infections were analysed.

Results: A total of 68 patients were identified, 86.8% male, mean age of 31 years. Foreigners represented 58.8% (19.1% European and 22% from Central and Southeast Asia).

The most frequently affected areas were the groin and genitals. Notably, 13% of patients had combinations of limbs, buttocks, face, and genital involvement. Additionally, 27.9% of individuals experienced widespread, persistent, recurrent, or long-standing infections causing considerable morbidity. Nearly one-third (29.4%) of patients had one concurrent sexually transmitted infection (STI), and 8.8% had two.

Fungal species were identified in 25 patients (36.8%), revealing T. mentagrophytes (9), T. rubrum (8), T. interdigitale (5), Microsporum canis (2), and Epidermophyton floccosum (1).

Yearly cases increased steadily: 6 in 2022, 9 in both 2023 and 2024, and 7 cases already recorded by mid-2025.

Conclusion: Dermatophytosis is increasing at Malta's GUC, with the distribution of lesions suggesting sexual transmission. The affected population is predominantly young, mobile, and often migrants, frequently presenting with multisite infections and high rates of STI co-infection. The limited fungal species data underscores the need for routine sampling and identification, particularly given emerging resistant strains in Europe. Although T. mentagrophytes was most frequently identified, the lack of local genotyping is an important limitation, preventing confirmation of TMVII, a strain increasingly linked to sexually transmitted cases. The persistence and severity of some cases may reflect growing treatment resistance.

PP107 | Trichophyton Mentagrophytes Type VII (TMVII): an emerging sexually transmitted pathogen

Roxani Kapranou, Ourania Kotsafti, Anastasios Giannoukos, Alexander Stratigos, Electra Nicolaidou

"Andreas Syggros" Hospital of Cutaneous & Venereal Diseases, 1st Department of Dermatology and Venerology, National and Kapodistrian University of Athens, Athens, Greece

Background: In recent years dermatophytes have gained increasing importance as potential agents of Sexually Transmitted Infections (STIs). Specifically, the newly identified Trichophyton Mentagrophytes Type VII (TMVII) has been reported as a causative agent of severe dermatophyte infections of the anogenital area, with probable sexual transmission in several European countries and the United States. Regarding Greece, one case was recently identified in our hospital, which is a reference center for sexually transmitted infections.

Materials & Methods: A literature search on TMVII was conducted using MEDLINE/PubMed to review available data on the clinical presentation and treatment of this emerging pathogen.

Results: Our search using the term "Trichophyton Mentagrophytes Type VII" revealed five case series, two case reports and one retrospective study, all published between 2019 and 2025.

Data was extracted from 117 patients, including 100 males and 17 females, with ages ranging from 19-66 years (median age: 34 years).

Seven of the eight articles included also provided data on the patients' sexual orientation. Specifically, 70 out of 74 patients (95%) identified as Men having Sex with Men (MSM).

Among all cases only 16 were linked to prior travel outside the country where the diagnosis was made, indicating that the infection was locally acquired. The male partners of 13 patients had suspected or documented TMVII dermatophytosis as well.

TMVII lesions are typically described as highly inflammatory, often purulent and are accompanied by pain. The most common presentation of TMVII was tinea genitalis (51 out of 117 cases) consistent with the hypothesis of its sexual transmission while the least common was tinea facei (35 out of 117 cases). In 33% of the patients multiple anatomic regions were affected simultaneously.

Systemic therapy is the main treatment approach. Data suggest that a prolonged course of oral terbinafine is usually required. A total of 102 patients received oral antifungal treatment, with terbinafine administered to 99 of them (250 mg daily for 2 – 9 weeks). Of these 99 patients, 5 were switched to oral itraconazole due to an unsuccessful treatment with oral terbinafine.

Conclusions: Physicians should remain vigilant in recognizing and reporting cases of this novel pathogen.

	N=117
Male	100
Female	17
Age	
18-20	1
21-29	42
30-39	43
40-49	16
50-59	14
60-69	1

Affected area	
One area	78
Multiple areas	39
Type of tinea infection	
Tinea genitalis	51
Tinea glutealis	43
Tinea corporis	39
Tinea faciei	35

Treatment type	n	
Combination systemic + topical	86	
Systemic only	16	
Topical only	12	
Oral antifungal therapy	**Patients treated**	**Switch to oral itraconazole**
Oral terbinafine	99	5
Oral grizeofulvine	3	0

PP108 | Pentamidine formulations for topical prophylaxis of Chlamydia trachomatis infection

Katja Knapp[1], Lisa-Sophie Kalab[2], Georg Stary[1], Victoria Klang[2]

[1]Department of Dermatology, Medical University of Vienna, Vienna, Austria; [2]Division of Pharmaceutical Technology and Biopharmaceutics, University of Vienna, Vienna, Austria

Aim: STIs are resurging globally, yet no vaccine exists for Chlamydia trachomatis (Ct) infections, and other prevention measures are limited. While doxycycline post-exposure prophylaxis (Doxy-PEP) is only recommended for high-risk groups like MSM, concerns about antibiotic resistance among pathogens and commensals restrict its broader use. We therefore aimed to develop a formulation suitable for application to the human anogenital region that could prevent transmission of Ct and potentially other STIs.

Material and Methods: Prototype formulations with pentamidine were tested for their physical properties by rheology, pH assessment and HPLC for drug concentration. Subsequently, the formulations were tested in a mouse model for female genital tract Ct infection for their efficiency and bacterial burden of mice assessed by qPCR and cultures.

Results: We identified the small molecule pentamidine as an effective inhibitor of Ct replication in vitro and in a mouse model and could additionally show that it is also effective against Neisseria gonorrhea (Ng). Two prototypes for pentamidine formulations were developed and remained stable over weeks while addressing the right pH profile for vaginal or rectal applications. First tests in mice revealed a beneficial effect of the formulation to prevent Ct infection.

Conclusion: We successfully developed stable pentamidine formulations enabling effective topical prophylaxis against Ct infection in a mouse model. As a next step, we will assess the efficacy of this formulation against other bacterial STIs such as Ng or Treponema pallidum. Future studies will focus on defining the treatment regimen, optimal dosing and pharmacokinetics of topical treatment to support clinical translation.

PP109 | Epidemiology and management of syphilis in the island of Crete, Greece during the last twelve years

Aikaterini Chatziperrou, Maria Polina Konstantinou, Georgios Evangelou, Sabine Kruger-Krasagakis, Konstantinos Krasagakis

Dermatology Department, University General Hospital of Heraklion (PAGNI), Heraklion, Greece

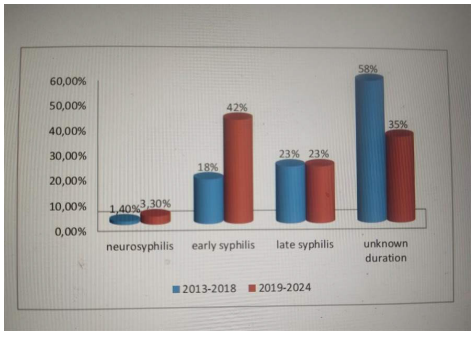
Background: Syphilis is a sexually transmitted disease (STD) under epidemiological surveillance in Greece. From 2020 an overall dramatic rise of syphilis cases has been recorded by the Greek National Public Health Organization (NPH).

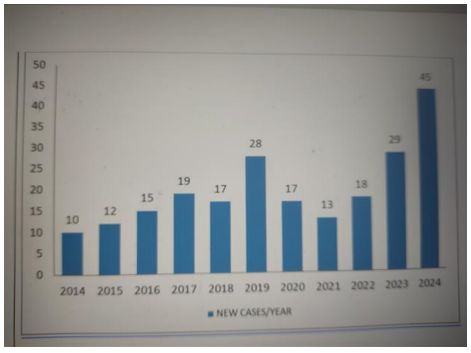
Material and Methods: We conducted a single center, retrospective study including consecutive cases of syphilis that were diagnosed and treated in our department, from 01/2013 to 01/2025. We retrieved patients' medical records and recorded the following: age, gender, medical centre of diagnosis, reason for STD testing, sexual history, and intravenous drug use. We also included clinical symptoms at baseline, otolaryngologists, ophthalmological and neurological findings, when available, the results of specific and non-specific treponemal tests, the co-existence of other STDs, the treatment plan and data of treatment response at 1, 3, 6 and 12 months, when available. It is of note that, from 01/2013 to 01/2019, our department performed otolaryngology, ophthalmology and neurological referrals at syphilis diagnosis in the presence of suggestive clinical symptoms, in accordance with CDC guidelines (group 1). From 01/2019, these referrals were performed systematically for every confirmed syphilis case (group 2). In this study, we sought to evaluate the clinical utility of this integrated approach.

Results: A total of 223 cases were recorded. Group 1 included 73 patients with 13(18%) cases of early syphilis, 17(23%) of late syphilis and 43 (58%) of unknown duration. One (1.4%) patient presented with neurosyphilis (optic neuritis).

Group 2 included 150 patients with 63(42%) cases of early syphilis, 34(23%) of late syphilis and 53(35%) cases of unknown duration. Five (3,3%) patients were diagnosed with neurosyphilis (including optic neuritis, uveitis, sensorineural hearing loss and other) (Figure 1). We observed a biphasic increase since 2019 in the number of newly diagnosed cases, which inhibited by COVID pandemic in 2020-2021 (Figure 2). Results from the complete dataset will be presented.

Conclusion: The current study confirms an ascending trend in cases of early syphilis in the last 6 years and an increase in cases of neurosyphilis (1.4 versus 3.3%). In this context, the routinely performed otolaryngology, opthalmological and neurological consultation helped identifying syphilis cases that otherwise might have been missed.





PP110 | Comparison of two commercial multiplex PCR assays for the detection of Sexually transmitted diseases

Maria Baka[1], Stefanos Charpantidis[2], Beatrice Patouchea[1], Irini Bithigotzi[1], Sofia Veneti[1], Alexander Stratigos[3], Electra Nicolaidou[3], **Georgia Vrioni**[1,2]

[1]National Reference Center for Sexually Transmitted Infections and AIDS, "Andreas Sygros" Hospital for Skin and Venereal Diseases, Athens, Greece; [2]Department of Microbiology, Medical School, National and Kapodistrian University of Athens, Athens, Greece; [3]1st Department of Dermatology and Venereology, "Andreas Sygros" Hospital for Skin and Venereal Diseases, National and Kapodistrian University of Athens, Athens, Greece

Background: Sexually transmitted diseases (STDs) are a significant health problem and have a great impact on public health. Asymptomatic infections and non-specific symptoms are factors that complicate the diagnosis. Nucleic acid amplification tests (NAAT) have replaced conventional methods and they are recommended for screening and diagnosis. This study aimed to evaluate the performance of two multiplex real-time PCR commercial assays.

Materials and Methods: In total, 11 samples (7 urethral, 3 rectal and one of penis ulcer) were tested by both multiplex real-time PCR assays. DNA was extracted manually (ROCHE, High Pure Template Preparation Kit) or automatically (Mole, BIOSCIENCE). All extracted samples were analyzed with the STD Virplex Minilab Panel (Vircell S.L., Spain) and the results were compared with those from the careGENE STD-12 detection kit (Access Bio Inc., USA).

Results: Of the 11 specimens tested, nine (81.8%) were positive for at least one pathogen. Both assays detected 12 out of 15 (80%) pathogens. STD Virplex Minilab Panel failed to detect two cases of Gardnerella vaginalis (not included in the panel) and one case of Neisseria gonorrhoeae (Invalid IC). On the other hand, Virplex's panel detected a macrolide resistance mutation (not included in the careGENE STD-12 detection kit).

Conclusions: In recent decades, new molecular diagnostic tools have been implemented in medical laboratories, including multiplex PCR assays. Both assays were sensitive, especially when we evaluated them according to their own panels. Further comparative studies, involving larger sample polls, are necessary for the evaluation of Multiplex PCR techniques.

Table 1: Results obtained by the commercial Multiplex PCR methods for STIs

Samples	careGENE STD-12 detection kit	STD Virplex Minilab Panel
Urethral	*Ureaplasma parvum* ***Gardenella vaginalis*** *HSV-1*	*Ureaplasma parvum* **NOT INCLUDED** *HSV-1*
Urethral	*Ureaplasma urealyticum* *Mycoplasma hominis* ***Gardenella vaginalis***	*Ureaplasma urealyticum* *Mycoplasma hominis* **NOT INCLUDED**
Urethral	*Chlamydia trachomatis*	*Chlamydia trachomatis*
Urethral	Negative	Negative
Urethral	*Neisseria gonorrhoeae*	*Neisseria gonorrhoeae*
Urethral	*Mycoplasma genitalium*	*Mycoplasma genitalium**
Urethral	*Chlamydia trachomatis*	*Chlamydia trachomatis*
Rectal	*Neisseria gonorrhoeae*	*Neisseria gonorrhoeae*
Rectal	*Neisseria gonorrhoeae*	*Neisseria gonorrhoeae*
Rectal	***Neisseria gonorrhoeae*** *Ureaplasma urealyticum* *Mycoplasma hominis*	***INVALID IC*** *Ureaplasma urealyticum* *Mycoplasma hominis*
Penis ulcer	Negative	Negative

*Detection of 23S rRNA macrolide resistance-associated mutation at A2059 (59mut)

PP111 | Performance of a multiplex real-time PCR assay for the simultaneously detection of 12 Sexually transmitted diseases pathogens

Maria Baka[1], Beatrice Patouchea[1], Irini Bithigotzi[1], Sofia Veneti[1], Panagiotis Chrysidis[1], Eleftheria Lunggari[1], Stefanos Charpantidis[2], Alexander Stratigos[3], Electra Nicolaidou[3], **Georgia Vrioni**[1,2]

[1]National Reference Center for Sexually Transmitted Infections and AIDS, "Andreas Sygros" Hospital for Skin and Venereal Diseases, Athens, Greece; [2]Department of Microbiology, Medical School, National and Kapodistrian University of Athens, Athens, Greece; [3]1st Department of Dermatology and Venereology, "Andreas Sygros" Hospital for Skin and Venereal Diseases, National and Kapodistrian University of Athens, Athens, Greece

Background: Sexually transmitted diseases (STDs) are infectious diseases usually transmitted via unprotected or risky sexual activities and are a global health problem. Nucleic acid amplification tests (NAATs) are the most sensitive methods for screening and diagnosing STDs. Multiplex polymerase chain reaction assays enable the detection of DNA from multiple bacterial and viral STDs within a single test. The aim of this study was to screen the symptomatic and asymptomatic patients who presented to the "National Reference Center for Sexually Transmitted Infections and AIDS" at "A. Sygros" Hospital by using a multiplex real-time PCR assay.

Methods and Materials: During two years (July 2023 – June 2025), a total of 1,178 patients (86.5% male and 13.5% female) were referred to the "A. Sygros" Hospital, Athens, Greece. A total of 1,354 tests were performed using various samples (Table 1). DNA was extracted manually (ROCHE, High Pure Template Preparation Kit) or automatically (MOLE, BIOSCIENCE). All extracted samples were analyzed for the detection of 12 STDs using the careGENE STD-12 detection kit (AccessBio – USA) on QIAGEN's Rotor-Gene Q (Germany).

Results: 653 (48.2%) samples were negative for all 12 pathogens. 684 (50.5%) were positive for at least one and 255 (37.2%) for at least two pathogens. The pathogens, as identified by using the careGENE STD-12 detection kit, are shown in Table 2.

Conclusions: Conventional methods frequently necessitate the performance of individual tests for each suspected pathogen. This approach is particularly beneficial in cases where symptoms are non-specific or when screening for multiple infections is required. Multiplex PCR STDs testing is a screening tool for the detection of STDs even when they are mixed, and it has the potential to improve public health by providing rapid and sensitive results.

Table 1: Results obtained by the commercial Multiplex PCR methods for STIs

Samples	careGENE STD-12 detection kit	STD Virplex Minilab Panel
Urethral	*Ureaplasma parvum* ***Gardenella vaginalis*** *HSV-1*	*Ureaplasma parvum* **NOT INCLUDED** *HSV-1*
Urethral	*Ureaplasma urealyticum* *Mycoplasma hominis* ***Gardenella vaginalis***	*Ureaplasma urealyticum* *Mycoplasma hominis* **NOT INCLUDED**
Urethral	*Chlamydia trachomatis*	*Chlamydia trachomatis*
Urethral	Negative	Negative
Urethral	*Neisseria gonorrhoeae*	*Neisseria gonorrhoeae*
Urethral	*Mycoplasma genitalium*	*Mycoplasma genitalium**
Urethral	*Chlamydia trachomatis*	*Chlamydia trachomatis*
Rectal	*Neisseria gonorrhoeae*	*Neisseria gonorrhoeae*
Rectal	*Neisseria gonorrhoeae*	*Neisseria gonorrhoeae*
Rectal	***Neisseria gonorrhoeae*** *Ureaplasma urealyticum* *Mycoplasma hominis*	***INVALID IC*** *Ureaplasma urealyticum* *Mycoplasma hominis*
Penis ulcer	Negative	Negative

*Detection of 23S rRNA macrolide resistance-associated mutation at A2059 (59mut)

Table 2: Pathogens as identified by using careGENE STD-12 detection kit

STDs pathogens	n
Ureaplasma urealyticum	87
Gardnerella vaginalis	319
Neisseria gonorrhea	165
Treponema pallidum	23
HSV-1	30
HSV-2	38
Chlamydia trachomatis	91
Mycoplasma hominis	64
Ureaplasma parvum	105
Candida albicans	61
Mycoplasma genitalium	49
Trichomonas vaginalis	4

PP112 | Tracing Gonorrhoea Through the Pandemic and Beyond: Epidemiological Changes Across Pre-, During and Post-COVID-19 Periods in a Major STI Centre in Athens

Izoldi Charatsidou, **Evdoxia Panou**, George Sarris, Antonis Tsimpidakis, Ourania Kotsafti, Anastasios Giannoukos, Sofia Papanikou, Alexander Stratigos, Electra Nicolaidou

1st Dept of Dermatology and Venereology, Medical School, National and Kapodistrian University of Athens, "A. Sygros" Hospital, Athens, Greece

Introduction: Neisseria gonorrhoeae infections have resurged across Europe in recent years, driven by changing sexual behaviours, antimicrobial resistance, and public health challenges. Gonorrhoea, a notifiable sexually transmitted infection (STI), remains a significant public health concern due to its potential for serious complications and asymptomatic transmission, particularly among men who have sex with men (MSM). In the beginning of the COVID-19 pandemic, many countries reported declines in gonorrhoea diagnoses followed by rebounds as restrictions eased. This study aimed to investigate trends and demographic characteristics of gonorrhoea diagnoses at Andreas Sygros Hospital in Athens, Greece, which hosts one of the country's largest referral centres for sexually transmitted infections.

Methods: A retrospective observational study included all patients with laboratory-confirmed gonorrhoea between March 2018 and February 2024. Cases were categorized into three periods based on diagnosis date: pre-COVID (March 2018 – February 2020), during COVID (March 2020 – February 2022), and post-COVID (March 2022 – February 2024). Demographic and behavioural data (sex, age, sexual orientation, education, ethnicity, sexual partners) were collected from medical records. Comparisons between periods were performed using the Chi-square test ($p<0.05$).

Results: A total of 1033 cases were recorded (250 pre-COVID, 311 during COVID, 472 post-COVID), reflecting a small but continuous increase during the pandemic and a marked rebound (88,8%) post-pandemic. Over 96% were male. Notably, 13–24-year-olds increased significantly post-COVID (from 3.6% to 14.6%; $p<0.001$). Heterosexual individuals accounted for ~60% of cases. Educational level varied significantly ($p<0.001$), with fewer cases among individuals with lower education post-COVID. Sexual partner numbers remained stable. Non-Greek cases increased during COVID but decreased post-COVID.

Conclusions: Gonorrhoea diagnoses increased steadily throughout the pandemic, with a sharp rebound post-COVID, especially among younger individuals. Heterosexual transmission remains a key driver in this setting. These findings align with parallel increases in syphilis during the same period in our STI clinic, as reported by Nicolaidou et al. These findings underscore the need for resilient and accessible STI services and highlight gonorrhoea as a potential sentinel indicator of unmonitored STI transmission during health crises.

Variables	Total (N=1033)	Pre- Covid period (n= 250)	Covid Period (n= 311)	Post Covid period (n=472)	P value
Sex					
Male	1011 (97.9%)	245 (98%)	309 (99.4%)	457(96.8%)	
Female	22 (2.1%)	5 (2%)	2 (0.6%)	15 (3.2%)	0.055
Age (n=1000)					
13-24	99 (9.7%)	9 (3.6%)	21 (7%)	69 (14.6%)	
25-34	392 (38.4%)	97 (38.8%)	113 (38.7%)	182 (38.6%)	
35-44	283 (27.7%)	79 (31.6%)	89 (29.7%)	115 (24.4%)	
45-	248 (24.2%)	65 (26%)	65 (25.6%)	106 (22.5%)	<0.001
Sexual orientation					
Heterosexual	614 (59.5%)	159 (63.6%)	190 (61.1%)	265 (56.1%)	
MSM	275 (26.6%)	68 (27.2%)	80 (25.7%)	127 (26.9%)	
Bisexual	121 (11.7%)	19 (7.6%)	38 (12.2%)	64 (13.6%)	
Uknown	23 (2.2%)	4 (1.6%)	3 (1%)	16 (3.4%)	0.052
Educational level					
Primary/lower secondary	131 (12.7%)	41 (16.4%)	74 (23.8%)	16 (3.4%)	
Upper secondary	397 (38.4%)	104 (41.6%)	124 (39.8%)	169 (35.8%)	
Tertiary	411 (39.8%)	103 (41.2%)	110 (35.4%)	198 (42%)	
Unknown	94 (9.1%)	2 (0.8%)	3 (1%)	89 (18.8)	<0.001
Number of sexual partners last 12 months (N=991)					
0-1	223 (22.5%)	50 (22.3%)	69 (22.6%)	104 (23.6%)	
2	189 (19.1%)	51 (20.7%)	59 (19.3%)	79 (18%)	
3-4	228 (23%)	61 (24.4%)	67 (22%)	101 (23%)	
5-10	236 (23.8%)	57 (23.2%)	82 (26.9%)	97 (22%)	0.603
>10	115 (11.6%)	28 (11.4%)	28 (9.2%)	59 (13.4%)	
Ethnicity					
Greek	788 (76.3%)	190 (76%)	221 (71%)	377 (79.9%)	
Other	245 (23.7%)	60 (24%)	90 (29%)	95 (20.1%)	0.018

Table 1. Demographic and behavioral characteristics of patients with laboratory-confirmed gonorrhoea across three consecutive periods (pre-, during, and post-COVID-19) in Sexual transmitted infection unit of "Andreas Sygros" Hospital.

Abbreviations: MSM, men having sex with men

PP113 | Review of demographics and treatment of Mycoplasma genitalium infections at a Sexual Health Clinic in Sydney's Inner West

Ethan Macminn[1], **Rachel Burdon**[1], Linda Garton[1], Templeton[1,2,3]

[1]Department of Sexual Health Medicine, Community Health, Sydney Local Health District, Camperdown, Australia; [2]Central Clinical School, Faculty of Medicine and Health, University of Sydney, Sydney, Australia; [3]The Kirby Institute, UNSW, Sydney, Australia

Mycoplasma genitalium (MG) is a sexually transmitted infection commonly seen in sexual health clinics and primary care. It is often asymptomatic but is implicated in the causation of urethritis, cervicitis and pelvic inflammatory disease. Current guidelines recommend testing only in symptomatic populations. As susceptibility testing is not possible, some patients require multiple courses of therapy to achieve cure.

An audit was performed of all diagnoses of MG infections at this service between 1 March 2024 and 28 February 2025, including patients who tested positive at our service and those who were referred from general practices with a positive test. Data collected included gender, sex at birth, sex of partners within the last 12 months, Medicare status, appropriateness of testing, macrolide resistance, initial treatment, and subsequent testing.

Fifty-one MG infections were diagnosed in the study period. The median age was 27 years. Of these diagnoses, 34 infections were diagnosed in cisgender men (66.7%) and 17 were diagnosed in cisgender women (33.3%). Most (68.6%) reported only heterosexual sexual encounters within the last 12 months. The majority (68.6%) had Medicare access. There were nine tests for MG that were not appropriate in the clinical context (17.6%).

Macrolide resistance was detected in thirty (58.8%) specimens, with eight suggesting macrolide susceptibility. Other macrolide susceptibility results were either discordant (n=11) or not available (n=2).

Doxycycline followed by moxifloxacin (n=33) was the most utilized antimicrobial regimen for management. Doxycycline followed by azithromycin was used in 3 cases. Test of cure following completion of treatment was performed in 13 cases, with two persistently positive.

MG infections remain an issue in sexual health clinics, with rates of macrolide resistance similar to those reported elsewhere. Doxycycline followed by moxifloxacin was the most utilized therapy. Due to the cost and non-PBS listing of moxifloxacin, it may be difficult for patients with limited resources to access this medication in a non-hospital-based setting.

Increased clarity of current national guidelines may lead to a reduction in inappropriate testing and reducing tests performed in asymptomatic patients.

PP114 | Cytomegalovirus mucocutaneous ulcers uncovering undiagnosed selective IgA deficiency

Damian Kadylak[1,2], Justyna Czarny[1,2], Małgorzata Sokołowska-Wojdyło[1,2]

[1]Department of Dermatology, Venerology and Allergology, Medical University of Gdańsk, Gdańsk, Poland; [2]Department of Dermatology, Venereology and Allergology, University Clinical Centre, Gdańsk, Poland

Background: Cytomegalovirus (CMV) infection in immunocompetent adults is typically mild or asymptomatic. Severe mucocutaneous involvement is uncommon and may suggest an underlying immunodeficiency or mimic systemic inflammatory conditions. Early identification of atypical presentations is essential to avoid diagnostic delays and inappropriate treatment.

Material and Methods: A 26-year-old previously healthy man presented with a 3-week history of odynophagia and multiple painful oral ulcers (palatoglossal arch, uvula, tongue, buccal mucosa), along with a single 1.5 cm ulcer on the penile shaft. He reported exclusive heterosexual contact with a monogamous partner and denied high-risk sexual behavior. An infant was present in the household. The patient also reported frequent upper respiratory tract infections in past years. He had received empirical antibiotic therapy (amoxicillin, amoxicillin-clavulanate, clindamycin) without improvement. Laboratory tests showed leukocytosis (25.9 $\times 10^9$/L), elevated C-reactive protein (CRP, 110–160 mg/L), liver enzyme abnormalities, and mild renal dysfunction. Head and neck computed tomography (CT) excluded peritonsillar abscess.

Infectious screening included negative human immunodeficiency virus (HIV) antigen/antibody, syphilis serology (VDRL, TPHA), and bacterial sexually transmitted infection (STI) multiplex polymerase chain reaction (PCR) from oral and genital swabs. Epstein-Barr virus (EBV) and herpes simplex virus (HSV) serology were positive (IgM and IgG). CMV serology was also strongly positive. CMV DNA PCR revealed high viral loads in oral (17,077 IU/mL) and genital (47,116 IU/mL) lesions. The pathergy test was negative, and no cutaneous or ocular features of systemic inflammatory disease were observed. Immunologic testing revealed selective immunoglobulin A (IgA) deficiency (0.13 g/L), confirmed one month later (0.09 g/L), with normal immunoglobulin G (IgG), immunoglobulin M (IgM), and complement (C3/C4) levels. Only symptomatic treatment was provided. The patient was referred to an immunologist.

Results: Complete mucocutaneous healing was achieved within two weeks. CMV reactivation occurred in the context of undiagnosed selective IgA deficiency.

Conclusion: Severe mucocutaneous CMV infection may unmask primary immunodeficiencies, even in adults without known risk factors. In cases of persistent ulcerations with negative STI screening, extended viral and immune evaluation should be considered. Household CMV exposure, including from infants, may contribute to transmission. Multidisciplinary care is essential.

PP115 | When syphilis speaks through the Ear: A Cluster of four otosyphilis cases in Athens, Greece

Antonios Chlinos, **Evdoxia Panou**, Ourania Kotsafti, Anastasios Giannoukos, Sofia Papanikou, Roxani Kapranou, Alexander Stratigos, Electra Nicolaidou

Andreas Sygros Hospital, Athens, Greece

Background: Syphilis is re-emerging worldwide, with rising incidence in Europe and Greece. Known as the “great imitator,” it can affect multiple organ systems. Neurosyphilis may arise at any stage and includes ocular and otosyphilis, increasingly recognized in recent years. While ocular syphilis is well reported, otosyphilis remains underdiagnosed and underreported, often misattributed to viral or idiopathic causes.

Methods: This retrospective study presents a cluster of otosyphilis cases diagnosed between November and December 2024 at “Andreas Sygros” Hospital, a referral centre for sexually transmitted infections in the greater area of Athens, Greece. Clinical, serological, and treatment outcomes data were reviewed and presented.

Results: The cluster of otosyphilis cases included four patients. All patients were male (one MSW and three MSM), aged 26–47 years, and HIV-negative. Syphilis stage was primary and secondary in one case and secondary in three cases. Otological manifestations included unilateral or bilateral sensorineural hearing loss (three patients) and tinnitus (two patients). None reported vestibular symptoms. Serology confirmed active infection in all cases (positive VDRL, TP-EIA IgM/IgG, and TPHA). Lumbar puncture was performed in two patients; cerebrospinal fluid was unremarkable. All patients received intravenous crystalline penicillin G for 14 days according to neurosyphilis treatment protocols. At short-term follow-up, all patients experienced complete resolution of auditory symptoms within a month of therapy. No relapses have been observed to date. (Table 1.)

Conclusions: Otosyphilis is an important and potentially underrecognized cause of hearing loss. High clinical suspicion and early intravenous penicillin therapy are crucial to prevent irreversible auditory deficits. Interdisciplinary collaboration between dermatovenereologists and otorhinolaryngologists enhances timely diagnosis and management. The cluster described emphasizes the importance of systematic inquiry into auditory symptoms in patients with syphilis. The temporal and spatial clustering of cases suggests a potential epidemiological signal, highlighting the need for further surveillance and research.

	Case 1	Case 2	Case 3	Case 4
Gender	Male	Male	Male	Male
Age at diagnosis	47	41	37	26
Sexual orientation	MSW	MSM	MSM	MSM
HIV status	Negative	Negative	Negative	Negative
Stage of syphilis	Primary and secondary	Secondary	Secondary	Secondary
Type of lesions and distribution	Genital ulcers,condylomata lata widespread rash	Maculopapular rash (palms and soles)	Maculopapular rash (widespread)	Maculopapular rash (Trunk and palms)
Otological symptoms	Hearing loss (bilateral)	Tinnitus, hearing loss (left ear)	Hearing loss (right ear)	Tinnitus
VDRL titre	1/256	1/64	1/32	1/16
TPHA titre	1/2560	1/2560	1/2560	1/2560
CSF findings	Not performed	Cell count 1/mm^3, protein 37.5mg/dL, VDRL (-)	Not performed	Cell count 0, normal protein levels, VDRL (-)
Treatment regimen	IV aqueous crystalline penicillin G 24,000,000 IU daily for 14 days	IV aqueous crystalline penicillin G 24,000,000 IU daily for 14 days	IV aqueous crystalline penicillin G 24,000,000 IU daily for 14 days	IV aqueous crystalline penicillin G 24,000,000 IU daily for 14 days
Treatment outcomes	Full recovery of hearing function three weeks post treatment initiation	Full recovery of hearing function within four weeks post treatment initiation	Full recovery of hearing function within a week post treatment initiation	Full recovery of hearing function two weeks post treatment initiation

Table 1. Summary of patient characteristics, clinical and laboratory findings, therapeutic interventions and clinical outcome.

Abbreviations: MSM: Men who have sex with men, MSW: Men who have sex with women

PP116 | Audit of demographics and treatment of Neisseria gonorrhoeae infections in cis-gendered women at a Sexual Health clinic in Sydney's Inner West

Ethan Macminn[1], **Rachel Burdon**[1], Linda Garton[1], David Templeton[1,2,3]

[1] 1Department of Sexual Health Medicine, Community Health, Sydney Local Health District, Camperdown, Australia; [2] Central Clinical School, Faculty of Medicine and Health, University of Sydney, Sydney, Australia; [3] The Kirby Institute, UNSW, Sydney, Australia

Background: There has been an increase in Neisseria gonorrhoeae (NG) infections in recent years. We undertook this audit to identify demographics of cisgendered females diagnosed with NG, and whether appropriate treatment was being provided.

Methods: An audit was performed of all diagnoses of NG infections at this service in people with an identified birth sex of female between 1 January 2022 and 31 December 2024. Data collected included date of diagnosis, gender, sex of partners within the last 12 months, injecting drug use history, positive test site(s), symptoms at presentation, and treatment data.

Results: 157 encounters where NG infection was diagnosed occurred in 144 clients during the study period. Ninety-five (66.0%) reported engaging solely in heterosexual sex. Fifty-seven (39.6%) had engaged in sex work within the previous year. Five clients (3.5%) a history of injecting drug use.

The sites of infections included urogenital (n=95), pharyngeal (n=39), rectal (n=2), and multi-site (n=21). There was an increase in infections from 2022 (n=31) to 2023 and 2024 (n= 65, 61 respectively). One hundred and seven infections (68.2%) of infections were asymptomatic. Of 50 (31.8%) symptomatic infections, four presented with pelvic inflammatory disease.

Treatment data were available for 150 infections (93.6%). Ceftriaxone with azithromycin was most utilised (n=123), followed by ciprofloxacin (n=17), ceftriaxone, doxycycline, metronidazole +/- azithromycin (n=5), and azithromycin alone (n=2).

Conclusion: NG infections in cis women attending our service have increased since 2022. The high proportion of NG infections in those reporting sex work likely reflects the more frequent asymptomatic screening at more anatomic sites (i.e. pharyngeal swabs), in comparison to women not undertaking sex work. Nonetheless, it is of public health significance and suggests that future approaches should better target this population to assist with NG control.

PP117 | Teaching HIV in a Time of Conflict: Experience from a Virtual Teaching Program in War-Torn Sudan

Rasha Omer[1,7], Wafa Abdulrahman[2], Aya Isam[2], Malaz Adam Abdelrahman[2], Roua Mohammad Ali[2], Nadia Ahmed[3,7], Elbushra Herieka[4,7], Steven Welch[5,7], Hadeel Abdelseid[2], Nada Fadul[6,7]

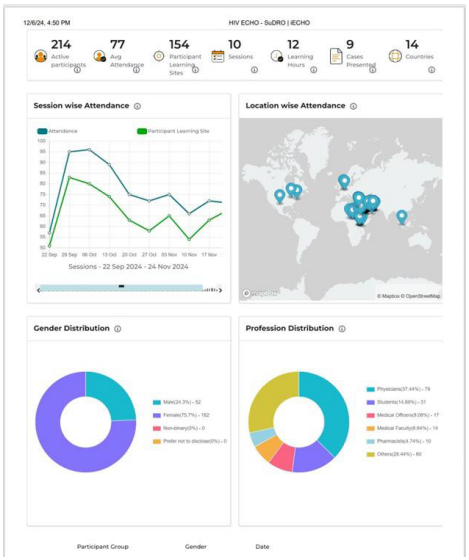
[1]The Rotherham Hospital Foundation Trust, Rotherham, United Kingdom; [2]Sudan ECHO Center of Excellence, Khartoum, Sudan; [3]CNWL NHS Foundation Trust, London, United Kingdom; [4]Dorset Healthcare NHS Foundation Trust, Dorset, United Kingdom; [5]University Hospitals Birmingham NHS Foundation Trust, Birmingham , United Kingdom; [6]University of Nebraska Medical Center, Omaha, United states of America; [7]Sudan HIV and AIDS Working Group (SHAWG), United Kingdom

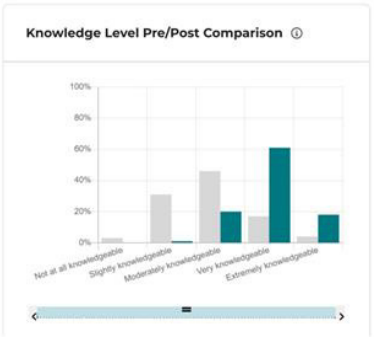
Background: The ongoing conflict in Sudan has severely disrupted HIV services through destruction of facilities, interrupted supply chains, and displacement of healthcare workers. These challenges led to treatment interruptions, poor disease management, and heightened stigma. In response, the Sudan HIV ECHO Program, in collaboration with doctors from the Sudan HIV and AIDS Working Group (SHAWG) —a voluntary network of professionals committed to improving HIV care and knowledge transfer—established a virtual teaching initiative. The program aimed to strengthen the capacity of healthcare providers delivering HIV care in conflict-affected and resource-limited settings.

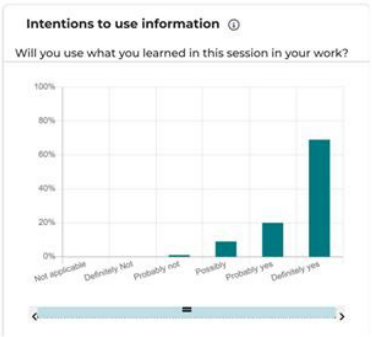
Methods: Over a 10-week period, 10 interactive online sessions were delivered, covering essential HIV topics such as transmission, prevention, antiretroviral therapy, and stigma reduction. Sessions incorporated real-time case discussions and expert-led webinars, engaging healthcare providers from 14 countries. Participants completed pre- and post-program surveys assessing self-reported knowledge. Descriptive statistics were used for analysis.

Results: Despite significant barriers, including unstable internet access, the program reached 214 participants across 154 learning sites and provided 12 hours of training. Average attendance per session was 77 participants. Post-program surveys demonstrated notable improvement: 40–60% of participants reported being very or extremely knowledgeable, compared with 20–40% before the program. Over 65% expressed strong intentions to integrate lessons into daily practice. High levels of participation and positive feedback underscored both the feasibility and impact of virtual education in humanitarian contexts.

Conclusion: This collaborative virtual learning program between the Sudan HIV ECHO and SHAWG successfully enhanced knowledge and confidence among healthcare providers working in a conflict setting. It highlights the potential of scalable, cost-effective virtual education to support HIV care continuity during crises. Future programs should strengthen local mentorship, invest in digital infrastructure, and foster sustainable international partnerships to ensure continuity of both education and patient care in unstable environments.


12/6/24, 4:50 PM
HIV ECHO - SuDRO | ECHO
214 Active participants
77 Avg Attendance
154 Participant Learning Sites
10 Sessions
12 Learning Hours
9 Cases Presented
14 Countries
Session wise Attendance
Attendance
Participant Learning Site
Sessions - 22 Sep 2024 - 24 Nov 2024
Location wise Attendance
Gender Distribution
Male(24.2%) - 52
Female(75.7%) - 162
Non-binary(0%) - 0
Prefer not to disclose(0%) - 0
Profession Distribution
Physicians(37.44%) - 79
Students(14.69%) - 31
Medical Officers(8.06%) - 17
Medical Faculty(6.64%) - 14
Pharmacists(4.74%) - 10
Others(28.44%) - 60
Participant Group
Gender
Date


Knowledge Level Pre/Post Comparison
100%
80%
60%
40%
20%
0%
Not at all knowledgeable
Slightly knowledgeable
Moderately knowledgeable
Very knowledgeable
Extremely knowledgeable


Intentions to use information
Will you use what you learned in this session in your work?
100%
80%
60%
40%
20%
0%
Not applicable
Definitely Not
Probably not
Possibly
Probably yes
Definitely yes

PP118 | Neurodivergence and Sexual Health: MDT perspectives on challenges and facilitators to Sexual Wellbeing

Nathan Jack Dean, Sally Jewsbury, Michelle Croston

Manchester Foundation Trust, Manchester, United Kingdom

Background: Neurodivergent conditions, including ADHD and Autism Spectrum Disorder, can impact sexual well-being and patient care, often exacerbated by difficulties in accessing diagnoses and support. Whilst these impacts are well documented, patient-centred care for these communities lacks academic discussion.

Methods: Using open and closed questionnaires, we qualitatively examined MDT staff (n = 32) demographics, frequency of contact with neurodivergent patients, identification methods, and confidence in supporting them. Respondents were invited to describe perceived barriers and facilitators to care.

Results: While 93.7% of staff reported seeing these patients at least once a week and expressed confidence in understanding their needs, care was limited by a variable patient identification process; 93.8% relied on patient disclosure and 40.6% on clinical judgement. Reported barriers included difficulties with online booking and medication systems, variable appointment lengths and waiting times, differing patient expectations, anxiety during follow-up, sensory stressors, and challenges in assessing understanding. Respondents noted inconsistent staff belief in accommodating needs, often influenced by neurodivergent stereotypes, and the importance of applying patient needs to clinical care (e.g., antiretroviral and contraceptive choices). Respondents proposed strategies to maximise care, beginning with uniform identification systems and formal guidance while acknowledging community heterogeneity. Recommended communication adaptations included pre-consultation telecommunication, structured consultations with varied formats (e.g., diagrams, simplified language), and additional time for questions. Integrating neurodivergent screening into medical histories and offering “access” kits (e.g., ear defenders, appointment structure handouts, pre-written questions) were frequently cited as beneficial.

Conclusions: Neurodivergent patients may face substantial barriers to sexual health services despite provider efforts. Consistent identification processes, communication adaptations, and tailored accommodations may improve equitable access and promote sexual well-being. These findings open the door to an iterative project, aiming to further patient perspectives explored through future qualitative cycles with neurodivergent patient cohorts.

PP119 | Syphilis Beyond the Stages: A Multi-System Case with Overlapping Primary and Secondary Features

Sashini Payagala, Adam Temple, Ali Montaser, Gurmit Jagjit Singh

Chelsea and Westminster Hospital, London, United Kingdom

Background: Syphilis is a well-known sexually transmitted bacterial infection which can cause serious health problems, especially if undiagnosed or left untreated. The rates of syphilis are increasing globally and in the UK there has been a significant increase amongst heterosexual men and women, as well as gay and bisexual men. In this case report, we describe the presentation and clinical course of a 55 year old male presenting with a wide range of systemic symptoms requiring multiple specialty input and addressing the complexity of such cases.

Materials and Methods: This case report has been undertaken following qualitative review of the written notes. A 55 year old Caucasian heterosexual male patient attended our sexual health service with a four week history of widespread erythematous macular rash, genital ulcer, deranged liver function tests followed by a two week history of new frontal headache and blurred vision in the right eye. He later developed a vasculitic appearing rash on his shins, with bilateral leg swelling as well as an irregular testicular mass. Repeat bloods showed a reduction in renal function requiring renal biopsy.

Results: The patient had positive syphilis serology with RPR 1:1024, TPPA positive. He also had a multiplex PCR performed which was positive for treponema pallidum. Routine bloods showed eGFR 45, with ALP 540. Further tests undertaken by other specialities included skin biopsy, showing results in keeping with vasculitis and a renal biopsy showing features in keeping with acute glomerulonephritis. Imaging revealed non-specific abnormalities of the liver and an indeterminate lesion in the right testicle. He had normal CT imaging of the head but a swollen disc in right eye on ophthalmology assessment.

Conclusions: This case illustrates the diagnostic and management challenges posed by syphilis when presenting with multi-system involvement. Our patient was treated for neurosyphilis but required input from multiple teams, reflecting the variable nature of the disease. The coexistence of primary and secondary features alongside renal and ocular involvement highlights the need for vigilance across specialties, as timely recognition remains critical to prevent long-term complications

PP120 | The Many Faces of Syphilis: Challenges of a Diverse and Overlooked Spectrum of Presentation

Nidhi Sharma[1], Namrata R Carol[1], Sumit Arora[2], Snehankita Chawdhry[1]

[1]Dept of Dermatology, St. Stephen's Hospital, New Delhi, India; [2]Dept Of Internal Medicine, Army College Of Medical Sciences, New Delhi, India

Background: Syphilis, known as "the great imitator," has resurged globally with a strikingly varied clinical spectrum. While textbook descriptions remain well known, real-world presentations frequently deviate, causing misdiagnosis or delayed treatment. This study explores diverse manifestations of syphilis encountered over one year in a tertiary care hospital in north India.

Methods: A retrospective observational study was conducted over 12 months in a tertiary care hospital, including 20 patients diagnosed as syphilis based on RPR-positivity, with TPHA confirmation in most cases. Clinical data collected included presentation, diagnostic delays, misdiagnoses, co-infections, partner and treatment history. Cases were categorised thematically into classic, latent, atypical cutaneous and extra-cutaneous presentations and probable/attributable—where syphilis coexisted with another strong diagnosis but could plausibly contribute to the presentation.

Results: Fourteen patients were male (14/20), with ages ranging from newborn to 51 years old.

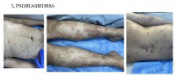
Three patients had latent syphilis.

Cutaneous typical & atypical manifestations included:
1.Maculopapular rash in a patient misattributed to viral exanthem/drug
2.Psoriasiform lesions, mimicking chronic plaque psoriasis for 8 years
3.Penile nodule, violaceous penile papule, herptiform penile ulcer
4.Erythema multiforme like lesions
5.One postpartum woman with positive serology; her newborn had clinical features suggestive of congenital syphilis with negative syphilis serology
6.Papulonecrotic eschar in a person with HIV/AIDS (PLHA)
7.Scabies like distribution of papules
8.Common presentation included palmoplantar plaques, genital ulcer

Extra-cutaneous presentations included:
1.One patients with chronic tonsillitis & newly diagnosed HIV concomitantly with syphilis
2.One case being treated as pyrexia of unknown origin, where syphilis was suspected on dermatological examination of palms

Probable/attributable:
1. One person living with HIV/AIDS with syphilis presenting as sepsis, multiorgan dysfunction
2. One case picked up on workup for infertility

Conclusion: This case series highlights the protean manifestation of syphilis. Beyond its classical signs, syphilis can mimic common dermatoses, present silently, or masquerade as systemic illness. A high index of suspicion is crucial across specialities including dermatology, internal medicine, ophthalmology, ENT and paediatrics in case of persistent, unexplained, or atypical presentations to ensure timely detection and treatment. We also, recommend routine RPR screening alongside HIV testing in scenarios such as preoperative evaluation and prior to initiating immunosuppressive therapy to avoid missed diagnosis and reduce long term morbidity.



PP121 | 4cMenB and DoxyPEP to reduce bacterial STIs: a rapid assessment of an early local experience of England's national programme

Owen Cachia, Fahad Naser, Luciana Rubinstein, Dawn Friday, Samindra Ranasinghe, John McSorley

Department of Sexual Health and HIV, London North West University Healthcare NHS Trust, London, United Kingdom

Background: In August 2025, the United Kingdom (UK) became the first country to implement a three-part national programme to reduce bacterial sexually transmitted infections (STIs): (i) 4cMenB vaccination (licensed against Neisseria meningitidis) to reduce Neisseria gonorrhoeae (NG); (ii) doxycycline post-exposure prophylaxis (DoxyPEP) to reduce Treponema pallidum (TP) whilst concurrently impacting Chlamydia trachomatis (CT); and (iii) mpox vaccination, primarily for gay, bisexual, and other men who have sex with men (GBMSM) and others at equivalent risk. We conducted a rapid evaluation of the first 14 days of local implementation to assess feasibility, uptake, and early outcomes.

Material and Methods: Demographic, behavioural, and clinical data, including recent sexual behaviour, STI history, HIV status, PrEP use, vaccination status and uptake of 4cMenB and DoxyPEP, was extracted from electronic patient records onto an Excel™ database for analysis.

Results: Of 183 attendees, 173 were cis male, 6 cis female, and 4 trans female; 92% identified as GBMSM. Participants were born in 41 countries, 27% in the UK. 68% reported a bacterial STI in the past year, 71% had >5 partners in 3 months, and 63% had previous NG. Immediate 4cMenB uptake was 54%, 35% deferred; overt refusal was rare (n=8). STI screening was performed in 93%, identifying NG (21%), CT (10%), and TP (4%). 52% were on PrEP, 12% living with HIV on ART; of the 33% not on PrEP, half initiated. 9% initiated DoxyPEP, 2% declined, 2% continued, and 87% were not offered it. 43% required mpox vaccination.

Conclusion: In this diverse urban population, 4cMenB vaccination was readily accepted with high immediate uptake and most non-uptake reflecting deferral, rather than overt refusal. DoxyPEP initiation was likely limited by the prioritisation of acute STI management and other interventions in time-limited consultations. The high burden of STIs and unmet sexual health needs in this population highlight the importance of multi-component prevention strategies. These findings provide timely evidence for health systems considering similar approaches to STI prevention, illustrating both the feasibility and operational challenges. Commissioners should anticipate high demand and resource services to deliver multiple interventions concurrently and over time, whilst ensuring equitable access for diverse populations.

PP122 | First reported MPOX case in North Macedonia and the hidden burden of stigma

Velimir Saveski[1], Milena Stevanovikj[1], Viktor Simeonovski[2], Golubinka Boshevska[3]

[1]University Clinic For Infectious Diseases And Febrile Conditions, Skopje, North Macedonia, Skopje, North Macedonia; [2]University Clinic for Dermatology, Skopje, North Macedonia; [3]Institute for Public Health, Skopje, North Macedonia

Background: Mpox, a zoonotic infection caused by the monkeypox virus, re-emerged as a global health concern during the 2022 outbreak, when it spread rapidly in non-endemic regions and was recognized as a sexually transmitted infection. In Europe, transmission has occurred predominantly within sexual networks of men who have sex with men (MSM), while sporadic cases outside this context remain rare. Until recently, North Macedonia had no confirmed cases. Limited awareness among healthcare providers and persistent stigma surrounding HIV, STIs, and sexual orientation may have contributed to underdiagnoses and underreporting. We report the first laboratory-confirmed Mpox case in the country, underscoring diagnostic challenges and the risk of silent transmission.

Case Report: A previously healthy, HIV-negative male in his 40s presented with a one-week history of painful genital lesions. He reported no recent travel and denied risk factors beyond exclusive sexual contact with his wife. Initial misdiagnosis as genital warts led to treatment with oral cefixime and later a referral for cryotherapy, delaying appropriate evaluation.

On admission, he was afebrile, with a multiple umbilicated ulcerative-crustose genital lesions, but no lymphadenopathy or systemic manifestations. Laboratory values were within reference ranges and HIV and other STI tests were negative. Mpox infection was confirmed by PCR testing from lesion swabs. The patient was hospitalized for monitoring; no complications developed, and the lesions resolved without secondary bacterial infection.

Conclusion: This case underscores the need for heightened clinical awareness of Mpox in non-endemic regions such as North Macedonia, even in patients who do not disclose high-risk sexual behaviors. The absence of prodromal symptoms, systemic features, and lymphadenopathy illustrates the variability of clinical presentation and the potential for misdiagnosis. In an environment where stigma surrounding HIV, STIs, and sexual orientation remains pervasive, underreporting and silent transmission are likely. This first report highlights the importance of clinician training, improved diagnostic vigilance, and destigmatized communication strategies to prevent missed cases and strengthen public health response in North Macedonia.

PP123 | Epidemiological characteristics and transmitted drug resistance in newly diagnosed HIV-1 infections in Greece during the last four years

Kassandra Procter[1,13], Peny Resta[1,13], Christina Magkafa[1], Panagiota Gigourtsi[1], Georgios Adamis[2], Karolina-Anthoula Akinosoglou[3], Anastasia Antoniadou[4], Aikaterini Argyraki[5], Stylianos Asimakopoulos[3], Myrto Astriti[2], Sofia Gialli[6], Foteini Giannou[7], Aikaterini Isari[7], Dimitra Kavatha[4], Eleni Kakkalou[8], Maria Lagkadinou[3], Malvina Lada[9], Alexandra Lekkou[3], Lydia Leonidou[3], Giota Lourida[6], Markos Maragkos[3], Elpida Mastrogianni[10], Charalampos Moschopoulos[4], Emmanouil Barbounakis[11], Georgios Boulmetis[12], Antonios Papadopoulos[4], Vasileios Papastamopoulos[6], Dimitra Paraskeva[7], Garyfallia Poulakou[8], Konstantinos Protopapas[4], Magdalini Pylli[4], Vissaria Sakka[8], Andronikos Spyrou[2], Charisis Totsikas[6], Chrysa Tsiara[7], Mina Psichogiou[10], Vassilis Papavasilopoulos[13], Georgina Tzanakaki[13], **Apostolos Beloukas**[1,13]

[1]University of West Attica, Egaleo, Athens, Greece; [2]1st Department of Internal Medicine, "G.Gennimatas"Athens General Hospital, Athens, Greece; [3]Departments of Internal Medicine and Infectious Diseases, University General Hospital of Patras, Patra, Greece; [4]4th Department of Internal Medicine, School of Medicine, Attikon University Hospital, National and Kapodistrian University of Athens, Athens, Greece; [5]Department of Internal Medicine, Sotiria General Hospital of Chest Diseases, Athens, Greece; [6]5th Department of Internal Medicine and HIV/ID Unit, Evangelismos General Hospital, Athens, Greece; [7]Hellenic National Public Health Organization, Athens, Greece; [8]3rd Department of Internal Medicine, Sotiria General Hospital, Medical School, National and Kapodistrian University of Athens, Athens, Greece; [9]2nd Department of Internal Medicine, Sismanogleion General Hospital, Athens, Greece; [10]1st Department of Internal Medicine, Laiko General Hospital, Medical School, National and Kapodistrian University of Athens, Athens, Greece; [11]Department of Internal Medicine and Infectious Diseases, University General Hospital of Heraklion,University of Crete, Heraklion, Greece; [12]2nd Department of Internal Medicine, General and Oncology Hospital of Kifissia "Agioi Anargyroi", Athens, Greece; [13]National AIDS Reference Center of Southern Greece, School of Public Health, University of West Attica, Athens, Greece

Introduction: Transmitted drug resistance (TDR) to antiretroviral agents represents both a major public health concern and a key factor influencing the success of first-line antiretroviral therapy (ART). European studies covering 2011–2024 estimate the prevalence of TDR to NNRTIs, NRTIs, and PIs at approximately 12%, while resistance to integrase inhibitors (INSTIs) has consistently remained below 1%. Continuous national surveillance of TDR is essential for guiding treatment strategies.

Aim: This study aims to describe the epidemiological characteristics and patterns of TDR mutations among individuals newly diagnosed with HIV-1 infection in Greece during 2022–2025.

Materials and Methods: Genotypic resistance testing was performed in 274 newly diagnosed HIV-1 cases, targeting the protease (PR), reverse transcriptase (RT), and integrase (INT) regions of the viral genome. Major resistance-associated mutations were interpreted using the Stanford HIVdb algorithm and the latest IAS–USA guidelines.

Results: Among participants, 69.8% were male and 54.4% of Greek origin. The predominant transmission category was men who have sex with men (MSM, 36.2%), followed by people who inject drugs (PWID, 21.9%) and heterosexual men (11.7%). The median viral load at diagnosis was log10 4.66 (IQR: 4.48–5.46). The prevalence of TDR was 12.3% in 2022 (8/65), 17.9% in 2023 (10/56), 16.9% in 2024 (20/118), and 23.8% in 2025 (10/42). Most TDR mutations were associated with NNRTIs: 7/8 in 2022, 8/10 in 2023, 18/20 in 2024, and all cases in 2025. Sporadic cases involved NRTIs (M184V in 2022; M184I and T215D in 2024) and INSTIs (L74M+T97A in 2023). The most prevalent subtypes were A (35.9%), B (19.9%), G (11.0%), and circulating recombinant forms (CRFs, 24.2%), mainly CRF02_AG (11.7%) and CRF35_AD (4.6%).

Discussion: Although the number of new HIV diagnoses in Greece has remained relatively stable in recent years, the prevalence of transmitted resistance mutations—particularly to NNRTIs—has shown a rising trend. Subtype A continues to be the most common in the epidemic. Sustained molecular surveillance of HIV drug resistance remains critical for optimizing first-line treatment strategies and limiting the spread of resistant variants.

PP124 | Evaluating fracture risk assessment in patients prescribed pre-exposure prophylaxis for HIV (PrEP), including clinical impact and differential results from FRAX and QFracture scoring tools in the northwest of England

Quin Healey[2], Martyn Wood[1], **Emily Clarke**[1]

[1]Axess Sexual Health, NHS University Hospitals of Liverpool Group, Liverpool, United Kingdom; [2]Hammersmith Hospital, Imperial College Healthcare NHS Trust, London, United Kingdom

Background: Pre-exposure prophylaxis for HIV prevention (PrEP) is a key tool in eliminating new acquisitions. Tenofovir disoproxil (TDF) is used by most patients accessing PrEP in Europe and is associated with reduced bone mineral density. UK guidelines recommend assessing fracture risk for PrEP users aged over 50 years or with certain risk factors. The recommended screening tool has changed recently from FRAX to QFracture.

This project aimed to audit staff adherence to fracture risk assessment in patients being prescribed PrEP, and characterise the clinical impact, including any effect of screening tool choice.

Methods: This retrospective cross-sectional study extracted data from the electronic patient record for all patients receiving PrEP at seven sexual health services in northwest England during January-April 2025 who met the UK guideline criteria for osteoporosis risk assessment. FRAX and QFracture were calculated for each patient and used to determine clinical outcome.

Results: A fracture risk assessment was undertaken for 161/220 (73%) eligible patients. 6/15 (40%) indicated DEXA (Dual-energy X-ray Absorptiometry) scans were requested. 129/220 (59%) patients had sufficient data available for inclusion in the comparison of FRAX and QFracture outcomes. Included patients were significantly more likely to have attended a clinic located in a large city rather than a smaller local town but there were no other demographic differences.

10-year major osteoporotic fracture risk was significantly lower using QFracture (1.4%) compared to FRAX (3.5%; p<.001), as was the indication for DEXA scan (QFracture 3%, FRAX 11%; p=.02). Based on FRAX assessment, three patients were switched to PrEP containing tenofovir alafenamide; and two started a bisphosphonate for osteoporosis - use of QFracture would have missed both these patients.

Conclusions: Awareness of fracture risk allows informed decision making around the need for further investigation including DEXA scans, tenofovir alafenamide (TAF) based PrEP or the consideration of event-based dosing to limit TDF exposure, but adherence to screening practices must be monitored with regular audits.

Choice of screening tool impacts both estimated fracture risk and clinician outcome. FRAX may be preferable to QFracture due to increased sensitivity and may be faster to complete due to fewer data inputs being required.

www.iustieurope2025.org

Organized by
IUSTI Europe

IUSTI
INTERNATIONAL UNION AGAINST SEXUALLY TRANSMITTED INFECTIONS
EUROPE

Hosted by:

1st Department of Dermatology-Venereology
National and Kapodistrian University of Athens
Medical School
«Andreas Syggros» Hospital

Under the Auspices of the:

ΕΛΛΗΝΙΚΗ ΔΕΡΜΑΤΟΛΟΓΙΚΗ ΚΑΙ ΑΦΡΟΔΙΣΙΟΛΟΓΙΚΗ ΕΤΑΙΡΕΙΑ
HELLENIC SOCIETY OF DERMATOLOGY AND VENEREOLOGY

38th IUSTI EUROPE CONGRESS

Sexual health from Hippocrates to AI

October
9-11 2025

Hotel Divani Caravel
Athens, Greece