**Introduction**

Sexually transmitted infections (STI) can cause mucosal disruption and inflammation and are a well-known risk factor for HIV transmission and acquisition (1). As per EACS guidelines (2), STI screening at diagnosis and regular follow-up screening is of paramount importance in HIV clinical care. 

Current figures from the Irish Health Protection Surveillance Centre (HPSC) reveal that the numbers of people being diagnosed with HIV in Ireland has increased in recent years. An increasing proportion of diagnoses however occurs in patients known to have been previously diagnosed with HIV abroad, with the majority of those transferring their care to Ireland (3). Rates of syphilis are currently at their highest level since the last major MSM outbreak in 2001 (4). Add to this the ever increasing rates of Chlamydia and gonorrhoea (5), it is clear that adherence to EACS guidelines for screening at diagnosis of HIV-infection and as indicated thereafter remains crucial.

This audit aims to assess the baseline only rates of nucleic acid amplification testing (NAAT) for chlamydia and gonorrhoea (CTNG) infection and serum syphilis testing among newly attending HIV-infected persons of St James’s Hospital, Dublin and its HIV clinic.

**Methods**

A retrospective analysis was performed of all newly attending HIV-positive patients of St James’s Hospital and its HIV clinic from January 1st to December 31st 2016 (n=266). The baseline visit screening for chlamydia and gonorrhoea was examined and the results documented.

Similarly, compliance with screening tests for syphilis infection was reviewed and patients were categorised as having active infection, infection at some time (positive enzyme immunoassay [EIA] and Treponema pallidum particle agglutination assay [TPPA] and IgM negative) or negative serology.

Data were collected using the Electronic Patient Record System (EPR), anonymised and analysed using STATA.

**Results**

There were 266 new attendees with HIV in 2016. The greatest mode of HIV acquisition was MSM: 200/266 (75%) followed by heterosexual: 48/266 (18%), IVDU: 13/266 (5%), 3/266 (1%) vertical transmissions, 1/266 (0.5%) bisexual & 1/266 (0.5%) from needle stick injury (Fig 1). The majority of patients n=84/266 (32%, 96% of whom were MSM) were originally from South America followed by Ireland n=79 (30%, 76% MSM), Europe n=51 (19%, 82% MSM), Africa n=35 (13%, 9% MSM), North America n=8 (3%, 7% MSM), Asia n=7 (2.5%, 100% MSM) and Australasia n=2 (1%, 100% MSM). 154/266 (58%) of patients were ARV treatment naive. 7 patients were lost to follow up after their first visit and 2 died during their indicated admission.

249/266 (94%) had syphilis serology tested at diagnosis. (10 of the 17 that didn’t were MSM). 84/249 (34%) had positive syphilis serology; 31 (37%) of these positive results represented active syphilis and 53 (63%) represented an infection at some time (Fig 2). 20/84 (96%) of all patients with positive serology were MSM.

223/266 (84%) patients had NAAT testing for chlamydia and gonorrhoea carried out at their 1st clinic visit (21 of the 43 patients not tested at their baseline visit were MSM). 36/223 (16%) had positive NAAT results for chlamydia, gonorrhoea or both. All 36 (100%) were MSM. 17/36 (47%) tested positive for gonorrhoea, 13/36 (36%) tested positive for chlamydia & 6/36 (17%) tested positive for both chlamydia and gonorrhoea. Of those with positive syphilis, 7/31 (23%) tested positive for chlamydia, gonorrhoea or both (Fig 3).

This data demonstrates that screening for sexual health infections including chlamydia, gonorrhoea & syphilis at diagnosis of HIV infection is appropriately performed at our centre but improvements can be made to achieve full testing compliance. Diagnosis of syphilis, chlamydia and gonorrhoea are concentrated among MSM, reflecting international and Irish national figures. With cases of syphilis increasing throughout the country, most notably among MSM, frequent testing & targeted primary prevention strategies remain crucial in the prevention of these diseases.

**References**