

younger women (<26 years 57/111; 51%) found the service more stigmatising than older women (>25 years 27/49; 55%). Perception of the service as stigmatised was more prevalent among first time service users (48/84; 57%) than among those who have been there before (59/109; 54%) and among women attending for sexual health (SH) only (40/60; 66%) or for SH and contraception (FP) (11/20; 55%) than among women attending for FP only (29/56; 52%) than. None of these differences reached statistical significance.

Discussion Our survey shows that integrated services are perceived by as stigmatised by over 50% of service users. While this perception was even more prevalent in some subgroups it is more likely that the perceived stigma is a characteristic of the service than the subgroup. To address this we propose to change the image of the service to one that promotes a healthy life style—including a healthy sexual life.

P155 SUPER ACCELERATED COURSE OF HEPATITIS B VACCINE—10 YEARS ON, IS IT WORKING?

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Background In 2002 the super-accelerated hepatitis B vaccination schedule was introduced in GUM clinics. At that time an audit was undertaken in our department to evaluate completion of the vaccination schedule.

Aim This study aims to see if and why things have changed 10 years on?

Methods A computer search of those coded with P2 identified the first 100 patients who commenced hepatitis B vaccination from April 2011. Notes were analysed and data collected on indication for vaccination, number of vaccines administered and whether serological response to vaccine was measured. Results were then compared to the previous study done in 2002.

Results In 2002, 116 patients commenced hepatitis B vaccination over a 12-month period; in 2011 there were 298. Five patients were excluded from the study as serological testing showed they were already immune or had active infection. The abstract P155 table 1 below shows the number of vaccines each person received. The proportion of MSM receiving three vaccines was 51.6%.

Abstract P155 Table 1 Comparison of number of Hepatitis B vaccines completed

	2002	2011
1 vaccine only	9.5%	15.8%
2 vaccines only	18.1%	24.2%
3 vaccines	72.4%	60%
Serological response measured	33.6%	29.4%

Discussion The number of people being vaccinated against hepatitis B has increased significantly over 10 years in keeping with increased patient numbers. However the proportion of people completing three vaccines has significantly reduced, especially in MSM. This study has prompted us to look at the information and explanation given to patients before commencing an immunisation schedule. In addition, to improve compliance we will be encouraging each patient to make future appointments at initial visit. As automatic appointment SMS messages are sent out 24 h in advance, making appointments ensures a timely reminder of the due dose is sent. All patients should also receive written information about hepatitis B vaccination. With these measures in place we will hopefully improve patient uptake of all three hepatitis B vaccines. Future audit will see if we have been successful!

P156 SURVIVORS OF MALE SEXUAL ASSAULT ATTENDING AN INNER CITY SEXUAL ASSAULT REFERRAL CENTRE (SARC)

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Background Male sexual assault (SA) is a widely unreported crime. Published data demonstrate that male victims are often lost to follow-up. We need to understand this group better in order that we target their specific needs.

Methods Case notes of men attending an inner city SARC for a forensic medical examination (FME) between 1 January 2011 and 31 December 2011 were identified. A detailed notes review was performed and we report the findings.

Results 21 males received an FME in this time period, of whom 3 were <13. 18 men were aged 18–97 years (94%, 18–40). 50% were white, 28% black and 22% Asian. Of those who were sexually active, 56% were homosexual and 44% were heterosexual. 78% were referred by the police and attended within 72 h of the alleged assault. A third reported a suspected drug facilitated sexual assault. 78% reported factors increasing their vulnerability. 94% reported anal penetration. Receptive oral and digital penetration was also reported. No condom was used in 50% of incidents; in 39% condom use was unknown. 28% were assaulted in public, 44% in the assailants home and 22% in their home. 61% of assailants were strangers. One assailant was reported by 50% and two or more by 39%. The SA was accompanied by physical assault in 22%. Non-genital injuries were documented in 61%. PEP against HIV was commenced in 61%. 33% were followed-up at SARCs, 39% in sexual health clinics and three declined follow-up. Within the SARCs one client tested positive for Hepatitis C, one had latent syphilis and two were known to have pre-existing HIV.

Conclusion When compared with published data regarding female SA, males are experiencing more assault from strangers, more extra genital injuries, higher numbers with multiple suspects and have higher rates of vulnerability. Small numbers of men are attending SARCs compared to females; this may in part be due to lack of awareness on the part of the victim. Increased help is needed from external agencies for aftercare and publicity campaigns.

P157 RE-AUDIT REFLECTIONS: MANAGEMENT OF SEXUAL ASSAULT ATTENDANCES TO GUM

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Introduction In 2008 we showed that our management and documentation of sexual assault (SA) improved significantly with the introduction of a specific proforma and health advisor led care.

Aim To describe SA attendances to our clinic, audit notes against new BASHH guidelines and compare with audit 2008 results.

Methods Retrospective case note review of all SA attendances in 2010. BASHH standards (2011) were used. Exclusion criteria: prior attendance at another GUM clinic post-SA, SA >1-year prior to attendance. Results were compared with previous audit and p values obtained using χ^2 and Fisher's exact tests.

Results Of 84 attendances, 87% were female, 92% white, 88% heterosexual, median age was 23 years. 57% were self referrals. 42% had partial or no collection of the SA. Abstract P157 Table 1 showing comparison of standards between audit 2008 ad 2010 Documentation of standards new since BASHH 2011 guidelines was