treatment for confirmed pharyngeal infection. In addition, data showed a lack of consensus to guidelines regarding choices of look back period for sexual contacts.
Discussion/conclusion Management of GC varies across Europe and is not always in line with current European guidelines. Although there are minor variations between guidelines, there are vast discrepancies amongst European clinicians regarding clinical practice. There is a need for on-going Europe wide education to ensure that patients are receiving safe evidence based care.

P142 CHALLENGES AND OPPORTUNITIES OF A 'LOOK BACK' EXERCISE ON CHILD TESTING

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10.1136/sextrans-2016-052718.196

Background/introduction The consensus document 'Don't forget the children' 2009 recommends that all HIV units perform a 'look back' exercise to establish the HIV status of children whose HIV positive parents attend that service, as a standard of care.
Aim(s)/objectives To perform a 'look back' to identify children born to HIV positive females in our unit. Determine their HIV testing status and establish a robust pathway for testing and recording outcome.
Methods A retrospective notes review of all HIV positive women registered with the Sexual Health Clinic.
Results 76 women identified, 66 had 149 children. Ethnicity was predominantly African (38/76). 48/76 women acquired infection abroad. Children at risk of vertical HIV transmission recognised in 53/66 women. Child testing identified and documented in 29/53 women (65 children); 8 were HIV positive. 10/53 had children resident abroad (23 children). Parental discussions on-going in 6/53 women. A further 3/53 women declined testing. In 3/53 records were incomplete and 2/53 testing in progress.
Discussion/conclusion Challenges of retrospectively identifying children at risk of undiagnosed HIV highlighted particularly in parents that have not disclosed their status to children. We identified a reliance on verbally reported documentation as evidence of child testing, the challenges of testing older children and the need for robust reporting between paediatric and adult services. Clinicians should continue to ask about children abroad who subsequently join parents in the UK to avoid missed opportunities for testing.

P143 AN AUDIT OF THE MANAGEMENT OF CHLAMYDIA TRACHOMATIS

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10.1136/sextrans-2016-052718.197

Background/introduction Chlamydia trachomatis (CT) is the most commonly reported bacterial STI in the UK.
Aim(s)/objectives We aimed to evaluate our overall management of CT.
Methods All patients with a positive CT NAATs result over a 2month period (August–September 2014) were identified from our electronic patient records; clinical data was collated and analysed using an Excel spreadsheet
Results 180 patients were identified; 54% female, 72.6% aged <25 years, 41.6% of Black Afro-Caribbean/UK ethnicity. 96.6% were heterosexual. 97 infections were from LVS and 1 urine (females); males 82 urine and 2 rectal swabs. Both rectal swabs were negative for LGV. 39% (70/180) were symptomatic; 19 males and 24 females had microscopy performed. 25.5% (46/180) had co-infections. 69% (125/180) had an HIV test; all negative. All contactable patients (174/180) were treated for CT and any co-infections. Three patients were treated elsewhere, and three were uncontactable. The median time from result to treatment was 2 (IQ (0–6) weeks. 36% (65/180) attended for a test of cure. One patient tested positive for CT due to re-infection. 8 patients had HIV tests repeated at their follow up attendance, all negative.
Discussion/conclusion Our centre meets the BASHH 2015 standards. Areas for improvement are HIV testing and performing microscopy in all symptomatic men to enable earlier treatment. We now offer repeat testing at three months only to patients aged <25 years and all MSM via a recall text reminder. This will enable better use of clinic resources through targeting higher risk patients and detecting re-infections as well as treatment failure.

P144 STAFF ENGAGEMENT SURVEY PRE- AND 6-MONTHS POST INTRODUCTION OF ROUTINE DOMESTIC ABUSE ENQUIRY

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10.1136/sextrans-2016-052718.198

Background/introduction In July 2015, routine domestic abuse (DA) enquiry was introduced in a busy, walk-in, inner-London, genitourinary medicine (GUM) clinic. Guidelines, proforma and management pathway were devised. Tiered training was/is provided (basic level for all staff, in-depth for Sexual Health Information Protection team and DA champions). A separate audit demonstrated 91% of walk-in GUM patients were asked about DA, following routine enquiry introduction.
Aim(s)/objectives To assess staff engagement with routine DA enquiry.
Methods On-line survey disseminated to GUM healthcare professionals, two weeks prior to, and 6 months post-introduction of, routine DA enquiry.
Results 27 vs 20 staff completed the surveys. The majority were female [70 vs 90%]. Respondents were doctors [48.1% vs 42.1%], nurses [44.4% vs 57.9%] and healthcare assistants [7.4% vs 0%]. 3.7% vs 20% had worked in GUM < 1 year. 87.5% vs 89.5% had received training, 85.0% vs 100% of these respectively had rated this good-excellent. 4.8% vs 66.7% of respondents reported having managed patients disclosing DA at least once/week. 14.3% pre-introduction vs 0% post-introduction respondents had never managed a patient disclosing DA. Respondents reported feeling 'very confident' asking about DA [16.7% vs 63.2%] and managing disclosures [8.3% vs 26.3%]. 45.8% vs 63.2% thought 'Routine DA enquiry was a great idea…why hadn't we introduced earlier?' 8.3% pre-introduction respondents had some reservations vs 0% post-introduction.
Discussion/conclusion Staff engagement in routine DA enquiry was high from the outset and improved over 6 months. Levels