majority of cases (proforma completion and referral to SHIP). There were low levels of accurate coding.

P148 AN AUDIT ON MANAGEMENT OF AFTERCARE FOR VICTIMS OF SEXUAL ASSAULT ATTENDING A DEDICATED AFTERCARE CLINIC

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Background/introduction A dedicated sexual assault aftercare clinic was set up at the integrated sexual health service to provide care for the victims of sexual assault. British Association for Sexual Health and HIV (BASHH) guidelines provide auditable measures to compare standard of care provided by services. We wanted to assess and improve the service offered to victims by the dedicated clinic.
Aim(s)/objectives To evaluate current clinical practice in the management of victims of sexual assault against the auditable outcome measures in the guidelines and improve the quality of care provided by communicating the findings, recommendations and action plans to team members.
Methods Retrospective review of all victims who attended the clinic between January 2015 and 31st September 2015 was performed. Cases were identified from coding used in the clinic. A standard data collection sheet developed on the basis of the BASHH guidelines was used.
Results Of the 53 victims identified, 96% were women, 83% were white, 13% were alcohol/drug related and 25% were under 18 years of age. 57% were referred by the sexual assault referral centre.96% reported one assailant and 55% were known to the victim. 100% had HIV risk assessment and were offered PEPSE if indicated. 98% were offered forensic examination if applicable, 93% emergency contraception if needed. Offer of prophylaxis against sexually transmitted infections: chlamydia 74%, gonorrhoea 62%, Trichomonas 49%. Offer of baseline testing for chlamydia 98%, gonorrhoea 100%, trichomonas 64%, syphilis HIV and hepatitis B & C 100%. Documentation of a plan for repeat STI testing 93%, documentation of offer of vaccination against hepatitis B 94% and assessment of child protection needs if under 18 years 77%.
Discussion/conclusion Areas to improve: documentation of a self-harm risk assessment, offer of emergency contraception, recording of a discussion of need for pregnancy test in 3 weeks after emergency contraception, documentation of offer of prophylactic treatment for chlamydia, gonorrhoea and trichomonas and documentation of an assessment of child protection needs if the victim was under 18 years of age. This will be re-audited in 6 months.

P149 PATTERNS OF SEXUAL BEHAVIOUR AMONG TRANSGENDER INDIVIDUALS IN MELBOURNE, AUSTRALIA 2011–2014

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Background/introduction Literature on the healthcare needs of transgender individuals is limited in Australia.
Aim(s)/objectives The aim of this study was to investigate the demographic characteristics, risk behaviours and STI/HIV positivity among male-to-female (MTF) and female-to-male (FTM) transgender individuals attending a sexual health clinic in Melbourne, Australia, between 2011 and 2014.
Methods A retrospective cohort analysis among 133 transgender individuals was conducted based on the first visit of the study period. Demographic characteristics, sexual behaviours, and HIV/STI positivity were examined.
Results 77 MTF, 28 FTM, and 28 unreported transgender status, attended 558 consultations with a median of two [IQR 1–5] visits. 70% percent attended for their first ever visit. Reassignment hormone use was 63% and surgery 27%. 11% had a history of injecting drug use, 74% were single/never married. In the last 12 months, 21% had sex overseas and 11% attended for counselling. Low median male sexual partners 1 [IQR 1–5] and female sexual partners 2 [1–4] were reported. MTF were more likely to be overseas born, older and work currently as a sex worker than FTM. STI positivity was 7% (n = 8) chlamydia; 5% (n = 6) gonorrhoea and 5% (n = 6) syphilis and HIV 3% (n = 1). There were no differences in positivity between MTF and FTM.
Discussion/conclusion In the Australian context STIs, HIV and sexual risk behaviours may differ to other developing and first world countries and therefore the healthcare needs may differ. Attention to differences in MTF and FTM transgender persons must be considered in health care.

P152 RECOGNITION OF LGV LYMPHADENITIS IN MSM

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Background There is a sustained high rate of lymphogranuloma venereum (LGV) amongst men who have sex with men (MSM) in the UK, with the highest annual number of diagnoses reported in 2015, yet prompt diagnosis of LGV, particularly from non-rectal sites, eludes clinicians.
Aims We present 4 cases highlighting the ongoing challenge of recognition of LGV lymphadenitis, particularly outside GUM settings, and challenges with diagnosis and management.
Case reports 4 MSM (3 with well-controlled HIV on antiretroviral therapy, 1 HIV negative) presented to their GPs with unilateral groin swellings, and were referred to haematology or surgical teams for investigation. Investigations included ultrasound, CT/MRI of the groin as well as fine needle aspiration, and in 2 cases surgical exploration followed by node excision. None of the patients had symptomatic proctitis, and triple-site NAAT swabs for *Chlamydia trachomatis* (CT) were negative, although 1 patient had previously diagnosed but untreated urethral CT one month prior. In 1 case, CT serology (WIF) showed a high L2 titre of >1:4000. In all cases, a 21-day course of doxycycline was commenced between 10–45 days from initial presentation. There was slow resolution of the lymphadenitis in 2 patients, necessitating a prolonged course of doxycycline (5 weeks), and addition of 7days of azithromycin 500mg once daily, respectively.
Conclusion Early recognition and management, including prompt aspiration/drainage of buboes and appropriate antibiotic treatment are key to management of LGV lymphadenitis. Poor