

96 in the 23 HIV-positive individuals. In HIV-negatives, the diagnosis was a rectal bacterial STI in 36% and syphilis in 7%. 206 courses of PEP were prescribed; 25 individuals received 4 or more PEP courses. There were 5 new diagnoses of blood borne virus infections; 2 hepatitis C, both in HIV positive MSM, and 3 HIV.

Discussion The majority of frequent attenders at our clinic had indicators of high risk sexual behaviour. The high number of STIs and PEP prescriptions implies that the frequent attendances are appropriate in this patient population.

P106 THE INBETWEENERS: 16 & 17 YEAR OLDS ATTENDING SRH ARE VULNERABLE

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Introduction Legally, 16 and 17 year olds can consent to sex but may still be vulnerable to sexual exploitation; opportunities to identify vulnerability may be lost when transitioning into adult services.

Methods In the financial year 2015–16 there were 1975 attendances of 998 individuals <18 at a sexual & reproductive health service. A risk assessment proforma was used in 98.8% (n=505/511) of those 16 or under and 72.9% (n=355/487) of those aged 17. These were analysed using an electronic report.

Results Discussion Using a risk assessment proforma with 16 and 17 year olds enabled staff to recognise vulnerabilities related to child sexual exploitation, 53% of all concerns were among this age group. When transitioning to online and adult services care models should include assessment to identify vulnerabilities such as pre-existing involvement with social care, older partners & mental health difficulties. Staff should be competent in managing disclosures and have a working knowledge of social care, referral thresholds and pathways within local networks for those at risk of CSE.

P107 EXPLORING THE AWARENESS AND ACCEPTABILITY OF SCREENING METHODS FOR ANAL INTRAEPITHELIAL NEOPLASIA (AIN) IN THE HIV-POSITIVE MEN WHO HAVE SEX WITH MEN (MSM) POPULATION

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Introduction Rates of AIN and anal squamous cell carcinoma (SCC) are increasing worldwide, particularly within high-risk populations, such as HIV-positive MSM. Although screening programmes for AIN exist, evidence supporting their benefit is currently limited and ongoing studies will provide crucial data regarding their efficacy.

Aim(s)/Objectives To determine awareness of AIN and acceptability of potential screening methods in a large HIV-positive MSM cohort with high rates of anal SCC, to assist in the development of future services and to evaluate a patient information leaflet.

Methods A patient information leaflet was designed providing information about AIN and screening methods. Respondents

Abstract P106 Table 1 The inbetweeners

	Under 16 n=205	Age 16 n=300	Age 17 n=355
New safeguarding concern	14 (7%)	8 (4.3%)	8 (3.8%)
Known to social care	52 (34%)	61 (20%)	70 (20%)
> 10 sexual partners	2 (1%)	9 (3.2%)	14 (4.2%)
Age of current or last partner 18–24 years	9 (4.3%)	66 (23.8%)	195 (58.9%)
Age of current or last partner 25 years or >	0	4 (1.4%)	5 (1.5%)
Mental health difficulties	47 (23%)	63 (21%)	93 (26%)

read the leaflet and completed a survey determining both its usefulness and attitudes towards screening services.

Results 172 HIV-positive MSM completed the survey with a modal age-range of 45–54. 146 (84.9%) read the leaflet and found it useful. Though only 23 (13.4%) were previously aware of AIN, 119 (69%) were concerned. 23 (13.4%) self-examined regularly though 88 (51.2%) were not aware of self-examination. However, 119 (83.2%) were willing to self-examine and 142 (99.3%) would accept examination by a healthcare professional. Support for a screening programme was strong with 143 (83.1%) of respondents stating they would be willing to participate.

Discussion In this well-informed HIV-positive MSM population, awareness of AIN and screening methods is low, however self-examination and screening is acceptable. It appears that our information leaflet is a useful tool to raise understanding and promote self-examination.

P108 CLOSING THE AUDIT CYCLE AFTER UPDATED PROCTITIS GUIDELINES: ARE WE TREATING TOO MUCH OR TOO LITTLE?

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Introduction There are currently no national guidelines for the management of proctitis. Given the rising rates of STI's, we modified our current guidelines and audited the outcomes pre and post-guideline change.

Methods Retrospective case note analysis was performed on all patients who were coded as proctitis (C4NR) before and after the guidelines were modified. We collected information on demographics, HIV status, symptoms, investigations, treatment and outcomes.

Results We returned 64 patient records over 67 visits, 39 pre and 25 post-guideline changes. 31% (20/64) were HIV positive. Commonest presentations were PR bleeding (49%), rectal discharge (44%) and diarrhoea (28%). 55/64 (88%) had rectal microscopy, with 42/55 (76%) having pus cells present; of these 3/42 (7%) had GC seen on microscopy. There were very low levels of urethral STI rates (just one case of each), but high rates of rectal GC and CT (24% and 13% respectively). LGV was positive in 5% (3/54) and rectal HSV was found in 25% (10/40). There were more HSV swabs sent before versus after guideline modification (19/40 versus 21/27, p=0.01).