GUM setting. This service illustrates the importance of maintaining complex service delivery within the GUM setting.

P243 COULD THE CURRENT OUTBREAK OF HEPATITIS A IN MEN WHO HAVE SEX WITH MEN IN LONDON HAVE BEEN PREDICTED OR PREVENTED?

Dan Lewer*, Miranda Mindlin, Rebecca Cordery. *Public Health England, London, UK*

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Introduction The current outbreak of Hepatitis A and the recent Shigella outbreak in men who have sex with men (MSM) highlight the importance of faeco-orally transmitted organisms in this population. This may suggest that outbreaks could be predicted or prevented.
Methods We compared the age, sex and travel history of notifications of Hepatitis A with notifications of Shigella in South London between January 2010 and November 2016. We also reviewed documentation of previous outbreaks of Hepatitis A in MSM in London.
Results Male and female cases of Hepatitis A had similar age profiles and a similar proportion reported recent travel. In contrast, Shigella cases peaked in males aged 30–39 with no travel history. Case notes for Hepatitis A notifications since January 2013 suggested fewer than five in MSM. Although this review suggested very few cases in recent years, outbreaks of Hepatitis A among MSM in London were documented in the late 1990s and in 2003. The second outbreak was associated with strains that caused concurrent outbreaks in MSM across Europe. Public health response to these outbreaks recommended health promotion and opportunistic immunisation.
Discussion Hepatitis A outbreaks occur sporadically in a transnational population of MSM. Few cases may occur between outbreaks and preventative actions may be deprioritised. However, group immunity is likely to be highest after an outbreak and then wane in the absence of immunisation, increasing the risk of another outbreak. Health promotion and immunisation may be valuable outside of outbreak contexts.

P244 AN AUDIT OF HEPATITIS C TESTING IN A SEXUAL HEALTH SERVICE

Matthew Chou*, Sharmin Obeyesekera, Cecelia Theodore, Rageshri Dhairyawan. *Barking, Havering and Redbridge NHS Trust, London, UK*

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Introduction With new effective treatments for hepatitis C (HCV), identifying cases is increasingly important. The BASHH Viral Hepatitis Guidelines (2015) recommend HCV screening in sexual health services for people at high-risk. We carried out a retrospective audit in our clinic.
Methods We reviewed our patient records and laboratory database for HCV antibody (AB) tests between 1st January 2015 – 30th June 2016. The management of those HCV RNA positive was compared with the BASHH auditable standards (2015).
Results From 56483 attendances, 12008 HCV AB tests were taken. 18/12008 cases were HCV AB positive of which 11 were also HCV RNA positive giving a prevalence of 0.09%. 8/11 newly diagnosed; 6/11 male; 6/11 Eastern European, 3 White British, 2 Asian; 4 co-infected with HIV. Genotypes were available for 6/11 and of these 4 had G1a, 1 had G1b and 1 had G3a. 11/11 had LFTs/AFP (target 90%) and all had hepatitis B tests (target >95%). 11/11 were referred for ongoing care within 2 months (target 100%). All had a written follow up plan (target 97%) and all had a documented discussion regarding the natural history and transmission of HCV, but only 2 (18%) had documentation that written information was also given (target >95%). All had partner notification (target 97%).
Discussion The prevalence of HCV infection in our screened population was lower than we expected (0.09%) for an area with a large migrant population. Our service met all auditable standards in management except for documenting that written information had been given.

P245 MONITORING THE UPTAKE AND EARLY IMPACT OF TARGETED HPV VACCINATION AMONG MEN WHO HAVE SEX WITH MEN (MSM) ATTENDING GUM AND HIV CLINICS IN ENGLAND

[1]Marta Checchi*, [1]David Mesher, [1]Mark McCall, [1]Cuong Chau, [2]Kavita Panwar, [2]Simon Beddows, [1]Kate Soldan. *[1]HIV/STI Department, Centre for Infectious Disease Surveillance and Control, National Infection Service, Public Health England, London, UK; [2]Virus Reference Department, Microbiological Services, National Infection Service, Public Health England, London, UK*

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Introduction MSM are at high risk for HPV infection and associated disease (genital warts and anal, oropharyngeal, and penile cancers). Additionally, MSM will receive little or no herd protection from the existing national vaccination programme for females. Following Joint Committee on Vaccination and Immunisation (JCVI) advice, a targeted HPV MSM vaccination pilot was introduced in GUM and HIV clinics across England from June 2016. We present plans for monitoring vaccination uptake and surveillance of infection and early disease outcomes.
Methods Uptake (of three doses over a two year period) will be monitored via two existing surveillance and reporting systems: the Genitourinary medicine clinic activity dataset (GUMCADv2) and the HIV and AIDS reporting system (HARS). A seroprevalence study conducted in selected clinics for validation of these data will be considered in due course.

Early impact of targeted HPV vaccination of MSM on the epidemiology of HPV infection will be detected by HPV DNA testing of rectal swabs (residual specimens following chlamydia testing) from MSM attending selected GUM clinics, starting with largely baseline collection in 2017.

Expected early effects on genital warts diagnoses will be monitored (via GUMCADv2). A decline in HPV-associated cancers is not expected to be seen for some years.
Discussion A comprehensive surveillance strategy has been established to evaluate targeted HPV vaccination of MSM at GUM/HIV clinics. During the pilot, uptake will be the main outcome measure available, and surveillance systems will be established and baseline data collected to evaluate the outcomes of national implementation on infection and disease.