

Methods Computer databases were used to identify the last 100 under 16 year olds who newly attended the sexual health services up until December 2011. Patient records were retrospectively reviewed and clinical, social, sexual and reproductive data were collated using excel.

Results Age of the attendees ranged from 13 to 15 years; 95% were girls. 98% reported heterosexual orientation. Ethnicity and primary reason for attendance as shown in abstract P83 table 1. Fraser competence was documented as present in 100% of attendees. Vulnerability factors were assessed in all attendees. Age at coitarche ranged from 9 years of age upwards. 94% were sexually active and 91% reported unprotected sexual intercourse. Other than condoms, no other forms of contraception were in use. Contraception was discussed with 100% of attendees and 47% commenced contraception at first visit. 6% had at least one previous unplanned pregnancy. 9% reported symptoms of a sexually transmitted infection and 10% of attendees were diagnosed with at least one sexually transmitted infection at the first visit. 6% reported non-consensual sex of which 2/6 were reported to the Police. 45% reported partners over age 16. 15% had social services or other agencies input.

Abstract P83 Table 1 Ethnicity and primary reason for attendance

	% of attendees
Ethnicity	
White UK	81
White other	7
Black African/Caribbean	6
Asian	5
Mixed	1
Primary reason for attendance	
Contraception planning	41
Emergency contraception	28
Sexual health screen	19
Sexual health advice	6
Termination of pregnancy	4
Sexual assault	2

Conclusions High rates of underage sexual activity and unsafe sex were observed in this group of young people attending clinic for the first time, with significant amounts of sexually transmitted infections identified and unplanned pregnancies seen. This highlights a need for earlier interventions, as often sexual risk had already occurred prior to the young people attending clinic.

P84 WHERE DO BABIES COME FROM? A MAN'S UNDERSTANDING OF WOMEN'S HEALTH

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Background As part of a student selected study component, five male fourth year medical students sought to examine young men's knowledge of women's reproductive health. The importance of raising awareness of women's health must not be underestimated. Education of men in basic women's health could result in a significant reduction in unwanted pregnancy, misuse of contraception and domestic violence.

Aim(s)/Objective(s) The research question was simple—was our ignorance representative of our peers, and specifically, in which areas was knowledge most lacking?

Methods 24 questions were chosen for simplicity, guided by the developers' own lack of knowledge. Respondents were male

pre-clinical medical students (n=41) aged 18–21, with a smaller but representative female cohort (n=12) to be used for comparison.

Results and Discussion Male respondents' overall mean grade 48.3 % (SD 16.9%) compared poorly to the female respondents' 70.8% (SD 10.9%), significant on between samples t-test ($p < 0.01$). Results for each category are represented in abstract P84 table 1. Male respondents scored poorly on contraceptive awareness. The majority believed A&E to be an appropriate place to access emergency contraception. Not one male was able to name a serious side effect of the COCP. Only 7% of respondents knew the age women should receive their first cervical smear, and less than half knew its purpose. The project was limited by the opportunity sample used - medical students are well educated but unworldly in many other ways and not representative of other men their age. However, this study outlined the key areas where male education needs to be improved in an effort to involve men in women's health and combat inequalities.

Abstract P84 Table 1 Correct male responses regarding female sexual health

Menstrual cycle	60%
Contraception	47%
Cervical Screening	27%
Menopause	64%
Anatomy	49%

P85 CONGENITAL SYPHILIS IN THE UK: RESULTS FROM ENHANCED SURVEILLANCE, 2010/11

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Background Since 2001, rates of congenitally transmissible syphilis have increased amongst reproductive age women. Concerns have been raised about the effectiveness of intervention which has been restricted by an absence of national surveillance data. In 2010, a 3-year study was established to provide an evidence-base for control strategies.

Aim To explore the epidemiology of congenital syphilis.

Methods The surveillance dataset consisted of returns to the British Paediatric Surveillance Unit, diagnoses made in genitourinary medicine clinics (GUMCAD) and laboratory reports. Infants diagnosed with congenital syphilis under the age of 24 months were included (detailed methodology at: <http://www.rcpch.ac.uk/>).

Results Between 1 February 2010 and 1 November /2011, 11 cases (male=9, female=2) of congenital syphilis were confirmed, all reported from England. Most infants (6/10) were born at over 37 weeks: median birth weight was 2910 g (range: 1340 g to 3690 g). Clinical presentation varied from asymptomatic (1) to acute, including severe anaemia, hepatosplenomegaly, rhinitis, oedema, thrombocytopenia and skeletal damage. Median maternal age at delivery was 19 (range: 17–28). Many of the infants' mothers were White and came from the UK and Eastern Europe. Where maternal stage of infection was recorded, 4/7 presented with primary and 3/7 with secondary syphilis. One infection diagnosed late in pregnancy was the result of re-infection acquired after effective screening and management in the first trimester. All diagnoses were managed according to BASHH Guidelines.

Conclusions Congenital syphilis presents a complex social, clinical and public health problem. Antenatal screening is largely effective in controlling congenital syphilis but delivering effective health care to women who are marginalised in society and at-risk of acquiring congenitally transmissible syphilis represents an emerging challenge.