last year and 15% had >1. 35% had a previous STI. 94% agreed with regular syphilis and hepatitis B (HBV) testing. 40% would have declined STI screening if offered; 26% of these were MSM, 16% had >1 partner in the last year and 34% had ≥1 past STI. Only 62% recalled being asked about sex. Preferred sites for sexual health consultations are detailed in abstract P95 table 1.

Abstract P95 Table 1 Preferred site for delivery of sexual health care (respondents may have given multiple preferences)

Service offered (no of respondents)	HIV clinic n (%)	Sexual health clinic n (%)	Primary care n (%)	None/other n (%)
SHx taking (n=90)	70 (78)	21 (23)	25 (28)	7 (8)
STI screening (n=90)	72 (80)	17 (19)	11 (12)	4 (4)
Contraception (n=27)	15 (56)	5 (19)	11 (41)	4 (15)
Cervical cytology (n=27)	7 (25)	5 (19)	17 (63)	3 (11)

Conclusions Most patients found regular HBV and syphilis testing acceptable, however 40% would decline STI screening indicating that they may be uninformed about STIs, be uncertain of their risk and misperceive the invasiveness of STI screening. Most patients found the HIV clinic a preferable site for both SHx taking and STI screening. Specific sexual health training should be delivered to clinicians in non-sexual health led HIV services in order to improve the sexual health of HIV patients.

STIs in special groups

P96 CHARACTERISTICS AND SEXUAL HEALTH OUTCOMES OF SEX WORKERS SEEKING SEXUAL HEALTH CARE IN ENGLAND

doi:10.1136/sextrans-2012-050601c.96

[1]K Marsh,* [1]E Savage, [2]H Ward, [1]S Wetten, [2]L McGrath, [1]G Hughes. *[1]Health Protection Agency, London, UK; [2]Imperial College London, London, UK*

Background Until recently the only data on sexual health of sex workers (SWs) were from special studies. We used new STI surveillance data to investigate the characteristics and health outcomes of SWs visiting GUM clinics in England.
Aim To assess the sexual health needs of SWs.
Methods Provisional data from the GUM Clinic Activity Dataset (GUMCAD) on consultations by SWs (SHHAPT code SW) were analysed.
Results Reporting began on a rolling basis in 207 GUM clinics during 2011; 2305 SWs were reported from 83 clinics to date. Of these, 1908 were female and 397 male (including 29 MSM). Among female SWs, median age was 29 years, 69% were white and 65% born abroad (migrants). Of the migrants, 35% were from Eastern Europe (60% Romania) and 31% from South America (93% Brazil). The 1908 women made 3131 visits with 63% having a repeat visit within 6 months; 5.4% having chlamydia, 1.2% gonorrhoea, 1.8% genital warts, 1.6% genital herpes, 0.1% syphilis and 0.1% HIV. Migrant SWs were more likely than UK-born women to be seen in London clinics, and less likely to have a sexual health screen (67% vs 83%) or HIV test (67% vs 82%). Migrants were less likely to be diagnosed with chlamydia (4.4% vs 7.3%) or gonorrhoea (1.0% vs 1.5%) but more likely to have genital warts (2.4% vs 1.0%) or genital herpes (1.8% vs 1.3%).
Conclusions Overall STI rates among female SWs are low, particularly among migrants. Lower rates of HIV testing among migrants should be analysed further.

P97 WOMEN REQUIRING EMERGENCY CONTRACEPTION ARE A HIGH RISK GROUP FOR SEXUALLY TRANSMITTED INFECTIONS IN FUTURE

doi:10.1136/sextrans-2012-050601c.97

R Varma.* *Central Middlesex Hospital, London, UK*

Background Women in UK are able to get emergency hormonal contraception from various sources including general practice, community contraception clinic, A&E, pharmacies and GUM services. Other than the GUM services most other providers are not offering integrated sexual health services so the screening and prevention of sexually transmitted disease (STI) may be inadequate.
Aim The aim of this study was to find the incidence of STI in this group of clients requesting emergency contraception at the time of their visit for emergency contraception and in subsequent visits within 6 months of the index visit.
Methods We did a retrospective review of all electronic consultations in which Levonelle was issued during 6 months from January 2011 to June 2011. 102 consultations were identified by electronic search using search term Levonelle. Data were collected on Excel spreadsheet and analysed.
Results 102 consultations were identified for 91 patients. Median age was 20 (range 15–42), 55% (50/91) were Black Caribbean. On the day of the index visit for emergency contraception, out of the 102 consultations 79 had STI screen (77%). We detected STI in six women (7.5%). Five women had *Chlamydia trachomatis* and one had gonorrhoea. In the subsequent 6 months, 59 out of the original 91 women (64%) returned to our services. Out of these 59 women, 52 (88%) underwent STI screen. 15 women out of the 52 tested (28.8%) had a positive diagnosis of STI. 9/52 (17.3%) had *Chlamydia trachomatis* infection, 3/52(5.7%) had gonorrhoea; two patients had both *Chlamydia trachomatis* and gonorrhoea. The other STI diagnosed were trichomonas vaginalis 2/52(3.8%), first episode genital herpes infection 2/52(3.8%) and 1/52 (1.95%) had first episode genital warts.
Conclusion Women who attend for emergency contraception are at high risk of contacting future sexually transmitted infections and should be advised to have screening for sexually transmitted infection at 3 and/or 6 months. More research is needed in this sub group of women to improve the sexual health of the community.

P98 IS POOLING OF SELF-TAKEN SPECIMENS AN EFFECTIVE AND ACCEPTABLE METHOD OF TESTING FOR SEXUALLY TRANSMITTED INFECTIONS IN MSMS?

doi:10.1136/sextrans-2012-050601c.98

[1]B J Sultan,* [1]R Fish, [1]G Carrick, [2]R Gilson, [1]A Robinson, [2]D Mercey, [3]J White, [1]P Benn. *[1]Mortimer Market Centre, London, UK; [2]University College, London, UK; [3]Guy's and St Thomas' NHS Trust, London, UK*

Background APTIMA Combo 2 (AC2) performs well for the detection of *Chlamydia trachomatis* (CT) and *Neisseria gonorrhoeae* (NG) from extra-genital sites in high prevalence groups such as men who have sex with men (MSM), but testing three samples (pharynx, urethra and rectum) is a significant cost pressure for services.
Aims To determine the; (1) Performance of AC2 to detect CT and NG from a pooled specimen: self-taken pharyngeal and rectal samples added to first-void urine (PS) compared with standard of care testing from individual sites (SOC). (2) Acceptability of pooling among MSM.
Methods MSM (symptomatic or contacts of CT/NG) attending two London sexual health services were recruited. Information about demographics, sexual behaviour, symptoms, signs and acceptability of pooling was collected. PS and SOC sampling order was randomised and results compared.