

Discussion Considerable numbers of <16 year-olds are diagnosed with STIs in GUM clinics in England. Reporting of all these to child protection services would create considerable burdens. Additional risk information from the online tool may provide important evidence of associations between STIs and CSE in order to better use limited resources.

013 IRIS ADVISE: ASSESSING FOR DOMESTIC VIOLENCE IN SEXUAL HEALTH ENVIRONMENTS (A PILOT STUDY)

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Background/introduction Sexual health and gynaecological problems are the most consistent and largest physical health differences between abused and non-abused populations. Sexual health services are well placed to identify and support people experiencing domestic violence and abuse (DVA). Most sexual health professionals have no DVA training despite NICE recommendations. IRIS (Identification and Referral to Improve Safety) is a national GP training intervention that improved the primary-care response to DVA.

Aim(s)/objectives To pilot an IRIS-based training intervention on assessing for domestic violence in sexual health environments (ADVISE), and evaluate its feasibility and effectiveness.

Methods ADVISE was developed and implemented in two sexual health clinics (Site 1 and 2) using a mixed methods design: quantitative analysis of electronic patient records and qualitative analysis of staff interviews, written feedback and anonymised cases. The intervention comprised electronic prompts, multidisciplinary training sessions, clinic materials, and specialised referral pathways to advocate-educators (AE). The pilot lasted 7 weeks at Site 1 and is ongoing at Site 2 to last 12 weeks.

Results Site 1 achieved a 10% enquiry rate (N = 267), 6% disclosure rate (n = 16) and 8 AE referrals. At 8 weeks, Site 2 has achieved a 60% enquiry rate (N = 2113), a 4.5% disclosure rate (n = 90) and 9 AE referrals. Staff reported increased confidence in identifying and managing DVA. No DVA cases were recorded in the 3 months preceding the pilots.

Conclusion/recommendations IRIS ADVISE can be successfully developed and implemented in sexual health clinics, fulfilling an unmet need for DVA training. Further evaluation through a larger multicentre study is now necessary.

014 ATTITUDES TOWARDS HPV VACCINATION FOR BOYS AMONG SEXUAL HEALTH CLINICIANS

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Background In 2014 the JCVI issued an interim position statement recommending HPV vaccination for MSM under 40 through GUM clinics. BASHH advocates universal HPV vaccination.

Aim We sought sexual health clinicians' opinions on HPV vaccination of males.

Methods Online anonymous survey, circulated via BASHH.

Results 131 responses – 90 (68.7%) female. 95 (75%) doctors; 19 (14%) nurses; 8 (6%) health advisors; 9 (7%) Other. 117/124 (95%) thought there should be universal HPV vaccination. 114/118 (97%) would vaccinate a daughter, 24/27 (88%) of those with an eligible daughter had done so. 107/119 (90%) would vaccinate a son, 10/24 (42%) with a teenage son have done so. 118 (90%) support a catch up programme. 96 (73%) thought this should include all boys up to age 18. 117 (89%) thought that MSM and others should also be vaccinated.

Abstract 014 Table 1 Who should receive HPV vaccine?

| MSM: Age groups (yrs) | Number (%) | Other groups | Number (%) |
|-----------------------|--------------|-----------------------------|--------------|
| 12–26 | 41/119 (34%) | HIV positive 12–26 yrs | 36/123 (30%) |
| 12–40 | 16/119 (13%) | HIV positive All | 95/123 (78%) |
| 18–26 | 3/119 (3%) | Immunocompromised other | 87/123 (71%) |
| 18–40 | 10/119 (10%) | Current or past HPV disease | 32/123 (26%) |
| All | 49/119 (49%) | Screen for HPV types first | 1/123 (1%) |

65/120 (54%) of respondents' clinics are offering (40/120) or plan to offer (25/120) HPV vaccine to MSM (Table 1).

Discussion Sexual health clinicians overwhelmingly recommend HPV vaccination of all schoolchildren. They support a targeted HPV vaccination programme in MSM within GUM services but are concerned that this strategy alone is too late and too limited.

015 IGRA TESTING FOR LATENT TUBERCULOSIS IN COMMERCIAL SEX WORKERS

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Background/introduction Tuberculosis (TB) is a significant public health issue in Birmingham. Targeting 'hard to reach' groups, such as commercial sex workers (CSW), is a priority for Public Health England. Additionally, a large proportion of CSW in Birmingham are from Romania, where TB prevalence is high. We undertook a project to look for latent TB amongst CSW attending an outreach sexual health clinic.

Aim(s)/objectives To determine the:

- feasibility of testing and following up this group.
- prevalence of latent TB in this group.

Methods We offered Interferon Gamma Release Assay (IGRA) testing to all CSW attending clinic between 29.04.2014 and 24.11.2014.

Results Seventy-one women were screened. Twenty-six were IGRA positive. Of these, eighteen were followed up in TB clinic:

- Three had results suggesting previous TB and were discharged from clinic without treatment.
- Eleven were diagnosed with latent TB and treated accordingly.
- Four were diagnosed with active TB and are on appropriate therapy.
- Eight were lost to follow up.

Discussion/conclusion We demonstrated that testing is acceptable and feasible to this group. Follow-up was challenging but a review of the referral process led to improved attendance rates. To improve adherence, we used weekly rifampentine and isoniazid