

**Abstract P213 Table 1** Feedback on MI sessions (33 interventions)

	Strongly Agree/Agree	Not Agree
"My knowledge on SH has improved"	80%	20%
"My confidence to look after my SH has improved"	80%	20%
"My motivation to look after my SH has improved"	93%	7%
"My knowledge on the different ways I can test for HIV/STIs has improved"	69%	31%
"My knowledge of PEP/where to access has improved"	54%	46%
"My confidence in managing or abstaining from drugs/alcohol; making better choices with regard to my SH has improved"	93%	7%

**Conclusions** Unprotected sex is common among MSW. Early MI results show good improvement in knowledge and risk taking behaviour. High levels of drug/alcohol use and self-harm require close links to mental health services. Pro(TECT) is unique in accessing this 'hard-to-reach' population and offers a holistic service of harm reduction.

#### P214 ARE WE MISSING SOMETHING? EXTRA-GENITAL CT/GC NAAT TESTING IN FEMALE PATIENTS ATTENDING A YOUNG PERSONS CLINIC

Elizabeth Williams, Sarah Ramsay\*, Sarah Creighton, Tristan Barber. *Homerton University Hospital, London, UK*

10.1136/sextrans-2015-052126.258

**Background/introduction** Our service has a dedicated Young Persons Clinic (YPC) for women age  $\leq 25$ . Current policy is to only offer routine vulvo-vaginal (VVS) or cervical CT/GC NAAT swabs for female patients but we are aware that STIs in non-genital sites may therefore be missed. From 15/04/14 we offered female patients attending our YPC VVS/cervical and extragenital (throat and rectum) swabs, regardless of exposure stated.

**Aim(s)/objectives** To quantify the number and result of CT/GC extragenital samples from YPC female patients.

**Methods** NAAT results for all women attending YPC between 15/04/14–16/09/14 were extracted retrospectively from an electronic database held within the clinic.

#### Results

	Number of patients	%
STI Screens	193	
Acute STI diagnosed at that visit (including TV and PID)	29/193	15
Positive CT/GC NAAT at that visit	24/193	12
More than one site sampled	34/193	18
with positive extragenital CT/GC NAAT *and negative VVS/cervical CT/GC NAAT	4/34	12

\*GC throat  $\times$  2, CT throat  $\times$  1, CT throat + GC rectal  $\times$  1

42 patients were documented to have been offered extragenital swabs. Of those, 34 (81%) accepted.

**Discussion/conclusion** Uptake of extragenital site testing was low. This is likely to reflect low rates of offering extragenital swabs, as there was a high rate (81%) of acceptance where an offer was documented. Five infections were solely identified from extragenital testing. It is recognised that a positive result does not necessarily imply infection and extragenital tests are

currently unlicensed. Therefore this data suggests that further review would be useful.

#### P215 DELIVERING STI SERVICES IN HOSTELS FOR HOMELESS INDIVIDUALS

Elizabeth Williams, Sarah Macauley, Sarah Ramsay\*, Sarah Creighton. *Homerton University Hospital, London, UK*

10.1136/sextrans-2015-052126.259

**Background/introduction** Residents of hostels for homeless individuals have a disproportionate burden of mental and physical health needs, which can expose them to risk of blood born viruses (BBVs) and STIs. Our borough runs 5 hostels which address health and social needs as well as provide accommodation.

**Aim(s)/objectives** To report on a pilot aiming to improve diagnosis and treatment of BBVs and STIs of residents of these 5 hostels.

**Methods** Between 14/02/2012 and 14/02/2013 five hostels were visited a minimum of two times. CT/GC NAATs and HIV, Syphilis, Hepatitis B and C serology were offered as well as signposting to other services.

#### Results

Number of residents:	
- Seen	56
- With past/current IVU	36/56 (64%)
- With known HIV	3/56 (5%)
- With known HCV	6/56 (10%)
- Who had previously tested for HIV	41/56 (73%)
- Who had tested for HIV in the preceding year	29/56 (52%)
- Who had BBV serology on visit	21/56 (38%)
- Who had BBV serology on visit that had not previously tested	8/56 (14%)
- Who had CT/GC testing on visit	54/56 (96%)
New positive diagnoses	1/56 (2%) – HCV

**Discussion/conclusion** Half the residents had been tested for HIV in the preceding year. 14% had never previously tested for BBV. 38% accepted BBV testing at this service and 96% accepted CT/GC testing. One new infection was diagnosed. This suggests that existing services meet the needs of the majority of this group. However, this additional service provided support to a minority of individuals who had been unable to negotiate existing services.

#### P216 MONITORING GENDER RATIO OF GASTROINTESTINAL INFECTION LABORATORY REPORTS AS A MECHANISM FOR IDENTIFYING POSSIBLE INCREASES AMONG MEN WHO HAVE SEX WITH MEN, ENGLAND, 2003–2013

<sup>1</sup>Piers Mook\*, <sup>1</sup>Sanch Kanagarajah, <sup>1</sup>Daniel Gardiner, <sup>1,2</sup>Marko Kerac, <sup>1</sup>Gwenda Hughes, <sup>1,3</sup>Nigel Field, <sup>1,4</sup>Noel McCarthy, <sup>1</sup>Ian Simms, <sup>1</sup>Chris Lane, <sup>1</sup>Bob Adak, <sup>1</sup>Paul Crook. <sup>1</sup>Public Health England, London, UK; <sup>2</sup>London School of Hygiene and Tropical Medicine, London, UK; <sup>3</sup>University College London, London, UK; <sup>4</sup>University of Warwick, London, UK

10.1136/sextrans-2015-052126.260

**Background** Since 2011, an increase in *Shigella flexneri* has been observed in men due to faecal-oral transmission associated with sexual contact between men who have sex with men (MSM). Sexual history is not routinely collected for cases of gastrointestinal infections.