

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

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Background/introduction Our service has a dedicated Young Persons Clinic (YPC) for women age ≤ 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

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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 IDU	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

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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.