

Results In 2011, 98 case notes were reviewed. The rate of infection was 28.2%.

In 2013, 89 case notes were reviewed. The overall rate of infection fell to 14.6%. However, 46% had never attended our GUM clinic and among these the infection rate was 22%. The comparative rate in MSM attending clinic was 8.7%. Of those new to our services 19% had never attended any GU service and of these 82% had never tested for HIV.

Conclusion Our outreach team tested a significant number of patients with a high burden of infection who had never accessed services. However, the team is taken from conventional clinics; due to staff shortages in the clinic, patients are turned away. A balance needs to be found between financial constraints and reducing infection in hard-to-reach populations. Collaboration with voluntary organisations and saunas will be the key to our success. We are currently setting up a Chem-Sex clinic to target evolving at risk populations.

P226 A YEAR OF 'SEX, STEAM AND STIS'

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Background/introduction This sauna clinic was set up as recent HIV infection amongst MSM in our city is higher than the national average. Following a successful 6 month pilot, the clinic was commissioned for another year.

Aim(s)/objectives

- Provide accessible, convenient sexual healthcare/promotion for 'hard-to-reach' individuals.
- Promote regular STI testing amongst this high-risk group.
- Assess measurable outcomes to determine the service's success.

Methods A weekly nurse-led clinic was set up at the sauna. Rectal, pharyngeal and urine testing for chlamydia and gonorrhoea were offered, with HIV, hepatitis B/C and syphilis testing and Hepatitis B vaccination. Identified infections were treated at the sauna clinic or our GUM clinic.

Results 231 new/rebook episodes over 57 clinics. 80% had previously accessed sexual health services but only 63% had previously undergone extra-genital sampling. HIV testing uptake was 96%. 16% had never tested for HIV; 22% last tested over a year ago. 20% reported sex with men and women. 18% had at least one of chlamydia, gonorrhoea, HIV or syphilis identified, compared with 14% amongst asymptomatic MSM attending our GUM clinic. 80% of chlamydia and gonorrhoea infections identified were purely extra-genital. 6 new HIV diagnoses were made, 4 of which were recently acquired HIV. HIV prevalence was 3%.

Discussion/conclusion The service has been continually modified to optimise attendance. A new initiative introduced by the sauna management team includes discounted sauna entry for clients attending the sauna clinic. This clinic's success has been due to close partnership and collaboration between NHS, third sector, private sector and local commissioners.

P227 SEXUAL HEALTH IN TRANS* INDIVIDUALS: HIGH RISK AND UNDER REPRESENTED

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Background/introduction In the UK, the prevalence of sexually transmitted infections (STI) amongst trans* individuals is unknown. International data estimate HIV prevalence to be as high as 20%. Public health data is lacking primarily due to trans* not being recognised as a gender.

Aim(s)/objectives To identify and characterise trans* individuals within our HIV+ cohort.

Methods Trans* individuals attending for HIV care at three urban care centres were identified by their physician and added to a database. A retrospective review of each electronic patient record was undertaken. Demographics, clinical data and documentation of sexual history and risk behaviours were collated.

Results 23 trans* individuals living with HIV were identified. All were trans*female. 10 (43%) had a detectable HIV viral load. Within the past 6 months 10 (43%) reported condomless anal sex and 6 (26%) had gonorrhoea and/or chlamydia infection. 11 (48%) were regularly using recreational drugs and 6 (26%) engaged in commercial sex work. 9 (39%) had no documentation of sexual history.

Discussion/conclusion High levels of vulnerability and specific healthcare needs exist amongst trans* individuals. Within this HIV+ cohort particular concerns include risk of onward transmission of HIV, acquisition of new infections and drug misuse. Our clinic runs a dedicated sexual health, HIV and holistic well-being service for trans* individuals that is working to address these issues. Patient record systems need updating to recognise trans* individuals, allowing the prevalence of HIV and other STIs in this group to be accurately recorded. We believe trans* individuals are an at risk group whose healthcare needs should be better addressed.

P228 SEXUALLY TRANSMITTED INFECTIONS – A PREDICTIVE FACTOR FOR CHILD SEXUAL EXPLOITATION?

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Background/introduction Sexually active young people can be at risk of child sexual exploitation (CSE). It has been assumed that the presence of a sexually transmitted infection (STI) should be used a marker of increased risk, however no clear evidence exists to support this.

Aim(s)/objectives We aimed to identify if a relationship exists between the detection of STI and other indicators for CSE, by comparing to a matched control group who tested negative for STI.

Methods Utilising our service's electronic patient record, which automatically prompts staff to risk assess, we identified that 1228 patients aged ≤15 yo were seen between 01/04/2013 and 31/03/2014, 52 of whom tested positive for STI. Their notes, plus a control group of 105 patients were reviewed for potential identifiers of CSE.

Results We identified no statistically significant association between testing positive for STI and other predictive factors for CSE.

Discussion/conclusion In this small study we found no significant increase in commonly used indicators for CSE in those who tested positive for STI. This highlights the importance of using several identifiers when assessing for CSE and the need for incorporating alternative screening tools such as Spotting The Signs.