

Methods In 2013 we reviewed clinical notes coded for herpes suppression to establish whether BASHH and local standards were met for management of herpes suppression and routine blood monitoring.

Results 41 cases were reviewed. 32 (73%) had baseline blood tests. Of these 6/32 (19%) had abnormal results: 2 raised LFTs, 2 low estimated Glomerular Filtration Rate (eGFR), 2 low neutrophils – all resolved on repeating except one with fluctuating neutropenia. 19/32 (47%) had bloods repeated at our service and additional 16% advised to attend GP. Only 1/19 (5%) had normal baseline bloods, low eGFR at one month, but normal at 2 months.

Abstract P233 Table 1 Auditable standard results

Standards (Target: BASHH or *local)	Achieved
Virological confirmation (100%)	98%
Viral typing (100%)	90%
Baseline FBC, U&E, LFT (*100%)	73%
Offer letter to GP (*100%)	78%
Letter to obstetrics if pregnant (*100%)	100%

Discussion 19% of those tested had blood abnormalities at baseline, but only 3% had on-going abnormalities likely affected by acyclovir. We recommend checking U&E, LFT and FBC at baseline. If normal no further monitoring is needed. If mildly abnormal repeat but continue aciclovir. If significantly low eGFR, leucopenia or elevated LFTs either dose reduce or stop acyclovir and investigate.

P234 GLOBAL ESTIMATES OF PREVALENT AND INCIDENT HERPES SIMPLEX VIRUS TYPE 2 INFECTIONS IN 2012

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Background/introduction Genital herpes, usually caused by infection with herpes simplex virus type 2 (HSV-2), can cause substantial morbidity in the form of painful genital ulcers in infected adults and adolescents, as well as significant psychosocial morbidity. Neonatal herpes, acquired during delivery from mothers with genital herpes, is rare but often fatal. Additionally, HSV-2 increases susceptibility to, and transmissibility of, HIV. The global burden of HSV-2 was last estimated for 2003.

Aim(s)/objectives To present new global HSV-2 estimates for 2012 for females and males aged 15–49 years.

Methods Literature review of HSV-2 prevalence studies worldwide since 2000, followed by fitting of a model with constant HSV-2 incidence by age to pooled HSV-2 prevalence values by WHO region, age and sex. Prevalence values were adjusted for test sensitivity and specificity.

Results In 2012, we estimate that 417 million people aged 15–49 years (range: 274–678 million) had existing HSV-2 infection world-wide: a global prevalence of 11.3%. Of those infected, 267 million were women. Also in 2012, we estimate that 19.2 million (range: 13.0–28.6 million) individuals aged 15–49 years were newly-infected with HSV-2: 0.5% of all individuals globally. Prevalence was highest in Africa (31.5%), followed by the Americas (14.4%). Burden of numbers infected was highest in Africa. However, despite lower prevalence, South-East Asia and Western Pacific regions also contributed large numbers to the global totals because of large population sizes.

Discussion/conclusion The global burden of HSV-2 infection is large, highlighting the critical need for development of vaccines, microbicides and other prevention strategies against HSV-2.

P235 PREVALENCE AND RISK FACTORS ASSOCIATED WITH ORAL HPV AMONG STI CLINIC ATTENDEES

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Background Oral human papillomavirus (HPV) infection increases the risk of a sub-set of head and neck cancers. The epidemiology of oral HPV infection is not well understood.

Aim To describe the prevalence and risk factors for oral HPV infection amongst STI clinic attendees.

Methods Participants were recruited from a STI clinic, completed a risk factor questionnaire and provided oral samples for HPV DNA testing by a highly sensitive PCR using the SPF-10 broad spectrum primers. Overall positivity (prevalence) for any HPV was calculated. Chi-square test was used to determine the association between risk factors and oral HPV-positivity.

Results Ninety-eight participants (50 men and 48 women) with a median age of 29 (range 20–52 years) were recruited. Overall, 67.4% (66 of 98) participants were positive. All participants reported a history of oral sex. Participants from a non-White ethnic group were more likely to be oral HPV-positive than Whites (63.1% vs. 92.9%, $p = 0.03$) and those who engaged in open mouth/deep kissing in the last 24 h were also more likely to be oral HPV-positive than those who did not (86.2% vs. 59.7%, $p = 0.01$). No statistically significant associations were found with recent history of oral sex, smoking, alcohol and cannabis use, or lifetime number of sexual partners.

Conclusion Oral HPV infection is common among STI clinic attendees. It is unclear whether these are transient oral HPV infections or true persistent infections with oncogenic potential. Our limited data suggest that recent open mouth/deep kissing behaviour is associated with transmission of oral HPV.

P236 IS ANNUAL CERVICAL CYTOLOGY IN HIV POSITIVE WOMEN JUSTIFIED IN THE ERA OF HPV TESTING? A 2-YEAR STUDY IN A DISTRICT GENERAL HOSPITAL

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Background/introduction As per guidelines all HIV positive women have annual cytology irrespective of their CD4 count, viral load, and antiretroviral therapy. Smear tests are often cumbersome and most patients dislike annual smears. There is a lot of administration and cost involved in screening these women on an annual basis.

Aim(s)/objectives We looked at cervical cytology results of our HIV positive cohort for 2 years in the era of HPV testing and found some interesting results.

Methods Data collected on excel sheet and analysed.

Results Total of 153 cases was reviewed for over 2 years. 123/153 had negative HPV test. 30/153 had positive HPV test.