Negative cytology with HR HPV detected	5/30	Referred for colposcopy
Mild /low grade dyskaryosis	17/30	Repeat smear in 6 months.
Borderline changes	6/30	3/6 HR HPV detected were referred for colposcopy, 3/6 HPV not detected had repeat smear in 6 months.
Moderate dyskaryosis	1/30	HR HPV detected, referred for colposcopy
Severe dyskaryosis	1/30	HR HPV detected, referred for colposcopy

Out of the 30 with HR HPV: 5/30 was not on ARV. 25/30 on ARV had HIV VL <50 cpm. Age range from 28–62 years. 22/30 was Black African. 6/30 was white UK.

Conclusions Women with HIV infection who engage in medical care are usually on antiretroviral therapy and are virologically suppressed. The patients with HR HPV were followed up with colposcopy and continue to have annual smears. Patients with negative smear results who are HR HPV negative can be screened as per the normal population.c

P237 HEPATITIS C AMONG MEN WHO HAVE SEX WITH MEN IN GREATER MANCHESTER – THE BASELINE SURVEY

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Background/introduction The number of HIV affected men who have sex with men (MSM) co-infected with hepatitis C (HCV) continues to rise, driven by high risk sexual practice.

Aim(s)/objectives To determine HCV burden and associated risk behaviours among MSM in Greater Manchester.

Methods Between April and October 2014, all MSM attending four GUM clinics were asked to complete a risk assessment questionnaire and HCV screening was offered.

Results There were significant differences in risk behaviour between HIV positive and HIV negative MSM ($p < 0.05$). Certain risk behaviours were strongly associated with HCV acquisition including: unprotected anal sex, sex with known HCV partners, fisting, group sex, 'slamming' and recreational drug use ($p < 0.002$).

Discussion/conclusion Our study shows HIV positive MSM have significantly different sexual behaviour which may explain the higher HCV burden. However, HCV was found in HIV negative MSM engaging in high risk sexual practices. All MSM attending sexual health clinics must have a risk assessment and HCV screening should be offered based on the risk. Further studies are warranted to look at the difference in HCV transmission according to the HIV status.

P238 HEPATITIS C TESTING IN MSM – ARE WE ASKING THE RIGHT QUESTIONS?

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Background Concern regarding high rates of hepatitis C infection in sub-groups of MSM may warrant targeted testing.

Aim We examine whether we routinely collect the necessary information from MSM to identify those at risk and target hepatitis C testing, and assess whether our concerns about emerging risk factors for hepatitis C are implicated in new diagnoses in our cohort.

Methods Notes audit of all MSM GUM attendances during November 2013 assessed documentation of fisting, rectal bleeding with sex, group sex, and drug use, as well as hepatitis testing. Notes of all patients coded for hepatitis C infection during 2011–2013 were examined to assess risk factors for hepatitis C infection.

Results 147 MSM attendances were reviewed. The proportion of men asked about specific risk factors was: drug use (18%), rectal bleeding (1%), group sex (1%), fisting (1%). 8% MSM had hepatitis C screens, none with traditional risk factors. Over 3 years, 46 patients were coded for hepatitis C. 34% of these were new infections. 33% were HIV positive, 48% had injected drugs (41% no documentation), 22% had hepatitis C positive partners, 11% were sex workers.

Discussion/conclusion Drug use and high risk sexual practices were not always fully recorded in our sample. Testing rates were low and did not seem to relate to identifiable risks. We identified few cases of new infection, largely limited to patients with traditional risk factors. It is not clear if better recording of risk factors would lead to increased Hepatitis C testing or diagnosis.

Category: Women and children

P239 DOES SERVICE INTEGRATION IMPROVE THE SEXUAL AND REPRODUCTIVE HEALTHCARE OF HIV POSITIVE WOMEN?

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Background NHS Lothian Genitourinary Medicine (GUM) and Sexual and Reproductive Healthcare (SRH) services integrated in June 2011. Contraceptive use, pregnancies and uptake of annual cervical cytology were audited in a cohort of HIV positive women pre- and post-integration of services.

Aims To assess whether the SRH of HIV positive women has improved after integration of services, and to guide further service improvements.

Methods Case notes and electronic data recording system entries were interrogated for the 5 years preceding integration of services and the 3 years following integration.

Results *Contraception:* Pre-integration 24.9% of 70 women with contraceptive needs were on effective prescriptions. Post-integration this proportion rose to 39.3% of 74 women.

Pregnancies: In the 5 years pre-integration 32 women had 42 pregnancies. 47.6% of these pregnancies were unplanned (UP). In the 3 years post-integration 13 women had a total of 18 pregnancies, 50% were UP pregnancies.

Cervical cytology: Pre-integration 47.3% of those eligible had a cervical cytology result documented within the last year, which improved to 74.6%.

Conclusion Contraceptive provision improved after service integration although there remained fewer than 40% of women using a suitable method. Despite this improvement, UP pregnancy rates did not fall significantly. In a cohort of women attending an integrated service regularly, who are known to have an infection which can be vertically transmitted, it is