service locations. Items most important to participants were convenience, reassurance, and that the sexual health discussion is appropriate and routine. Barriers identified were embarrassment, unease, lack of time, religion and concern of causing offence. Suggested facilitators include raising awareness, reassuring confidentiality, ensuring the discussion is facilitated by trust and professionalism at the end of the consultation.

Conclusion The majority of participants are happy to be offered 3Cs and HIV at their GP surgery. Therefore, it is important for GP staff to recognise these preferences and ensure that the full 3Cs and HIV services are made available and offered to appropriate patients.

P112 | **X FACTOR MAKEOVER FOR 4TH YEAR MEDICAL STUDENT LECTURES**

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Background/introduction Traditionally Year 4 Medical students at Bristol University receive 4 hours of didactic lecture based teaching on sexual health topics. Overall, the feedback is satisfactory but student evaluations consistently denounce the volume of information contained in the lectures.

Aim(s)/objectives To support learner diversity and increase student participation, we decided to revamp the delivery of the sexual health curriculum.

Methods We made the lectures available on the student intranet for background reading and signposted the students towards additional sources of information such as BASHH guidelines. During a study day, 60 students in groups of 5 or 6 were asked to teach their peers using case studies on topics such as vaginal discharge, genital ulcers and sexual assault. Teaching methods included game shows, a rap about syphilis and role-play. There were prizes for the top three presentations (through peer grading) and a prize for the most innovative. A questionnaire, and open discussion were used to obtain feedback on both the old and new teaching formats.

Results Overwhelmingly the students preferred and gained more from the student led case based presentations. They felt more engaged and would recommend it for future groups. Some students felt it was also important to have an opportunity to ask questions about the online lectures in future.

Discussion/conclusion Through this alternative approach to learning new information, we have catered for different learning styles and created a positive learning environment. Peer teaching can be very effective in encouraging critical thinking and producing deeper learning outcomes.

P113 | **HIV IN SOCIAL MEDIA: WHAT DO YOUTUBE USERS WATCH?**

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Background/introduction Increased risk-taking behaviour, sexual networks, and sexually transmitted infections have been attributed to the rapid increase in social media use. YouTube is a video sharing, revenue generating website that's content is not scientifically vetted, and any registered user can post media content.

Aim(s)/objectives The objective of this study was to determine how HIV related issues are portrayed on YouTube.

Methods A YouTube account was created using 'worldwide' and 'English UK' settings. The search engine was cleared, Flash Player cache emptied, and cookies removed. Each of the following search terms was used: 'HIV', 'AIDS', 'PrEP' and 'HIV home testing'. Inclusion criteria: first 60 videos. Exclusion criteria: >10 minute duration, exclusively non-HIV content, not in English. Each video was scored by 2 investigators.

Results

Abstract P113 Table 1 HIV in social media

Search Category	No. of YouTube hits (n)	Views/Day (Median)	Engagement/view (%) (Median)	Any advert (n) Yes	(%)	Factual Inaccuracies (n) Major	Minor	No	Contained gossip/media (n) Yes	(%)
AIDS (n = 30)	2,240,000	585	0.34	16	(41)	2	5	23	12	40
Home Testing (n = 55)	212,000	3	0.17	29	(51)	1	1	53	0	0
HIV (n = 39)	1,250,000	1153	0.8	21	(54)	3	0	36	16	41
PrEP (n = 29)	2,190	334	0.62	16	(55)	1	3	25	2	7

M: Median Engagement/view: Number of likes, dislikes, and comments/by number of views (% value)

Discussion/conclusion Social media is an accessible source of information to the general public and healthcare professionals. When four search terms were compared, "HIV" and "AIDS" were most popular. "HIV" generated the most viewer-engagement. Following Charlie Sheen's HIV disclosure and publication of PrEP studies (November 2015), there was a massively increased use of "HIV" and "PrEP" search terms. 10% (15/149) of videos contained factual inaccuracies with 40% (6/15) potentially causing significant harm. Due to high rate of embedded advertisements, inaccurate material, and material which could stigmatise PLWHA, it is vital that Public Health/HIV clinicians harness the potential of social media, are aware of the associated risks and strive to promote accurate information to patients.

P114 | **CONCORDANCE OF CHLAMYDIA INFECTIONS OF THE RECTUM AND URETHRA IN SAME-SEX MALE PARTNERSHIPS: A CROSS-SECTIONAL ANALYSIS**

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Background Sexual health services should ask all high risk attenders about drug and alcohol use. However, the impact of drug and alcohol use on STI epidemiology remains uncertain.

Aims To audit drug and alcohol history taking after introduction of a screening tool and to describe the patterns of use and associations with STI diagnoses.

Abstract P114 Table 1 Association of reported drug and alcohol use and STI diagnosis in 2015

		[1]Chems Yes, % N = 26,429 asked	[4]p-value	[2]Party Yes, % N = 26,429 asked	[4]p-value	[3]Alcohol excess, % N = 20,406 asked	[4]p-value
Total		4.4% n = 1046		12% n = 2891		6% n = 1225	
Gender/	MSM	16.5	<0.0001	15.9	<0.0001	8.7	<0.0001
Sexual orientation	MSW	0.9		18.2		9.1	
(MSW-heterosexual men)	Women	0.3		7.1		3.9	
New STI this year	Yes	17.0	<0.0001	19.6	<0.0001	6.6	0.156
	No	2.4		10.9		5.9	
Chlamydia	Yes	14.0	<0.0001	19.1	0.435	7.1	0.257
	No	20.6		20.2		6.0	
Gonorrhoea	Yes	33.2	<0.0001	23.8	<0.0001	6.8	0.753
	No	7.8		17.2		6.5	
Syphilis	Yes	40.1	<0.0001	21.7	0.320	4.7	0.191
	No	14.5		19.3		6.8	
HSV	Yes	8.0		17.4	0.190	5.3	0.205
	No	18.6		20.0		6.9	
Hepatitis B	Yes	17.1	0.006	9.7	0.252	6.7	1.000
	No	0		19.7		6.6	
Hepatitis C	Yes	65.7	<0.0001	45.7	<0.0001	0	0.166
	No	16.4		19.3		6.7	

[1]"Chemsex drugs" (mephedrone, gamma-Hydroxybutyric acid, methamphetamine).
[2]"Party drugs" (cannabis, ecstasy/MDMA, cocaine, ketamine).
[3]Excess alcohol use was >14 units for women and >21 units for men.
[4]p-values calculated using Chi squared or Fisher exact test as appropriate.

Methods An anonymised database of all clients attending in 2015 was constructed including basic demographics, reported drug and alcohol history, HIV status and STI diagnoses.

Results 48,654 clients were seen in 2015. 26,429 (54%) were asked about drug and/or alcohol use at least once. Use of any drug or excess alcohol was reported by 16% and was associated with higher rates of STIs (24 vs 10%, p < 0.001). Amongst MSM, 62% had a drug and/or alcohol history taken, compared with 47% and 55% in heterosexual men (MSW) and women, respectively (p < 0.0001). STIs diagnoses were significantly higher in drug users compared to non-users (27 vs 11%), but were not different comparing alcohol excess vs no excess (14 vs 13%). STI diagnoses were significantly higher in drug users compared to non-users in all sub-groups – MSM (41 vs 20%) MSW (26 vs 18%) women (12 vs 7%) – all p < 0.0001.

Conclusions The audit showed room for improvement in history taking. Chemsex drugs are associated with the highest risk of STIs. This relationship might not be causal. Party drug use was associated with some STIs. The audit supports drug and alcohol histories for all MSM as well as heterosexual men and women attending with STIs.

P115 **IS GENITAL HERPES SIMPLEX VIRUS TYPE 1 (HSV-1) ASSOCIATED WITH HIGH RISK SEXUAL BEHAVIOURS?**

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Background/introduction HSV-1 is the primary cause of genital herpes in the UK. Genital HSV has been linked with early sexual debut as well as men-who-have-sex-with-men (MSM), but previous studies do not differentiate between genital HSV-1 and HSV-2. A diagnosis of genital herpes is often distressing to patients due to stigma surrounding herpes, and receiving a sexually transmitted infection (STI) diagnosis.

Aim(s)/objectives To assess whether genital HSV-1 is associated with high risk sexual behaviours in comparison with HSV-2, chlamydia, or asymptomatic patients with no STI diagnosis.

Methods An NRES approved questionnaire assessing sexual behaviour - based on NATSAL questions and other recognised risk taking behaviours - was completed by 125 patients attending a UK level 3 sexual health service, with a diagnosis of first episode genital HSV-1 or HSV-2, or a diagnosis of chlamydia or asymptomatic with no STI diagnosis.

Results Preliminary results show that the chlamydia group is the highest risk takers; in comparison, the HSV-1 group have lower risk sexual histories.

Discussion/conclusion Provisional results have shown that HSV-1 genital herpes may not be associated with high risk sexual

Abstract P115 Table 1 HSV and sexual behaviour

	Age at first vaginal sex (years)	Condom usage (%)	Condom usage at most recent vaginal sex (%)	Age at first receptive oral sex (years)	Age at giving first oral sex (years)	Number of new partners in the last year
HSV-1 (10)	16.8	75	37.5	17.5	17.1	1.8
HSV-2 (15)	16.1	66.7	38.1	16.5	16.5	2.7
Chlamydia (50)	16	67.4	22.5	16.8	16.8	4.2
Asymptomatic (50)	17	60.4	33.3	16.7	17	2.6