Aim(s)/objectives To ascertain if our service is following the 2014 BASHH recommendations for MSM STI screening.
Methods 97 MSM attending December 2014 to July 2015 coded T2 and T4, (Chlamydia and Gonorrhoea screening performed and Chlamydia, Gonorrhoea, HIV and Syphilis screening performed respectively), and MSM requesting post exposure prophylaxis (PEP) were included.
Results 3% met Hepatitis C screening recommendations but were not offered testing. Hepatitis C risk factors were not always documented so it is likely more patients should have been offered Hepatitis C screening. Some tests were not indicated for every patient, for example Chlamydia and Gonorrhoea screening is not routinely offered until the 2 week visit for patients attending for PEP due to the 2 week window period for these infections.
Discussion/conclusion BASHH recommend 97% of MSM attending a sexual health service with a new episode of care should be offered STI screening with 80% uptake. Targets for offering HIV and Syphilis screening were achieved but targets for offering Chlamydia, Gonorrhoea and Hepatitis B screening were not met and need to be improved upon. The results also highlighted screening for Hepatitis C risk factors (such as chemsex) needs to be routinely undertaken. The target for STI screening uptake in all areas was achieved. Repeat STI testing needs to be routinely offered to MSM.

P195 DIAGNOSING RECENT HIV INFECTION IN AN URBAN SEXUAL HEALTH CENTRE: COULD MORE HAVE BE DONE TO PREVENT ACQUISITION?

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Background/introduction There are a number of strategies that may be employed by sexual health services to prevent HIV transmission, including motivational interviewing and Pre-Exposure Prophylaxis (PrEP). In order to utilise resources effectively, prevention strategies need to target those at high risk of acquiring HIV such as those having unprotected anal sex or who had known rectal infections.
Aim(s)/objectives We aimed to identify individuals in our cohort diagnosed with recently acquired HIV infection, review whether they had previously been accurately identified as high risk and what strategies had been employed to attempt reduce their risk.
Methods Electronic records of patients diagnosed HIV positive at an urban sexual health centre over a two year period were reviewed for timing of acquiring infection and previous engagement with sexual health services. Recently acquired infections were determined by: positive avidity, a negative test or a history of seroconversion symptoms in the 6-months prior to positive result.
Results 68 patients were diagnosed with HIV; 30 (44.1%) were recently acquired infections. Of these, 13 (43.3%) had attended a sexual health service in the year prior, 12 (92%) of whom had been identified as at risk and had risks discussed by a healthcare professional.
Discussion/conclusion Almost half of our patients with recently acquired HIV had had contact with sexual health services in the year before their diagnosis, and the vast majority were identified at high risk. Being able to correctly identify patients at high risk of HIV has implications for using strategies such as PrEP in the future.

P197 EVALUATION OF THE CLINICAL UTILITY OF THE BECTON DICKINSON PROBETEC QX (BDQ) *TRICHOMONAS VAGINALIS* MOLECULAR DETECTION TEST IN TWO LARGE, URBAN GU MEDICINE SERVICES

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Background BASHH guidelines recommend molecular tests to aid diagnosis of *Trichomonas vaginalis* (TV), but many clinics use relatively insensitive techniques (pH, wet-prep microscopy (WPM) and culture).
Objectives To establish a laboratory pathway for TV testing with the BDQ assay, determine TV prevalence, and identify variables associated with TV detection.
Methods A prospective study of 900 women attending clinics for STI testing was undertaken. All were offered TV BDQ tests. Data collected: demographics, symptoms, results of near-patient tests and BDQ for TV, *Chlamydia trachomatis* (CT) and *Neisseria gonorrhoeae* (GC). Women with any positive TV result were treated and invited to attend for test of cure (TOC). Data were collected in Excel and analysed in SPSS.
Results 891 women had a TV BDQ test. 472 (53%) were white, 143 (16%) black; median age 28yrs. 499 (55%) were symptomatic. Infections detected by BDQ: 11 TV (1.2%), 3 GC (0.3%) and 44 CT (4.9%). Of BDQ+ TV infections: 8 (73%) black, 7 (64%) symptomatic, 4/7 (57%) WPM+, 4/4 (100%) pH > 4.5, 7/7 (100%) Hay-Ison Grade 2, and 1/3 (33%) TV culture+. Mean BDQ turn-around time: 3.44 days. All received treatment. 9/9 (100%) were BDQ negative at TOC (mean time to TOC 15 days (range: 7–42). In univariate analysis, only black ethnicity was associated with likelihood of TV BDQ+ (RR 10.2 [95%CI 2.15–48.4]).
Discussion The use of the BDQ enhanced detection of TV in asymptomatic and symptomatic populations. Cost effective implementation of the test will rely upon further work to reliably detect demographic and clinical variables that predict positivity.

P198 COMPARISON OF RECREATIONAL DRUG USE (RDU) AND SEXUALLY TRANSMITTED INFECTIONS (STIS) IN HIV POSITIVE MEN WHO HAVE SEX WITH MEN (MSM) AND HIV NEGATIVE MSM RECEIVING POST EXPOSURE PROPHYLAXIS (PEP)

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Introduction Recreational drug use (RDU) in a sexualised context ("chemsex") is increasing amongst MSM regardless of HIV status and is associated with poor sexual health outcomes. National guidelines for both PEP and HIV management suggest regular sexual health screens (SHS) and screening for RDU and alcohol use.
Aim(s)/objectives To audit the documentation of SHS and RDU history from HIV positive MSM attending routine outpatient clinics compared to HIV negative MSM accessing PEP.