Results 129 episodes of infection were seen in 114 women. Age range 18–56; 76% (87/114) were ≤30 yrs. 103/114 (90%) were born outside of the UK; 77/103 (75%) were from Eastern Europe. 83/129 (64%) were vaginal infections (CT, GC or both); 40/120 (31%) pharyngeal and 26/129 (20%) rectal. 21/114 (18%) reported unprotected vaginal sex (UPVI) with clients. Where recorded 71/93 (76%) had a partner outside of work; of these 77% reported UPVI. 86/114 (75%) were HIV negative; 16% had never tested. 58/114 (51%) were deemed to have at least one vulnerability.

Abstract P201 Table 1

	2012	2013	2014
Total number FSW seen	560	538	517
*Number of CT infections	16	28	47
*Number of GC infections	8	18	22
Prevalence CT (%)	2.8	5.2	9.1
Prevalence GC (%)	1.4	3.3	4.2

*10 patients had both CT and GC

Discussion/conclusion Prevalence of both CT and GC is high and increasing in FSW, highlighting the importance outreach and testing in this vulnerable patient group.

P202 THE ACCEPTABILITY OF SELF-SAMPLING AT HOME FOR *CHLAMYDIA TRACHOMATIS* AND *NEISSERIA GONORRHOEAE* IN MEN AND WOMEN; RESULTS FROM THE FEASIBILITY STUDY TO DETERMINE THE TIME TAKEN FOR NAATS TESTS TO BECOME NEGATIVE FOLLOWING TREATMENT FOR *CHLAMYDIA TRACHOMATIS* AND *NEISSERIA GONORRHOEAE* IN MEN AND WOMEN

[1,2]Binta Sultan*, [1]Clare Oakland, [1]Nataliya Brima, [4]Hemi Patel, [3]Gabriel Schembri, [4]Cathy Ison, [2]Paul Benn. *[1]University College London, London, UK; [2]Mortimer Market Centre, London, UK; [3]Manchester Centre for Sexual Health, Manchester, UK; [4]Public Health England, London, UK*

10.1136/sextrans-2016-052718.250

Background/introduction Self-sampling with nucleic acid amplification tests(NAATs) for detection of chlamydia(CT) and gonorrhoea(NG) is increasingly being used in clinics, with much success. There is some data to suggest that it is acceptable to patients.
Aim(s)/objectives To assess symptoms, sexual behaviour and the acceptability of self-taken swabs for CT and NG, among participants in the 'Time to test of cure study for CT and NG'.
Methods Individuals who had a positive NAAT test for CT and/or NG were eligible. Self-taken specimens from the site of infection were collected at home. Data about sexual behaviour, symptoms and acceptability of home testing with self-taken samples was collected from questionnaires.
Results 102 men (87 MSM) and 52 women were recruited to the study, 84 had NG infection and 71 had CT infection. The median age was 28 years. Unprotected sexual intercourse in the last month was reported by 68% of MSM, 56% of heterosexual men and 51% of women. Symptoms were reported by 25% of MSMs, 50% of heterosexual men and 51% of women. 86% of participants found the information clear and easily understandable. 85% felt confident taking their own samples. 58% found the samples easy to take, 75% were happy to take their own swabs and 78% were happy to take samples at home.
Discussion/conclusion This data highlights the need for screening of asymptomatic patients and provides data to support that self-taken sampling is acceptable to patients. It also provides evidence to support home testing for CT and NG. Therefore allowing for greater access to testing and treatment and reducing the burden of infection in the community.

P203 HIV-TESTING AFRICAN SERVICE USERS WITHIN A NEWLY INTEGRATED SEXUAL HEALTH SERVICE - OUR EXPERIENCE

Joanna Bulman*, Deborah Goode, Amy Evans. *Leeds Teaching Hospitals, Leeds, UK*

10.1136/sextrans-2016-052718.251

Background/introduction HIV testing is recommended for all sexual health clinic attendees, and in generic health services for high risk groups including BME communities, especially in areas of high HIV prevalence such as Leeds (2.51/1000).
Aim(s)/objectives In July 2015 an integrated contraception and STI service, Leeds Sexual Health, began following commissioning by Leeds local Authority wherein the routine offer of HIV testing was extended to all attending service sites across the city, 4 out of 5 of which had previously seen patients for contraception and sexual health (CASH) services only.
Methods We prospectively examined data in those of African ethnicity regarding offer and uptake of HIV testing in these new settings.
Results Interim data indicates a much higher number of African patients accessing the integrated service but with a lower overall uptake of HIV testing, a significant disparity in HIV testing uptake between men and women, with significant numbers of patients choosing not to disclose their known HIV status at a community setting where they are accustomed to only sharing contraception information.
Discussion/conclusion Staff used to achieving HIV testing rates of over 80% in a GUM clinic setting have found patients reluctant to test when they have come expecting the previous service. We are therefore trying to assess genuine missed opportunities for testing and considering reframing HIV testing as a positive and routine intervention e.g. along with postpartum contraception, when trying to embed HIV testing as part of a standard, integrated sexual health care offer.

P204 IDENTIFYING PROBLEM DRUG USE IN MSM ATTENDING A DEDICATED SEXUAL HEALTH CLINIC

[1]Iain Reeves*, [1]Joseph Petersen-Camp, [2]Tadgh Crozier. *[1]Homerton University Hospital, London, UK; [2]Lifeline, London, UK*

10.1136/sextrans-2016-052718.252

Background/introduction There has been increasing recognition of the sexualised use of drugs (Chemsex) by MSM in recent years. Associations with sexual risk behaviour, HIV and other STIs are well described.
Aim(s)/objectives Our objective was to evaluate self-reported problem drug use in MSM attending a dedicated clinic.
Methods Patients attending the dedicated MSM clinic were given a simple questionnaire at registration, asking about: I) recent