96 in the 23 HIV-positive individuals. In HIV-negatives, the diagnosis was a rectal bacterial STI in 36% and syphilis in 7%. 206 courses of PEP were prescribed; 25 individuals received 4 or more PEP courses. There were 5 new diagnoses of blood borne virus infections; 2 hepatitis C, both in HIV positive MSM, and 3 HIV.

Discussion The majority of frequent attenders at our clinic had indicators of high risk sexual behaviour. The high number of STIs and PEP prescriptions implies that the frequent attendances are appropriate in this patient population.

P106 THE INBETWEENERS: 16 & 17 YEAR OLDS ATTENDING SRH ARE VULNERABLE

Kimberley Forbes, Richard West, Seán Cassidy, David Daniels. *West Middlesex University Hospital, London, UK*

10.1136/sextrans-2017-053232.150

Introduction Legally, 16 and 17 year olds can consent to sex but may still be vulnerable to sexual exploitation; opportunities to identify vulnerability may be lost when transitioning into adult services.

Methods In the financial year 2015–16 there were 1975 attendances of 998 individuals <18 at a sexual & reproductive health service. A risk assessment proforma was used in 98.8% (n=505/511) of those 16 or under and 72.9% (n=355/487) of those aged 17. These were analysed using an electronic report.

Results Discussion Using a risk assessment proforma with **16 and 17 year olds enabled** staff to recognise vulnerabilities related to child sexual exploitation, 53% of all concerns were among this age group. When transitioning to online and adult services care models **should include assessment to identify** vulnerabilities such as pre-existing **involvement with social care, older partners & mental health difficulties. Staff should be competent in managing** disclosures and have a **working knowledge of social care, referral thresholds and pathways within local networks for those at risk of CSE.**

P107 EXPLORING THE AWARENESS AND ACCEPTABILITY OF SCREENING METHODS FOR ANAL INTRAEPITHELIAL NEOPLASIA (AIN) IN THE HIV-POSITIVE MEN WHO HAVE SEX WITH MEN (MSM) POPULATION

[1]Maximilian Johnson*, [1,2]Larissa Mulka, [1,2]Daniel Richardson. *[1]Brighton and Sussex Medical School, Brighton, UK; [2]Brighton and Sussex University Hospitals NHS Trust, Brighton, UK*

10.1136/sextrans-2017-053232.151

Introduction Rates of AIN and anal squamous cell carcinoma (SCC) are increasing worldwide, particularly within high-risk populations, such as HIV-positive MSM. Although screening programmes for AIN exist, evidence supporting their benefit is currently limited and ongoing studies will provide crucial data regarding their efficacy.

Aim(s)/Objectives To determine awareness of AIN and acceptability of potential screening methods in a large HIV-positive MSM cohort with high rates of anal SCC, to assist in the development of future services and to evaluate a patient information leaflet.

Methods A patient information leaflet was designed providing information about AIN and screening methods. Respondents read the leaflet and completed a survey determining both its usefulness and attitudes towards screening services.

Results 172 HIV-positive MSM completed the survey with a modal age-range of 45–54. 146 (84.9%) read the leaflet and found it useful. Though only 23 (13.4%) were previously aware of AIN, 119 (69%) were concerned. 23 (13.4%) self-examined regularly though 88 (51.2%) were not aware of self-examination. However, 119 (83.2%) were willing to self-examine and 142 (99.3%) would accept examination by a healthcare professional. Support for a screening programme was strong with 143 (83.1%) of respondents stating they would be willing to participate.

Discussion In this well-informed HIV-positive MSM population, awareness of AIN and screening methods is low, however self-examination and screening is acceptable. It appears that our information leaflet is a useful tool to raise understanding and promote self-examination.

Abstract P106 Table 1 The inbetweeners

	Under 16 n=205	Age 16 n=300	Age 17 n=355
New safeguarding concern	14 (7%)	8 (4.3%)	8 (3.8%)
Known to social care	52 (34%)	61 (20%)	70 (20%)
> 10 sexual partners	2 (1%)	9 (3.2%)	14 (4.2%)
Age of current or last partner 18–24 years	9 (4.3%)	66 (23.8%)	195 (58.9%)
Age of current or last partner 25 years or >	0	4 (1.4%)	5 (1.5%)
Mental health difficulties	47 (23%)	63 (21%)	93 (26%)

P108 CLOSING THE AUDIT CYCLE AFTER UPDATED PROCTITIS GUIDELINES: ARE WE TREATING TOO MUCH OR TOO LITTLE?

Benjamin Gostick*, Jake Bayley, Selena Singh. *Barts Health, Newham University Hospital, London, UK*

10.1136/sextrans-2017-053232.152

Introduction There are currently no national guidelines for the management of proctitis. Given the rising rates of STI's, we modified our current guidelines and audited the outcomes pre and post-guideline change.

Methods Retrospective case note analysis was performed on all patients who were coded as proctitis (C4NR) before and after the guidelines were modified. We collected information on demographics, HIV status, symptoms, investigations, treatment and outcomes.

Results We returned 64 patient records over 67 visits, 39 pre and 25 post-guideline changes. 31% (20/64) were HIV positive. Commonest presentations were PR bleeding (49%), rectal discharge (44%) and diarrhoea (28%). 55/64 (88%) had rectal microscopy, with 42/55 (76%) having pus cells present; of these 3/42 (7%) had GC seen on microscopy. There were very low levels of urethral STI rates (just one case of each), but high rates of rectal GC and CT (24% and 13% respectively). LGV was positive in 5% (3/54) and rectal HSV was found in 25% (10/40). There were more HSV swabs sent before versus after guideline modification (19/40 versus 21/27, p=0.01).

Discussion The audit has shown that the addition of HSV swabs and treatment into the guideline had a positive effect, with more cases of HSV proctitis being diagnosed and treated. Our guidelines were also modified to include LGV treatment, but given the low prevalence this may be rationalised. Ongoing work around coding is also planned as many were coded as proctitis without rectal microscopy.

P109 ROUTINE HEPATITIS C ANTIBODY TESTING IN MSM – ARE WE OVERTESTING?

Michael Robinson*, Katie Jeffery, Anne Edwards. *Oxford University Hospitals NHS Foundation Trust, Oxford, UK*

10.1136/sextrans-2017-053232.153

Introduction The hepatitis C virus (HCV) is rarely transmitted sexually. MSM with HIV are at increased transmission risk. Debate exists regarding sexual transmissibility of HCV in those without HIV or additional risk factors beyond receptive anal intercourse. Following outbreaks of HCV in Europe and London in MSM, Oxfordshire Sexual Health Services introduced annual unselected HCV antibody testing as a screening minimum for all MSM. Evidence now suggests this may not be necessary. We set out to audit our HCV testing to assess this and identify potential policy modification.
Methods We reviewed all HCV antibody tests undertaken in a 12 month period. We identified all HCV positive patients to determine risk factors for infection in order to establish whether these patients were identified through annual screening or would have been identified using a selective basic risk analysis.
Results We found 13 positive results out of 1351 tests. 6 had previously known HCV, 4 were co-infected with HIV. 2 were heterosexual men with additional risk factors, one was an MSM with additional risk factors. No HIV negative MSM with HCV infection were identified through annual screening alone. Approximately 3.5% of tests undertaken were based on recognised risk factors for HCV, 96.5% were undertaken as part of annual screening. This equated to £1486 per new diagnosis, excluding service costs.
Discussion Routine annual screening of HIV negative MSM in this study did not pick up any new HCV diagnoses. Cost per diagnosis may be reduced with targeted testing. The annual screening policy needs modification.

P110 WORKING SMARTER BY INCORPORATING ONLINE TESTING: MAXIMISING SELF-MANAGEMENT OR OPENING AN ADDITIONAL CHANNEL? A TWELVE MONTH REVIEW

Kez Spelman*, Taylor Hughs. *Essex Sexual Health Service, Provide Comunity Interest Company, Colchester, Essex, UK*

10.1136/sextrans-2017-053232.154

Introduction We reviewed how the introduction of online access to sexually transmitted infection (STI) testing for a county wide sexual health service has affected face to face (F2F) attendances, and overall attendance numbers.
Methods As part of managing a large county wide integrated-sexual health service we have based our planned attendance numbers on actual activity data from previous years to forecast service activity. In April 2016 we introduced the option of online STI access alongside a complementing triage system. Using electronic record and online access data we compared actual to projected activity, and established the effect of the online service in terms of overall activity for 2016/17.
Results The introduction of an online channel together with a reviewed triage system appears to have directly reduced F2F attendances. The overall activity level including both F2F and online for the service did rise, but based on the cost of F2F attendance compared with theaverage cost of online tests, there are still estimated savings of over £500,000 and predicted reduction of around 10,000 F2F attendances.

Abstract P110 Table 1 F2F and Online testing

Service	Activity plan 2016–17	Activity actual 2016–17 (based on quarters 2 and 3 extrapolated)
F2F	59410	49398
Online access	4654	17118
Total	64064	66516

Discussion People have been satisfied with the online service and it appears to be an acceptable and popular alternative and not and addition to F2F. The reduction in F2F attendances (10,000) frees up clinical time enabling improved and increased resource for complex care and staff and service development.

P111 REACHING OUT – GUM IN THE GENERAL PRACTICE SETTING

Joanne Watt, Thomas Streeter, Susan Ashton, Cara Battersby, Sophie Herbert*. *Northamptonshire Integrated Sexual Health Service, Kettering, Northamptonshire, UK*

10.1136/sextrans-2017-053232.155

Introduction Providing accessible GU services in rural areas is difficult. Providing a service in General Practice (GP), close to patients' homes may increase access (particularly to those who might not otherwise test) and avoid the perceived stigma of attending a GUM clinic. A GUM service was set up in 2008 within a general practice setting (syndromic management), in an area of high need (HIV prevalence 2.58 PHE 2015).We aim to describe the outcomes of running a GU clinic within GP.
Methods Demographic, attendance and diagnoses data was collected and analysed from 2008–2016.
Results A total of 1081 patients were seen (1826 attendances) with a median of 200(186–221) per year. 604 diagnoses of infection were made (33.1%). 922(85%) lived in the town where the clinic was held. 53.8%(582) had never been seen in GU in our county before compared with 32.6% in the hubs. 440 (41%) were men of which 40(9%) were MSM. Mean age for attendees was 29 (28 at the main GU hub). Total number <20 year olds fell from 2007-2016 but those aged 21–35yrs and 45–60yrs increased. Table 1 shows the distribution of GUMCAD diagnoses. There were 426 DNAs (18.9%), 42% were follow-ups. Overall HIV testing was refused in 15.5% cases, (30% in 2007 but 7% in 2016).