

P227 FACTORS ASSOCIATED WITH SEXUALLY TRANSMITTED INFECTIONS IN <16'S ATTENDING A GUM CLINIC

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Introduction We established whether number of sexual partners and vulnerability factors were associated with sexually transmitted infections (STIs) in <16 year olds.

Methods Data was captured on <16's attending a GUM clinic 01/01/15–31/12/15, using a standardised electronic proforma. Data collected: Demographics, appointment type, postcode, STIs, pregnancy, contraception, number of sexual partners and vulnerability factors (mental health, drug use, history of abuse, known to outside agencies, gang involvement).

Results 236 attendances by 124 patients; 89/124 (72%) new, 35/124 (28%) rebook. 50/124 (40%) <16s resident in GUM clinic borough, 59/124 (48%) from neighbouring boroughs. 107/124 (86%) female. Ethnicity: 54/124 (43%) White British, 32/124 (30%) Caribbean, 15/124 (12%) African. Median age at first attendance 14.6 years (range 12–15). 447/88 (53%) patients using contraception and 23/107 (21%) females had pregnancy test; 2/23 (8.7%) positive. 31/124 (25%) were diagnosed with or were contact of an STI (Chlamydia n=22, Gonorrhoea n=5, PID n=2, HSV n=2, HIV n=1), of whom 9/31 (29%) reported ≥ one vulnerability factor. Average number of sexual partners in this group was 3.45 (Range 0–15). 93/124 (75%) were not diagnosed with an STI, of whom 27/93 (29%) reported ≥ one vulnerability factor. Average number of sexual partners was 1.75 (Range 0–20).

Discussion 29% of patients (36/124) attending the clinic had ≥ one vulnerability factor. <16s diagnosed with an STI were not significantly more likely to have a vulnerability factor than those who were not. However, those diagnosed with an STI had a greater number of sexual partners than those without a diagnosis.

P228 SEXUAL & REPRODUCTIVE HEALTHCARE OUTCOMES AMONG THOSE AT RISK OF CHILD SEXUAL EXPLOITATION: A RETROSPECTIVE REVIEW

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Introduction The purpose of Multi-Agency Sexual Exploitation (MASE) panels is to consider cases of high risk victims and offenders in relation to Child Sexual Exploitation (CSE) and the criminal justice response to offenders. A multiagency approach should ensure young people (YP) are supported by appropriate services including SRH.

Methods A retrospective review of a selection of MASE cohorts from 2016 from three services across England was undertaken. The names of YP were cross-referenced with the SRH clinic system in the locality to determine if they had accessed the service. Information was collected on reason for attendance, sexual health screening, contraception and gravidity. Data was analysed using Excel.

Results Of 92 young people discussed at MASE panel, 64 (69.6%) were known to SRH services. The age range was 12–

19 years (median 16). Sixty (93.7%) were female. The most common reasons for attendance were request for contraception (35.9%), pregnancy testing (25%) and disclosure of sexual assault (10.9%).

19 (29.7%) individuals had tested positive for chlamydia on at least one occasion (25 episodes in total). Fourteen pregnancies were reported with 8 resulting in termination.

Discussion Rates of chlamydial infection and pregnancy were high among the MASE cohorts reviewed. The multi-agency response should provide an opportunity to address health needs of this vulnerable group. Interventions should be targeted accordingly including prioritising referral into SRH services into the care plans of those identified to be at risk of CSE.

P229 HSV MANAGEMENT IN PREGNANCY AT A JOINT ANTENATAL-GENITOURINARY CLINIC IN A LARGE MATERNITY HOSPITAL IN DUBLIN, IRELAND – A MODEL OF CARE

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Introduction The ultimate goal of HSV management in pregnancy is to prevent perinatal transmission and, where possible, to facilitate vaginal delivery.

Methods Data was collected from antenatal charts of 107 women who reported a history of HSV or who had a documented outbreak during that pregnancy. Descriptive column statistics were used in excel for data analysis.

Results From May 2013 to Feb 2017, 107 Women were seen in the clinic for management of HSV in 108 pregnancies. Median gestation at referral (82/108) was 23/40 (range 2–39/40). Mean age 33yr (range 18–45). 91 (85%) European. 9 (8%) HIV+. 82 (76%) reported prior history. 96 (89%) had type-specific serology sent of which 89 (92%) HSV IgG +ve. 28 (31%) HSV 1 & 2 positive, 47 (52%) Type 1 positive only, 12 (13%) Type 2 positive only, 2 were weak + and not typed. 69 (63%) had STI testing, 100% negative. 4 of the 107 (80%) had primary HSV in that pregnancy. 67 received HSV prophylaxis; 66 valaciclovir; 1 aciclovir. Mean gestation starting prophylaxis was 36/40 (range 20 – 39). Data on mode of delivery on 82 of 107 (76%) pregnancies; 59 (71%) vaginal, 24 (29%) lower segment caesarean sections, none for HSV. Median gestation at delivery of 84 pregnancies 39/40 (range 29 – 41). To date no cases of perinatal HSV transmission have been reported.

Discussion There is good compliance with Irish guidelines on HSV management in pregnancy. HSV2 remains an issue. This combined clinic facilitates good compliance with standard guidelines for HSV management in pregnancy. This model of care should be available across all antenatal settings.

P230 SEXUAL HEALTH WORKERS ARE AT HIGHER RISK OF POOR SEXUAL HEALTH: A PILOT STUDY

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