Results In 2011, 98 case notes were reviewed. The rate of infection was 28.2%.

In 2013, 89 case notes were reviewed. The overall rate of infection fell to 14.6%. However, 46% had never attended our GUM clinic and among these the infection rate was 22%. The comparative rate in MSM attending clinic was 8.7%. Of those new to our services 19% had never attended any GU service and of these 82% had never tested for HIV.

Conclusion Our outreach team tested a significant number of patients with a high burden of infection who had never accessed services. However, the team is taken from conventional clinics; due to staff shortages in the clinic, patients are turned away. A balance needs to be found between financial constraints and reducing infection in hard-to-reach populations. Collaboration with voluntary organisations and saunas will be the key to our success. We are currently setting up a Chem-Sex clinic to target evolving at risk populations.

P226 A YEAR OF 'SEX, STEAM AND STIS'

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10.1136/sextrans-2015-052126.270

Background/introduction This sauna clinic was set up as recent HIV infection amongst MSM in our city is higher than the national average. Following a successful 6 month pilot, the clinic was commissioned for another year.

Aim(s)/objectives

- Provide accessible, convenient sexual healthcare/promotion for 'hard-to-reach' individuals.
- Promote regular STI testing amongst this high-risk group.
- Assess measurable outcomes to determine the service's success.

Methods A weekly nurse-led clinic was set up at the sauna. Rectal, pharyngeal and urine testing for chlamydia and gonorrhoea were offered, with HIV, hepatitis B/C and syphilis testing and Hepatitis B vaccination. Identified infections were treated at the sauna clinic or our GUM clinic.

Results 231 new/rebook episodes over 57 clinics. 80% had previously accessed sexual health services but only 63% had previously undergone extra-genital sampling. HIV testing uptake was 96%. 16% had never tested for HIV; 22% last tested over a year ago. 20% reported sex with men and women. 18% had at least one of chlamydia, gonorrhoea, HIV or syphilis identified, compared with 14% amongst asymptomatic MSM attending our GUM clinic. 80% of chlamydia and gonorrhoea infections identified were purely extra-genital. 6 new HIV diagnoses were made, 4 of which were recently acquired HIV. HIV prevalence was 3%.

Discussion/conclusion The service has been continually modified to optimise attendance. A new initiative introduced by the sauna management team includes discounted sauna entry for clients attending the sauna clinic. This clinic's success has been due to close partnership and collaboration between NHS, third sector, private sector and local commissioners.

P227 SEXUAL HEALTH IN TRANS* INDIVIDUALS: HIGH RISK AND UNDER REPRESENTED

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10.1136/sextrans-2015-052126.271

Background/introduction In the UK, the prevalence of sexually transmitted infections (STI) amongst trans* individuals is unknown. International data estimate HIV prevalence to be as high as 20%. Public health data is lacking primarily due to trans* not being recognised as a gender.

Aim(s)/objectives To identify and characterise trans* individuals within our HIV+ cohort.

Methods Trans* individuals attending for HIV care at three urban care centres were identified by their physician and added to a database. A retrospective review of each electronic patient record was undertaken. Demographics, clinical data and documentation of sexual history and risk behaviours were collated.

Results 23 trans* individuals living with HIV were identified. All were trans*female. 10 (43%) had a detectable HIV viral load. Within the past 6 months 10 (43%) reported condomless anal sex and 6 (26%) had gonorrhoea and/or chlamydia infection. 11 (48%) were regularly using recreational drugs and 6 (26%) engaged in commercial sex work. 9 (39%) had no documentation of sexual history.

Discussion/conclusion High levels of vulnerability and specific healthcare needs exist amongst trans* individuals. Within this HIV+ cohort particular concerns include risk of onward transmission of HIV, acquisition of new infections and drug misuse. Our clinic runs a dedicated sexual health, HIV and holistic well-being service for trans* individuals that is working to address these issues. Patient record systems need updating to recognise trans* individuals, allowing the prevalence of HIV and other STIs in this group to be accurately recorded. We believe trans* individuals are an at risk group whose healthcare needs should be better addressed.

P228 SEXUALLY TRANSMITTED INFECTIONS – A PREDICTIVE FACTOR FOR CHILD SEXUAL EXPLOITATION?

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10.1136/sextrans-2015-052126.272

Background/introduction Sexually active young people can be at risk of child sexual exploitation (CSE). It has been assumed that the presence of a sexually transmitted infection (STI) should be used a marker of increased risk, however no clear evidence exists to support this.

Aim(s)/objectives We aimed to identify if a relationship exists between the detection of STI and other indicators for CSE, by comparing to a matched control group who tested negative for STI.

Methods Utilising our service's electronic patient record, which automatically prompts staff to risk assess, we identified that 1228 patients aged ≤15 yo were seen between 01/04/2013 and 31/03/2014, 52 of whom tested positive for STI. Their notes, plus a control group of 105 patients were reviewed for potential identifiers of CSE.

Results We identified no statistically significant association between testing positive for STI and other predictive factors for CSE.

Discussion/conclusion In this small study we found no significant increase in commonly used indicators for CSE in those who tested positive for STI. This highlights the importance of using several identifiers when assessing for CSE and the need for incorporating alternative screening tools such as Spotting The Signs.

Abstracts

Abstract P228 Table 1

Variable	STI positive	Control	p-value
Non-consensual intercourse	9.62%	11.43%	0.7606
Other agencies involved	46.15%	40.00%	0.4622
School issues	15.38%	14.29%	0.8546
DSH/ED	3.85%	10.47%	0.2611
Alcohol misuse	23.08%	16.19%	0.3073
Drug misuse	17.31%	13.33%	0.6069

P229 ARE CASES OF GONORRHOEA RISING IN VERY YOUNG PATIENTS IN SOUTH WEST LONDON? A RETROSPECTIVE CASE REVIEW OF PATIENTS AGED 18 YEARS AND YOUNGER DIAGNOSED WITH GONORRHOEA IN A LONDON TEACHING HOSPITAL GUM SERVICE

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10.1136/sextrans-2015-052126.273

Background Cases of Gonorrhoea continue to rise in the UK and young people (YP) remain disproportionally affected despite efforts to reduce infection rates.

Aim To identify if there been a true rise in Gonorrhoea cases in very YP (≤ 18 years) attending our GUM service.

Methods We identified all GUM (New and Rebook) attendances and Gonorrhoea diagnoses from 01/01/2011–31/12/2014 in patients ≤ 18 from MILLCARE. Electronic records were reviewed for demographics, infection site (s), antimicrobial resistance, re-infection and Chlamydia co-infection.

Results

Number of GUM attendances (% of total annual GUM attendances)				Number of Gonorrhoea diagnoses (% of annual GUM attendances by gender and total)		
	Male	Female	Total	Male	Female	Total
2011	111 (22.0%)	393 (78.0%)	504	0 (0%)	5 (1.3%)	5 (1.0%)
2012	135 (21.0%)	508 (79.0%)	643	1 (0.7%)	16 (3.1%)	17 (2.6%)
2013	482 (21.5%)	1764 (78.5%)	2246	7 (1.5%)	33 (1.9%)	40 (1.8%)
2014	237 (19.5%)	980 (80.5%)	1217	7 (3.0%)	30 (3.1%)	37 (3.0%)
Total	965 (20.9%)	3645 (79.1%)	4610	15 (1.6%)	84 (2.3%)	99 (2.1%)

There were 99 Gonorrhoea diagnoses in 84 patients, 94/99 (84.4%) in females and 15/99 (15.2%) in males (5/15 (33.3%) MSM). 1/84 (1.2%) was HIV+ (MSM). 26/99 (26.2%) infections were in White, 19/99 (19.2%) in Caribbean/Mixed-Caribbean, 11/99 (11.1%) in African/Mixed-African and 7/99 (7.1%) in Other-Mixed ethnicities. 80/84 (95.2%) were UK born. Age range was 15–18.

83/99 (83.8%) were genital and 12/99 (12.1%) were multiple site infections. We found concurrent Chlamydia in 53/99 (53.3%). Antimicrobial resistance was detected in 15/68 (22%) culture+ cases, 13/15 (86.7%) in females and 2/15 (13.3%) in MSM. 11/84 (13.1%) patients had ≥ 1 re-infection (positive test at ≥ 3 months), 10/11 (90.9%) females and 1/11 (9.1%) MSM. Mean time to re-infection was 5.1 months.

Discussion NAAT testing was introduced into our service preceding the study period. We found Gonorrhoea diagnoses in patients ≤ 18 have increased three-fold in 4 years in our clinic with high rates of Chlamydia co-infection, antimicrobial resistance and re-infection. MSM, females and patients of Black/Mixed ethnicity are disproportionally affected. Further work is

required to investigate factors contributing to the observed rise in Gonorrhoea in YP, and strategies to reduce infection rates.

Category: Viral sexually transmitted infections

P230 WITHDRAWN

P231 WITHDRAWN

P232 CASE REPORT: AN HIV POSITIVE PATIENT WHO HAS TWICE SPONTANEOUSLY CLEARED HEPATITIS C INFECTION

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10.1136/sextrans-2015-052126.274

Introduction A 26% spontaneous clearance rate of Hepatitis C (HCV) in HIV negative populations is estimated, although the extent may be higher. Spontaneous clearance rates in HIV/HCV co-infected populations are lower. We report an HIV positive patient who has twice spontaneously cleared acute HCV infection.

Case report A 43 year old MSM diagnosed HIV positive in 1999 (WT virus, Nadir CD4 300) had evidence of past resolved Hepatitis A and B at time of HIV diagnosis. He commenced antiretroviral therapy (ARVs) in 2001 achieving virological suppression (VL ≤ 40). Hepatitis C was diagnosed in 2008 on tests prompted by raised LFTs: HCV antibody positive, HCV RNA 55 iu/ml, genotype not available. HCV antibody was negative 12 weeks earlier. Seroconversion was asymptomatic and associated with a transient rise in serum alanine transaminase (peak 189). HCV RNA was undetectable 2 weeks later and remained so for 5 years. He re-presented with symptomatic acute Hepatitis C in 2013: HCV RNA 59258 iu/ml, genotype 1, ALT 519. ALT normalised and HCV RNA fell to the limit of sensitivity of the assay (12 iu/ml) within 2 weeks. HCV RNA remained negative 1 year later. Re-infection occurred during a self imposed ARV treatment interruption and was associated with injecting drug use, high sexual risk taking behaviour and co-infection with bacterial STIs. Acute HCV was diagnosed within 4 weeks of restarting ARVs.

Discussion As spontaneous clearance of HCV in HIV/HCV co-infected individuals is less common than those mono-infected, it is of interest that this patient has twice spontaneously cleared HCV.

P233 IS ROUTINE BLOOD MONITORING FOR SUPPRESSIVE HERPES TREATMENT NECESSARY?

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10.1136/sextrans-2015-052126.275

Background There is no published evidence on the need for routine blood monitoring for people requiring daily oral acyclovir. Locally clinical practice differed between services. Dose reduction in moderate to severe renal impairment is recommended. Guidance for intravenous administration recommends measuring full blood count (FBC), renal (U&E) and liver function (LFTs) periodically.