was developed. The needs assessment identified three areas for targeted outreach: brothel services for heterosexual men, sauna for MSM and youth offender services. A health advisor outreach clinic was established and staffed 1–4 times a month. Outcome data from the clinics are presented.

Results The youth offender service clinic was the most successful outreach with 32 patients seen over 17 sessions (23 males and nine females). There were 15 males tested in the sauna over 18 sessions and four female sex workers tested in two clinic sessions. STIs were identified in 20% of all patients seen (two cases of Gonorrhoea, six cases of Chlamydia, two cases of syphilis). The mean percentage of patients seen in the outreach clinics who had never been to the GUM clinic was 71% (75% in brothel, 84% in YOS, 34% from sauna).

Discussion The targeted outreach has revealed a high level of STIs (20%) in the target group as assumed. The targeted outreach service should reduce the rate of STIs by appropriate treatment, partner notification and counselling. Recording of testing has missed out on the recording of educational activities and other health promotion carried out at sessions. Targeted outreach will help to improve access to those who don't normally attend, improve patient care and help reduce STIs in the community.

P152 IS IT FEASIBLE TO OFFER A CHLAMYDIA TEST OF CURE AT THE SAME TIME AS ROUTINE GONORRHOEA TEST OF CURE IN PATIENTS WITH BOTH INFECTIONS?

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Background BASHH guidelines recommend routine test of cure (TOC) for gonorrhoea by nucleic acid amplification technique (NAAT) 2 weeks after treatment if asymptomatic, while it is advised to defer chlamydia TOC until 6 weeks after treatment initiation. Chlamydia TOC is recommended only during pregnancy or if there is clinical suspicion of ongoing or re-infection, although there have been recent concerns about the efficacy of single dose azithromycin therapy. Many patients are co-infected with gonorrhoea and chlamydia, and with dual-platform NAATs it is simple and cost-effective to obtain chlamydia and gonorrhoea results from the same sample.

Aim To identify whether it is feasible to perform chlamydia and gonorrhoea NAAT TOCs simultaneously within 42 days of treatment in dual-infected patients.

Methods 38 patients with chlamydia who had repeat NAAT tests within 42 days of initiation of treatment were identified using clinical coding and pathology results. Demographic details, treatment type and time elapsed from initiation of treatment to TOC were obtained from patient notes.

Results 36/38 (94.7%) of chlamydia TOCs taken 41 days or less since the initiation of treatment were negative, including 8/8 (100%) of tests taken 14 days or less since chlamydia treatment. One positive test was from a male, the other from a female, 21 and 17 days after treatment respectively. Both were treated with azithromycin. The male patient denied sexual contact since treatment, and it was unclear whether the female patient was at risk of re-infection.

Conclusions 95% of patients in a clinical setting tested negative for chlamydia within 42 days of treatment. Performing a NAAT TOC for chlamydia and gonorrhoea simultaneously in dual-infected patients is therefore feasible, and is a cost-effective and convenient way to reassure patients that both infections have been eradicated. More work is needed to establish the cause of ongoing chlamydia positivity within 42 days of treatment.

P153 FEMALE GENITAL MUTILATION (FGM)—PROVIDING A HOLISTIC APPROACH AND CHALLENGING TABOOS IN A SEXUAL HEALTH SETTING

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Background In England and Wales nearly 66 000 women are living with FGM and a potential 22 000 girls are at risk each year. Due to increasing demand, a dedicated FGM service within the sexual health setting was initiated in partnership with a dynamic Somali facilitator and a voluntary community organisation.

Aims To analyse the attendances of women with FGM to our dedicated clinic.

Methods Retrospective analysis of all attendees to the FGM clinic between 1 December 2010 and 31 December 2011.

Results Of 197 attendees, 96% were from Somalia (190); mean age was 38 (14–72 years) with 52% living locally. Of those in whom we had documented information, FGM was mainly undertaken for cultural reasons (83/105, 79%), the majority (50/68, 73%) being cut in groups at their home (66/113, 58%). Mothers were the main instigators (58/81, 71%). Nearly half (84/173, 49%) had female children and seven women reported having their daughters cut abroad. The majority were against the practice (112/114, 98%). Reasons for attendance included chronic pelvic pain (57%), dyspareunia (44%) and sub fertility (24%). There was a high uptake of sexual health screening, with almost all patients (191, 97%) having serology for HIV and syphilis. Interestingly, no HIV was detected but 7% (13/185) were hepatitis B surface antigen positive and 31% (58/185) had cleared hepatitis B. There were six diagnoses of late latent syphilis and two of chlamydia.

Conclusions Our Somali facilitator has played a key role in challenging the taboo of sexual health issues within FGM-practising communities, providing a service that is culturally and linguistically appropriate. The rate of blood-borne viruses in this vulnerable group proves the importance of engaging them with sexual health services. Fast track referrals to on-site gynaecology and hepatitis clinic have facilitated re-engagement of some patients with medical care.

P154 WHO IS MOST AFFECTED BY STIGMA OF AN INTEGRATED SERVICE?

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Background Stigma of sexual health services creates barriers to access to care but it is not known if it affects all groups service users equally. Targeted stigma reduction requires this information.

Objective To determine which user groups of a level 3 One Stop Shop (OSS) sexual health services perceives the service as stigmatised.

Method Application of a validated quantitative tool to assess stigma among 200 unselected patients attending a OSS in outer London. We defined that the service was perceived as stigmatised if at least one moderately positive response indicating stigma was given.

Results The service was perceived as stigmatised by 55% (111/200) of patients surveyed. Stigma of the service was more felt by men (25/39 64%) than by women (84/160; 53%) and or those who classified themselves UK black (29/46; 63%) rather than UK white (19/66; 57%). Young men (age <26 years) (12/20; 60%) perceived the service as less stigmatised than older men (13/19; 68%) while

younger women (<26 years 57/111; 51%) found the service more stigmatising than older women (>25 years 27/49; 55%). Perception of the service as stigmatised was more prevalent among first time service users (48/84; 57%) than among those who have been there before (59/109; 54%) and among women attending for sexual health (SH) only (40/60; 66%) or for SH and contraception (FP) (11/20; 55%) than among women attending for FP only (29/56; 52%) than. None of these differences reached statistical significance.

Discussion Our survey shows that integrated services are perceived by as stigmatised by over 50% of service users. While this perception was even more prevalent in some subgroups it is more likely that the perceived stigma is a characteristic of the service than the subgroup. To address this we propose to change the image of the service to one that promotes a healthy life stile—including a healthy sexual life.

P155 SUPER ACCELERATED COURSE OF HEPATITIS B VACCINE—10 YEARS ON, IS IT WORKING?

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Background In 2002 the super-accelerated hepatitis B vaccination schedule was introduced in GUM clinics. At that time an audit was undertaken in our department to evaluate completion of the vaccination schedule.

Aim This study aims to see if and why things have changed 10 years on?

Methods A computer search of those coded with P2 identified the first 100 patients who commenced hepatitis B vaccination from April 2011. Notes were analysed and data collected on indication for vaccination, number of vaccines administered and whether serological response to vaccine was measured. Results were then compared to the previous study done in 2002.

Results In 2002, 116 patients commenced hepatitis B vaccination over a 12-month period; in 2011 there were 298. Five patients were excluded from the study as serological testing showed they were already immune or had active infection. The abstract P155 table 1 below shows the number of vaccines each person received. The proportion of MSM receiving three vaccines was 51.6%.

Abstract P155 Table 1 Comparison of number of Hepatitis B vaccines completed

	2002	2011
1 vaccine only	9.5%	15.8%
2 vaccines only	18.1%	24.2%
3 vaccines	72.4%	60%
Serological response measured	33.6%	29.4%

Discussion The number of people being vaccinated against hepatitis B has increased significantly over 10 years in keeping with increased patient numbers. However the proportion of people completing three vaccines has significantly reduced, especially in MSM. This study has prompted us to look at the information and explanation given to patients before commencing an immunisation schedule. In addition, to improve compliance we will be encouraging each patient to make future appointments at initial visit. As automatic appointment SMS messages are sent out 24 h in advance, making appointments ensures a timely reminder of the due dose is sent. All patients should also receive written information about hepatitis B vaccination. With these measures in place we will hopefully improve patient uptake of all three hepatitis B vaccines. Future audit will see if we have been successful!

P156 SURVIVORS OF MALE SEXUAL ASSAULT ATTENDING AN INNER CITY SEXUAL ASSAULT REFERRAL CENTRE (SARC)

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Background Male sexual assault (SA) is a widely unreported crime. Published data demonstrate that male victims are often lost to follow-up. We need to understand this group better in order that we target their specific needs.

Methods Case notes of men attending an inner city SARC for a forensic medical examination (FME) between 1 January 2011 and 31 December 2011 were identified. A detailed notes review was performed and we report the findings.

Results 21 males received an FME in this time period, of whom 3 were <13. 18 men were aged 18—97 years (94%, 18—40). 50% were white, 28% black and 22% Asian. Of those who were sexually active, 56% were homosexual and 44% were heterosexual. 78% were referred by the police and attended within 72 h of the alleged assault. A third reported a suspected drug facilitated sexual assault. 78% reported factors increasing their vulnerability. 94% reported anal penetration. Receptive oral and digital penetration was also reported. No condom was used in 50% of incidents; in 39% condom use was unknown. 28% were assaulted in public, 44% in the assailants home and 22% in their home. 61% of assailants were strangers. One assailant was reported by 50% and two or more by 39%. The SA was accompanied by physical assault in 22%. Non-genital injuries were documented in 61%. PEP against HIV was commenced in 61%. 33% were followed-up at SARCs, 39% in sexual health clinics and three declined follow-up. Within the SARCs one client tested positive for Hepatitis C, one had latent syphilis and two were known to have pre-exisiting HIV.

Conclusion When compared with published data regarding female SA, males are experiencing more assault from strangers, more extra genital injuries, higher numbers with multiple suspects and have higher rates of vulnerability. Small numbers of men are attending SARCs compared to females; this may in part be due to lack of awareness on the part of the victim. Increased help is needed from external agencies for aftercare and publicity campaigns.

P157 RE-AUDIT REFLECTIONS: MANAGEMENT OF SEXUAL ASSAULT ATTENDANCES TO GUM

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Introduction In 2008 we showed that our management and documentation of sexual assault (SA) improved significantly with the introduction of a specific proforma and health advisor led care.

Aim To describe SA attendances to our clinic, audit notes against new BASHH guidelines and compare with audit 2008 results.

Methods Retrospective case note review of all SA attendances in 2010. BASHH standards (2011) were used. Exclusion criteria: prior attendance at another GUM clinic post-SA, SA >1-year prior to attendance. Results were compared with previous audit and p values obtained using χ^2 and Fisher's exact tests.

Results Of 84 attendances, 87% were female, 92% white, 88% heterosexual, median age was 23 years. 57% were self referrals. 42% had partial or no recollection of the SA. Abstract P157 Table 1 showing comparison of standards between audit 2008 ad 2010 Documentation of standards new since BASHH 2011 guidelines was