**B1** IS SUPER ACCELERATED HEPATITIS B VACCINATION BEST WAY FORWARD?

J Thomas,* 2S Busby, 3M Chauhan. 1Royal Liverpool University Hospital, Liverpool, UK; 2Sunderland Royal Hospital, Sunderland, UK

**Background** Hepatitis B vaccination offers protection against hepatitis B in high-risk individuals like IVDU, homosexuals and in sex workers. Super accelerated vaccination schedule of 0, 7, 21 days has been found to increase the compliance to the vaccination and has been found to be effective against hepatitis B transmission. We followed this schedule in our GUM clinic.

**Objectives** 1. To assess the uptake of Hepatitis B vaccination in homosexual and bisexual men. 2. To assess whether full STI screening including testing for HIV, hepatitis B and C is being done along with checking HBs antibody levels in those already immunised.

**Methods** We looked at 30 patient notes, which included homosexual and bisexual men.

**Results** All (100%) patients got full STI screen including HIV, hepatitis B and C testing. 80% of patients were vaccinated before and so immune to hepatitis B as shown by HBs antibody levels. Out of the remaining 70% of patients, 40% received three doses of Hepatitis B vaccination on the super accelerated vaccination schedule. 13% got two doses, 10% got only one dose and the remaining 7% declined.

**Conclusion** All high risk individuals attending the sexual health clinic should receive a full STI screen including HIV, Hepatitis B, C testing and HBs antibody levels checked who has previously received vaccination. The accelerated schedule vaccination encourages patients to receive the full course of immunisation. Education of highrisk individuals is necessary to improve the vaccination uptake. A written card with vaccination appointment dates given to patients at the beginning will further improve the patient attendance to finish the full course of the vaccination.

**Discussion** HIV patients with glioblastoma multiforme are presenting at younger ages and have poorer outcomes than non-HIV patients. Glioblastoma multiforme should be considered in the differential for HIV patients presenting with neurological symptoms, especially in patients stable on highly active antiretroviral therapy with a good CD4 count, in an effort to reduce diagnostic delay.

**B3** SOCIAL AND WELFARE IN CLINIC SUPPORT SERVICE

J Hale.* First Point Access and Assessment Worker

**Background** Patients social and welfare care needs can be poorly served. Two factors contributed to this, lack of a specialised staff member for social and welfare needs and the few external organisation that are known, frequently changed their criteria or closed down.

**Aim** Provide stable background for patient’s thus decreasing non-adherence, enabling more free appointment time for increasing number of new diagnosis.

**Method** Employ an experienced worker, to complete the multi-disciplinary holistic care for people living with HIV, ensuring joined-up care between medical and social well-being with an excellent two way communication. We have one set of notes for all these needs and one focal point for external services to feedback to. Patients receive full assessment in addition to their presenting issue.

During an assessment, advice and referrals are offered on:

- Social/Peer Support Groups
- Benefits/Housing: assess patient’s entitlement, avoiding unnecessary supporting medical letters. Alleviates patients approaching different legal orgs with same request. This system ensures who do require the help receive it.
- Immigration
- Employment skills and voluntary work
- Travelling abroad with HIV
- Insurance
- HIV at work
- Complimentary therapies
- Recreational drug misuse
- Domestic violence
- Sex workers
- Charity goods

**Results and Conclusions** 350 patients seen, 1 h each per year. Service currently just 2 days per week Full time role is envisaged. Database used to produce outcomes including needs, referrals made and gaps in services. Clinic staff freed to spend time on medical issues.

**B4** IN PID

A de Burgh-Thomas,* A Hills, V Medland. Gloucestershire Care Services, Gloucestershire Royal Hospital, Gloucestershire, UK

**Objectives** To review the management of PID in hospital inpatients and compare it to standards of care.