

Discussion/conclusion As the trend of chemsex and sex parties continues, it is likely there will be an increase in STIs linked to households. Better geospatial analysis of STI trends and collaborative working with public health is essential for rapid identification and control of outbreaks.

010 MSM REPORT HIGH USE OF CLUB DRUGS WHICH IS ASSOCIATED WITH HIGH RISK SEXUAL BEHAVIOUR

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Background/introduction The prevalence of club drug use in men who have sex with men (MSM) locally is unknown but likely associated with poor sexual health. Locally there is a large MSM population with high rates of HIV and STIs.

Aim(s)/objectives The aims of this study were to quantify club drug use in MSM locally, examine differences by HIV status and identify any association between club drug use and sexual behaviour.

Methods Patient survey of MSM attending three MSM-services (STI clinic, NGO, primary care centre) in the City. We asked MSM to report ever and recent (past month) drug use. Data were analysed using SPSS.

Results 246 MSM completed surveys from January–March 2014. The median age was 35 years (18–79). 12.7% were HIV-positive, 61.1% HIV-negative, 20.0% unsure and 5.7% never tested. The overall ever: recent club drug use was: 52.4%:21.5% cocaine, 49.4%:17.1% MDMA, 37.7%:19.3% mephedrone, 35.5%:10.5% ketamine, 24.2%:11.0% GHB/GBL, and 10.4%:2.8% crystal meth. HIV-positive MSM reported significantly higher crystal meth (Ever:37.0% v 6.9%: $p < 0.05$; Recent 13.6%:1.3%: $p < 0.05$) and GHB/GBL (Ever:48.1% v 21.2%: $p < 0.05$; Recent: 27.3%:8.9%: $p < 0.05$) use than HIV-negative/unknown. HIV-positive were significantly more likely to have injected (Slamming) club drugs ever than HIV-negative/unknown (Ever: 22.2% v 2.5%: $p < 0.05$). HIV-positive MSM using club drugs reported significantly higher rates of unprotected anal intercourse (in past 6-months) than HIV-negative/unknown (87.1% v 57.1%: $p < 0.05$).

Discussion/conclusion Club drugs use among MSM overall is worryingly high locally. In particular, HIV-positive MSM use more crystal meth and GHB/GBL, and these men are more likely to engage in unprotected anal intercourse. These data are sobering and serve as a reminder that STI and drug services should work together.

011 CHEMSEX AND THE CITY: SEXUALISED SUBSTANCE USE IN GAY BISEXUAL AND OTHER MEN WHO HAVE SEX WITH MEN

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Background/introduction Sexualised substance use (chemsex) is an emergent phenomenon amongst some gay, bisexual and other men who have sex with men (GBMSM).

Aim(s)/objectives To describe patterns of chemsex and clinical characteristics of GBMSM attending two London sexual health clinics.

Methods Retrospective case-notes review. Data on demographics, chemsex practices, sexual behaviour, STI diagnoses and HIV status extracted from a new holistic standardised profoma used in GBMSM clinics June to December 2014.

Results 27% ($n = 127$) of 531 cases disclosed drug use. 59% ($n = 73/124$) reported chemsex, 13% ($n = 15/116$) injected. Drugs: Mephedrone ($n = 48$), GHB/GBL ($n = 38$), Crystal Meth ($n = 28$) and Cocaine ($n = 8$). 1/3 disclosed > one chemsex session/month. Chemsex was significantly associated with the risk taking behaviours transactional sex, group sex, fisting, sharing sex toys, HIV and hepatitis sero-discordancy ($p < 0.05$), more reported sexual partners (median 3 vs. 2 in past 3 months; $P < 0.0001$) and HIV positivity (35% vs 7% $p < 0.0001$). STIs were diagnosed more frequently in chemsex participants; Gonorrhoea (39% vs. 6% $p < 0.0001$), Chlamydia (11% vs. 4% $p = 0.05$), Hepatitis C (5% vs 0.3% $p = 0.03$) and PEPSE was more frequently prescribed (14% vs. 2% $p = 0.001$). 42% of patients perceived chemsex to have had an adverse consequences on their physical/ mental health or career.

Discussion/conclusion The majority of GBMSM reporting chemsex were HIV negative and many perceived negative consequences from chemsex. It was also significantly associated with risk taking behaviours, STIs, hepatitis C and being HIV positive. A holistic assessment of GBMSM enables the identification of opportunities for targeted prevention, health promotion and wellbeing interventions.

012 ASSOCIATIONS BETWEEN REPEAT ATTENDANCES, SEXUALLY TRANSMITTED INFECTIONS AND CHILD SEXUAL EXPLOITATION IN UNDER 16 YEAR OLDS ATTENDING GENITOURINARY MEDICINE CLINICS

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Background Child sexual exploitation (CSE) diagnoses are difficult to make, often with no symptoms or signs. Previous reports suggested that sexually transmitted infections (STIs) are a CSE marker but currently there is no evidence for this.

Aim To investigate associations between attendance patterns and STIs with CSE to refine clinic-based CSE risk algorithms.

Methods STI diagnoses among <16 year-olds during 2012 were extracted from clinics using the genitourinary medicine clinic activity dataset (GUMCAD). Clinics with >18 STI diagnoses (all STIs) were contacted for recruitment. Cases were defined as patients with a confirmed, bacterial or protozoal STI. Controls were defined as age and gender matched asymptomatic patients at the same clinic without STIs. An online data collection tool was developed to capture additional CSE risk factors on cases and controls. A protocol was created to aid CSE definition and stratification.

Results During 2012 in England, there were 12,819 attendances of young people aged 13–15 and 2337 STIs diagnosed: 1040 (44.5%) were chlamydia, 220 (9.4%) gonorrhoea and 67 (2.9%) trichomonas. Of these infections 998 (75.2%) were aged 15, 57 (4.3%) were ≤13 and 1188 (89.5%) were female. 44 clinics had >18 STIs in <16s, and 21 were recruited to the study.

Discussion Considerable numbers of <16 year-olds are diagnosed with STIs in GUM clinics in England. Reporting of all these to child protection services would create considerable burdens. Additional risk information from the online tool may provide important evidence of associations between STIs and CSE in order to better use limited resources.

013 IRIS ADVISE: ASSESSING FOR DOMESTIC VIOLENCE IN SEXUAL HEALTH ENVIRONMENTS (A PILOT STUDY)

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Background/introduction Sexual health and gynaecological problems are the most consistent and largest physical health differences between abused and non-abused populations. Sexual health services are well placed to identify and support people experiencing domestic violence and abuse (DVA). Most sexual health professionals have no DVA training despite NICE recommendations. IRIS (Identification and Referral to Improve Safety) is a national GP training intervention that improved the primary-care response to DVA.

Aim(s)/objectives To pilot an IRIS-based training intervention on assessing for domestic violence in sexual health environments (ADVISE), and evaluate its feasibility and effectiveness.

Methods ADVISE was developed and implemented in two sexual health clinics (Site 1 and 2) using a mixed methods design: quantitative analysis of electronic patient records and qualitative analysis of staff interviews, written feedback and anonymised cases. The intervention comprised electronic prompts, multidisciplinary training sessions, clinic materials, and specialised referral pathways to advocate-educators (AE). The pilot lasted 7 weeks at Site 1 and is ongoing at Site 2 to last 12 weeks.

Results Site 1 achieved a 10% enquiry rate (N = 267), 6% disclosure rate (n = 16) and 8 AE referrals. At 8 weeks, Site 2 has achieved a 60% enquiry rate (N = 2113), a 4.5% disclosure rate (n = 90) and 9 AE referrals. Staff reported increased confidence in identifying and managing DVA. No DVA cases were recorded in the 3 months preceding the pilots.

Conclusion/recommendations IRIS ADVISE can be successfully developed and implemented in sexual health clinics, fulfilling an unmet need for DVA training. Further evaluation through a larger multicentre study is now necessary.

014 ATTITUDES TOWARDS HPV VACCINATION FOR BOYS AMONG SEXUAL HEALTH CLINICIANS

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Background In 2014 the JCVI issued an interim position statement recommending HPV vaccination for MSM under 40 through GUM clinics. BASHH advocates universal HPV vaccination.

Aim We sought sexual health clinicians' opinions on HPV vaccination of males.

Methods Online anonymous survey, circulated via BASHH.

Results 131 responses – 90 (68.7%) female. 95 (75%) doctors; 19 (14%) nurses; 8 (6%) health advisors; 9 (7%) Other. 117/124 (95%) thought there should be universal HPV vaccination. 114/118 (97%) would vaccinate a daughter, 24/27 (88%) of those with an eligible daughter had done so. 107/119 (90%) would vaccinate a son, 10/24 (42%) with a teenage son have done so. 118 (90%) support a catch up programme. 96 (73%) thought this should include all boys up to age 18. 117 (89%) thought that MSM and others should also be vaccinated.

Abstract 014 Table 1 Who should receive HPV vaccine?

MSM: Age groups (yrs)	Number (%)	Other groups	Number (%)
12–26	41/119 (34%)	HIV positive 12–26 yrs	36/123 (30%)
12–40	16/119 (13%)	HIV positive All	95/123 (78%)
18–26	3/119 (3%)	Immunocompromised other	87/123 (71%)
18–40	10/119 (10%)	Current or past HPV disease	32/123 (26%)
All	49/119 (49%)	Screen for HPV types first	1/123 (1%)

65/120 (54%) of respondents' clinics are offering (40/120) or plan to offer (25/120) HPV vaccine to MSM (Table 1).

Discussion Sexual health clinicians overwhelmingly recommend HPV vaccination of all schoolchildren. They support a targeted HPV vaccination programme in MSM within GUM services but are concerned that this strategy alone is too late and too limited.

015 IGRA TESTING FOR LATENT TUBERCULOSIS IN COMMERCIAL SEX WORKERS

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Background/introduction Tuberculosis (TB) is a significant public health issue in Birmingham. Targeting 'hard to reach' groups, such as commercial sex workers (CSW), is a priority for Public Health England. Additionally, a large proportion of CSW in Birmingham are from Romania, where TB prevalence is high. We undertook a project to look for latent TB amongst CSW attending an outreach sexual health clinic.

Aim(s)/objectives To determine the:

- feasibility of testing and following up this group.
- prevalence of latent TB in this group.

Methods We offered Interferon Gamma Release Assay (IGRA) testing to all CSW attending clinic between 29.04.2014 and 24.11.2014.

Results Seventy-one women were screened. Twenty-six were IGRA positive. Of these, eighteen were followed up in TB clinic:

- Three had results suggesting previous TB and were discharged from clinic without treatment.
- Eleven were diagnosed with latent TB and treated accordingly.
- Four were diagnosed with active TB and are on appropriate therapy.
- Eight were lost to follow up.

Discussion/conclusion We demonstrated that testing is acceptable and feasible to this group. Follow-up was challenging but a review of the referral process led to improved attendance rates. To improve adherence, we used weekly rifampentine and isoniazid