Conclusions Unprotected sex is common among MSW. Early MI results show good improvement in knowledge and risk taking behaviour. High levels of drug/alcohol use and self-harm require close links to mental health services. Pro(TECT) is unique in accessing this ‘hard-to-reach’ population and offers a holistic service of harm reduction.

42 patients were documented to have been offered extragenital swabs. Of those, 34 (81%) accepted. Discussion/conclusion Uptake of extragenital site testing was low. This is likely to reflect low rates of offering extragenital swabs, as there was a high rate (81%) of acceptance where an offer was documented. Five infections were solely identified from extragenital testing. It is recognised that a positive result does not necessarily imply infection and extragenital tests are currently unlicensed. Therefore this data suggests that further review would be useful.

P215 DELIVERING STI SERVICES IN HOSTELS FOR HOMELESS INDIVIDUALS

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10.1136/sextrans-2015-052126.259

Background/introduction Residents of hostels for homeless individuals have a disproportionate burden of mental and physical health needs, which can expose them to risk of blood born viruses (BBVs) and STIs. Our borough runs 5 hostels which address health and social needs as well as provide accommodation.

Aim(s)/objectives To report on a pilot aiming to improve diagnosis and treatment of BBVs and STIs of residents of these 5 hostels.

Methods Between 14/02/2012 and 14/02/2013 five hostels were visited a minimum of two times. CT/GC NAATs and HIV, Syphilis, Hepatitis B and C serology were offered as well as signposting to other services.

Results

Discussion/conclusion Half the residents had been tested for HIV in the preceding year. 14% had never previously tested for BBV. 38% accepted BBV testing at this service and 96% accepted CT/GC testing. One new infection was diagnosed. This suggests that existing services meet the needs of the majority of this group. However, this additional service provided support to a minority of individuals who had been unable to negotiate existing services.

P216 MONITORING GENDER RATIO OF GASTROINTESTINAL INFECTION LABORATORY REPORTS AS A MECHANISM FOR IDENTIFYING POSSIBLE INCREASES AMONG MEN WHO HAVE SEX WITH MEN, ENGLAND, 2003–2013

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10.1136/sextrans-2015-052126.260

Background Since 2011, an increase in Shigella flexneri has been observed in men due to faecal-oral transmission associated with sexual contact between men who have sex with men (MSM). Sexual history is not routinely collected for cases of gastrointestinal infections.
Aims To use gender ratio to detect greater than expected numbers of gastrointestinal infections in MSM.

Methods We examined annual male to female ratios of laboratory confirmed patient-episodes from those aged 16–65 years with no known history of travel for eight gastrointestinal pathogens (Campylobacter, Cryptosporidium, Giardia, Hepatitis A, Norovirus, Salmonella, Shigella, and VTEC) in England between 2003 and 2013. Chi-squared tests for linear trend were conducted and a male to female ratio of more than two was considered suggestive of an excess. Sub-analyses by age and high-risk areas (London, Brighton and Manchester) were conducted.

Results An increased linear trend and excess of male episodes was observed for Shigella (p < 0.001; m:f ratio of 2.0 and 2.5 in 2012 and 2013, respectively) but not the other gastrointestinal infections. Consistent with MSM-mediated transmission, the excess of male Shigella episodes was most pronounced among those aged 25–49 years (ratios of 2.4 and 2.9) and those in high-risk areas (ratios of 2.9 and 4.0); no excess was observed among children.

Conclusion This method identified the recent outbreak of Shigella and routine application might alert public health authorities to some future gastrointestinal infection outbreaks in MSM. Utility of this approach to detect excess episodes among MSM is likely to be pathogen specific and dependent on several factors including R0.

P218 RISING STI RATE IN FEMALE SEX WORKERS ATTENDING AN INNER CITY DEDICATED CLINIC

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Background/introduction Our GUM service has a dedicated sex worker (SW) clinic. In 2014 there was an anecdotal increase in STI diagnoses in patients attending this clinic. Therefore a retrospective case note review was performed to assess this observation and explore causal factors.

Aim(s)/objectives To compare number of CT/GC infections in the SW clinic in 2012 and 2014.

Methods Notes were reviewed for age, ethnicity and CT/GC codes in all patients seen in 2012 and 2014. The notes of those found to be CT or GC positive had a more detailed review for type of services offered, condom use, place of work (i.e. flat, sauna). Chi-squared test was used to calculate p values.

Results

Abstract P218 Table 1 STI rates in female sex workers

<table>
<thead>
<tr>
<th>Year</th>
<th>2012</th>
<th>2014</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of patients:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attending</td>
<td>192</td>
<td>140</td>
<td></td>
</tr>
<tr>
<td>Age Range</td>
<td>19–58</td>
<td>19–54</td>
<td></td>
</tr>
<tr>
<td>With both CT and GC concurrently</td>
<td>0</td>
<td>3/40 (0.7%)</td>
<td></td>
</tr>
<tr>
<td>That had repeat infections in the same year</td>
<td>0</td>
<td>3/40 (0.7%)</td>
<td></td>
</tr>
<tr>
<td>Total number of CT infections</td>
<td>4</td>
<td>16</td>
<td></td>
</tr>
<tr>
<td>Total number of GC infections</td>
<td>1</td>
<td>11</td>
<td></td>
</tr>
</tbody>
</table>

Discussion/conclusion There was a significant increase in STIs from 2012 to 2014. In addition, concurrent CT and GC infection and repeat infections were seen in 2014, but not in 2012. This observation has guided an update in patient education materials and a more targeted approach to outreach. Possible infection clusters are being explored.

P219 DOES A SPECIALISED MSM CLINIC IN A DISTRICT GENERAL HOSPITAL ATTRACT A RISKIER POPULATION?

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Background/introduction A sexual health service for men who have sex with men (MSM) was piloted in a district general hospital. This was in response to a ‘Gay Pride’ survey in which 80% of surveyed attendees requested a specialised local service.

Aim(s)/objectives This clinic explored the feasibility and acceptability of a targeted MSM service in the district general hospital setting.

Methods The pilot had 9 clinics over 3 months. Each patient was fast-tracked to a multidisciplinary team (doctor, nurse and health advisor). A rapid HIV test (result within 24 h) was offered to every patient as point of care testing was unavailable in the service. Data and patient feedback were analysed in SPSS version 22.

Results A total of 13 patients attended the clinic (new, N = 12; follow up, N = 1). Age range was 22 to 67 years old (mean 33.7; standard deviation 13.27) and all were Caucasian. 6/13 attended for an asymptomatic screen; the prevalence of sexually transmitted infections (STIs) was 46%. All tested HIV negative. 61.5% had no prior immunity to Hepatitis B. 92.3% considered the rapid HIV test an incentive to attend and 100% wanted a future point of care test. There was favourable patient feedback.

Discussion/conclusion The clinic pilot was positively received and the majority rated it preferable to the routine genitourinary clinic. There was a high prevalence of STI’s and high rate of opportunistic Hepatitis B vaccination. There is a notable demand for rapid HIV testing. Our tailored MSM clinic encouraged attendance in a high risk provincial population.