

Abstracts

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.

P217 HIGH DEMAND FOR AN MSM CLINIC PILOT IN A DISTRICT GENERAL HOSPITAL

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Background/introduction A tailored 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 (STI's) 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.

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 in CT and GC 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 value.

Results

Abstract P218 Table 1 STI rates in female sex workers

Year	2012	2014	P value
Number of patients:			
- Attending	192	140	
- Age Range	19–58	19–54	
- With either CT or GC at least once	5/192 (2.6%)	19/140 (13.6%)	0.0002
- With both CT and GC concurrently	0	3/140 (2.1%)	
- That had repeat infections in the same year	0	3/140 (2.1%)	
Total number of CT infections	4	16	
Total number of GC infections	1	11	

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 due to local demand for a specialised clinic with an understanding of MSM risk taking behaviour and sexual practices.

Aim(s)/objectives To explore if an MSM clinic in a district general hospital attracts a patient population with riskier sexual behaviour compared to the normal genitourinary (GU) service.

Methods Risk data was collected from all MSM patients attending the specialised and routine GU clinics over a 3 month period using self-completed questionnaires. 'High risk' behaviour was classified as any of the following within the past 3 months: group sex, sex parties, chem-sex, casual partner sourcing online, sexual activity in London and number of partners. Data were analysed in SPSS version 22.

Results Total sample size was 40 (MSM clinic, N = 13, GU clinic, N = 27). Age range was 18 to 67 years old (mean 32.47,

Abstract P219 Table 1 Risk data for patients attending the MSM clinic and routine GU clinic

Patient group	Number of partners in the past 3 months	12 or more partners in the past 3 months	Group sex	Sex parties	Chem-sex	Casual partner sourcing online	Sexual activity in London
MSM clinic (n = 13)	Mean = 6.4 Mode = 4	15.4%	38.5%	23.1%	30.8%	100%	53.8%
GU clinic (n = 27)	Mean = 4.5 Mode = 2	7.4%	37%	11.1%	14.8%	70.4%	22.2%
p value		p = 0.392	p = 0.599	p = 0.293	p = 0.211	p = 0.029	p = 0.021
Reason for attending MSM clinic	Less stigma	STI screen	Tailored service	Advice and support	Rapid HIV test		
Total number of responses	3	4	5	6	6		

standard deviation 11.48). Patients from both groups were involved in all behaviours, however MSM clinic patients were more likely to engage in risky sexual activity in London ($p = 0.021$) and source casual partners online ($p = 0.029$) compared to the GU clinic population.

Discussion/conclusion The MSM clinic attracted a population with riskier sexual behaviours. Patients cited non-judgemental acceptance and understanding of MSM sexual practices as pivotal for attending. Perceived reduction in stigma, rapid HIV testing and tailored advice has encouraged service engagement; this provides a valuable opportunity to screen and vaccinate patients at high risk of sexually transmitted infections.

P220 EXPANDING SEXUAL HEALTH OUTREACH PROVISION FOR SEX WORKERS IN THE COMMUNITY

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Background/introduction Isolation of six consecutive cases of gonorrhoea amongst sex workers (SW) in 2012 led to a multi-agency review of sexual health provision for this hard to reach group. It identified reluctance to access traditional integrated sexual health services in the area, so a more extensive community based outreach approach was implemented.

Aim(s)/objectives To observe the uptake of sexual health screening and contraception in the community amongst SW.

Methods Case note review of all SW seen in the community by the sexual health outreach nurse from July 2013 to January 2015.

Results 99 SWs were seen during the study period. Median age 26(range 17 to 50), 95 were female with the majority identifying as white UK (65). 73 worked exclusively in sex parlours. 12 STIs were diagnosed amongst 98 SW screened. Of the 22 current IVDUs 11 tested positive to Hepatitis C whilst 3 were already known to have the infection. 96 SWs had used one or more forms of contraception prior to consultation including 92 who used condoms. Of female SW 22 commenced or continued injectable contraception and cervical cytology was performed on 18. Uptake of Hep B vaccination was consistent (73) with 24 already vaccinated or known to be Hep B immune.

Discussion/conclusion Partnership working enhanced referral pathways, making access to sexual health screening easier for this hard to reach group. An increased uptake of STI screening, contraception and detecting untreated infections demonstrates that a flexible and opportunistic approach is beneficial for this client group.

P221 DRUG AND ALCOHOL MISUSE IS ASSOCIATED WITH STIs IN MEN WHO HAVE SEX WITH MEN (MSM)

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Background/introduction Alcohol and recreational drug misuse is an increasing problem in sexual health clinics, particularly MSM where it is often associated with unsafe sexual practices and increasing prevalence of sexually transmitted infections (STIs).

Aims/objectives To determine the proportion of MSM testing positive for STIs reporting substance misuse in a dedicated sexual health clinic, compared to the proportion attending THT services reporting high risk sexual activity requiring support for substance misuse.

Methods Case notes of patients attending a MSM clinic testing positive for STIs over a 6 month period were reviewed. Data was collected on type of STI, recreational drug and alcohol use. Over the same period, data on high-risk sexual activity and referral to specialist drug and alcohol services was collected for MSM attending THT services.

Results 285 MSM attended the sexual health clinic, whereby 97 (34%) tested positive for 1 or more STI. 88 cases of gonorrhoea were seen, 49 cases of chlamydia, 20 cases of syphilis and 7 new HIV infections. Of those testing positive for STIs, 45 (46%) reported alcohol and/or recreational drug misuse. Of the 162 MSM attending THT services, 90 (56%) reported high risk sexual behaviour with concurrent substance misuse. 27 (30%) were referred to specialist substance misuse services.

Discussion/conclusions High rates of substance misuse associated with high risk sexual activity were seen in the MSM clinic and at THT. This reinforces the importance of screening and brief intervention/referral for substance misuse as a risk reduction strategy for STIs and HIV.

P222 MULTIDISCIPLINARY AND MULTIAGENCY WORKING IN A METROPOLITAN YOUNG PEOPLE'S SEXUAL HEALTH CLINIC

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Background/introduction A weekly multidisciplinary team meeting (MDTM) was introduced to discuss clinically or