Methods In 2013 we reviewed clinical notes coded for herpes suppression to establish whether BASHH and local standards were met for management of herpes suppression and routine blood monitoring.

Results 41 cases were reviewed. 32 (73%) had baseline blood tests. Of these 6/32 (19%) had abnormal results: 2 raised LFTs, 2 low estimated Glomerular Filtration Rate (eGFR), 2 low neutrophils – all resolved on repeating except one with fluctuating neutropenia. 19/34 (57%) had bloods repeated at our service and additional 16% advised to attend GP. Only 1/19 (5%) had normal baseline bloods, low eGFR at one month, but normal at 2 months.

Discussion 19% of those tested had blood abnormalities at baseline, but only 3% had ongoing abnormalities likely affected by acyclovir. We recommend checking U&E, LFT and FBC at baseline. If normal no further monitoring is needed. If mildly abnormal repeat but continue aciclovir. If significantly low eGFR, leucopenia or elevated LFTs either dose reduce or stop acyclovir and investigate.

Background/Introduction Genital herpes, usually caused by infection with herpes simplex virus type 2 (HSV-2), can cause substantial morbidity in the form of painful genital ulcers in infected adults and adolescents, as well as significant psychosocial morbidity. Neonatal herpes, acquired during delivery from mothers with genital herpes, is rare but often fatal. Additionally, HSV-2 increases susceptibility to, and transmissibility of, HIV. The global burden of HSV-2 was last estimated for 2003.

Aim(s)/objectives To present new global HSV-2 estimates for 2012 for females and males aged 15–49 years.

Methods Literature review of HSV-2 prevalence studies worldwide since 2000, followed by fitting of a model with constant HSV-2 incidence by age to pooled HSV-2 prevalence values by WHO region, age and sex. Prevalence values were adjusted for test sensitivity and specificity.

Results In 2012, we estimate that 417 million people aged 15–49 years (range: 274–678 million) had existing HSV-2 infection worldwide: a global prevalence of 11.3%. Of those infected, 267 million were women. Also in 2012, we estimate that 19.2 million (range: 13.0–28.6 million) individuals aged 15–49 years were newly-infected with HSV-2: 0.5% of all individuals globally. Prevalence was highest in Africa (31.5%), followed by the Americas (14.4%). Burden of numbers infected was highest in Africa. However, despite lower prevalence, South-East Asia and Western Pacific regions also contributed large numbers to the global totals because of large population sizes.
### Abstracts

**P237** HEPATITIS C AMONG MEN WHO HAVE SEX WITH MEN IN GREATER MANCHESTER — THE BASELINE SURVEY

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Background/Introduction The number of HIV affected men who have sex with men (MSM) co-infected with hepatitis C (HCV) continues to rise, driven by high risk sexual practice.

Aims/Objectsives To determine HCV burden and associated risk behaviours among MSM in Greater Manchester.

Methods Between April and October 2014, all MSM attending four GUM clinics were asked to complete a risk assessment questionnaire and HCV screening was offered.

Results There were significant differences in risk behaviour between HIV positive and HIV negative MSM (p < 0.05). Certain risk behaviours were strongly associated with HCV acquisition including: unprotected anal sex, sex with known HCV partners, fisting, group sex, 'slamming' and recreational drug use (p < 0.002).

Discussion/Conclusion Our study shows HIV positive MSM have significantly different sexual behaviour which may explain the higher HCV burden. However, HCV was found in HIV negative MSM engaging in high risk sexual practices. All MSM attending sexual health clinics must have a risk assessment and HCV screening should be offered based on the risk. Further studies are warranted to look at the difference in HCV transmission according to the HIV status.

**P238** HEPATITIS C TESTING IN MSM — ARE WE ASKING THE RIGHT QUESTIONS?

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Background Concern regarding high rates of hepatitis C infection in sub-groups of MSM may warrant targeted testing.

### Category: Women and children

**P239** DOES SERVICE INTEGRATION IMPROVE THE SEXUAL AND REPRODUCTIVE HEALTHCARE OF HIV POSITIVE WOMEN?

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Background NHS Lothian Genitourinary Medicine (GUM) and Sexual and Reproductive Healthcare (SRH) services integrated in June 2011. Contraceptive use, pregnancies and uptake of annual cervical cytology were audited in a cohort of HIV positive women pre- and post-integration of services. Aims To assess whether the SRH of HIV positive women has improved after integration of services, and to guide further service improvements.

Methods Case notes and electronic data recording system entries were interrogated for the 5 years preceding integration of services and the 3 years following integration.

Results Contraception: Pre-integration 24.9% of 70 women with contraceptive needs were on effective prescriptions. Post-integration this proportion rose to 39.3% of 74 women. Pregnancies: In the 5 years pre-integration 32 women had 42 pregnancies. 47.6% of these pregnancies were unplanned (UP). In the 3 years post-integration 13 women had a total of 18 pregnancies, 50% were UP pregnancies. Cervical cytology: Pre-integration 47.3% of those eligible had a cervical cytology result documented within the last year, which improved to 74.6%.

Conclusion Contraceptive provision improved after service integration although there remained fewer than 40% of women using a suitable method. Despite this improvement, UP pregnancy rates did not fall significantly. In a cohort of women attending an integrated service regularly, who are known to have an infection which can be vertically transmitted, it is