

intramuscular gentamicin in adults, for any indication, in studies where a comparator was available.

Methods A review protocol was developed and registered (PROSPERO: CRD42013003229). Studies were eligible for review if they; recruited participants ≥ 16 years old, used gentamicin intramuscularly or intravenously as a single one-off dose, compared gentamicin to another medication or placebo, and if adverse events were monitored. We searched MEDLINE, EMBASE and other relevant databases. Risk of bias was assessed in included studies.

Results 12,116 records were identified. After removal of duplicates, screening of title/abstracts for relevance and independent selection of full texts by two reviewers, 20 studies were included. 3589 participants were analysed across all studies, 2042 received a single one-off dose of gentamicin (doses ranged from 1 mg/kg - 280 mg). Reversible nephrotoxicity/creatinine rise was reported in 37 cases, with one case of irreversible renal impairment. There were three cases of ototoxicity, with similar frequency reported in the comparator group. A meta-analysis was not possible due to heterogeneity. Reporting of adverse events was poor in the majority of studies.

Discussion Adverse events with single dose gentamicin are infrequent.

P062 A RETROSPECTIVE AUDIT OF HEPATITIS B MANAGEMENT IN THE GU CLINIC

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Background/introduction Background/introduction: Hepatitis B (HBV) is a sexually transmitted infection commonly diagnosed in GU settings. We routinely test for HBV in high risk patients such as men who have sex with men, sex workers and those from high prevalence areas.

Aim(s)/objectives A retrospective audit was undertaken assessing whether patients diagnosed with HBV are being managed in accordance with BASHH guidance and whether changes made following a previous audit were implemented successfully.

Methods Patients newly diagnosed with HBV over an 18 month period up to 31/8/15 had their records reviewed. Data was collected on demographics, investigations, initial management and follow up.

Results 31 patients were included in the audit and their care compared to the 2008 national auditable standards. Median age was 28 (range 16–46). 20 (64.5%) were male and 11 (35.5%) female. 29 (93.5%) identified as heterosexual, 2 (6.5%) as homosexual. 11 (35.5%) were of African descent. Only 6% of patients were provided with written information on HBV transmission and outcomes and 68% had documented partner notification. 95% had liver function tests performed post diagnosis, 97% had clear long term management plans documented and 87% were offered appointments with hepatology (compared to 67% in the previous audit).

Conclusion Clinicians were failing to provide written information about HBV following diagnosis as information leaflets were not available in clinic. 87% of patients received verbal health advice but this still falls short of national standards. A scheme giving cards with QR codes linking to approved patient information is being trialled. Improved referral pathways have resulted in more patients using specialist review.

P063 STAFF, ASSOCIATE SPECIALIST AND SPECIALTY (SAS) DOCTORS' NATIONAL AUDIT ON THE MANAGEMENT OF GONORRHOEA IN THE UK

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Background/introduction The British Society for Sexual Health and HIV (BASHH) revised United Kingdom national guideline for the management of gonorrhoea in adults, 2011, identified five auditable outcome measures. The UK National Guideline for Gonorrhoea Testing, Clinical Effectiveness Group, BASHH, 2012, suggested a further three.

Aim(s)/objectives The aim was to audit national management of gonorrhoea against the standards recommended in these two documents. Only SAS doctors were eligible to participate.

Methods SAS doctors, whose details were registered on the SAS database, were invited to contribute. All clinics were asked to designate a Local Co-ordinator who would register that clinic and allocate patients to the other participating doctors. Results for the individual clinics were sent to the Local Co-ordinator for dissemination. All information was submitted via a secure online link. Data from forty patients was requested.

Results 3233 cases were submitted from 78 centres by 168 doctors. 68% cases were male and 44% were MSM. 83% received first line treatment. 97% were tested or treated for CT. 41% offered written information on GC. Culture attempted in 86% of those GC NAAT positive. Sensitivity testing performed on 94% culture positive. Supplementary testing performed on 61% throat and 60% rectal NAAT reactive. TOC performed on 61%; 41% of these within 2 weeks. Partner notification was done in 92% cases.

Discussion/conclusion 83% patients received first-line treatment. A reason was provided for 11% treated with other regimens. The number offered written information was low at 41%. Results about supplementary testing were inconsistent. The results for the other outcomes were satisfactory.

P064 DELIVERY OF SEXUAL HEALTH INTERVENTIONS FOR MEN WHO HAVE SEX WITH MEN (HPV VACCINATION AND PREP) MAY BE HINDERED BY THE LACK OF SEXUALITY DISCLOSURE IN PRIMARY CARE

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Background/introduction Large scale new sexual health interventions for MSM (HPV vaccination, PrEP) will potentially need to be delivered in primary care as well as sexual health. It is important these services are acceptable to MSM and MSM feel confident to disclose their sexuality.

Methods From November 2015 to February 2016, a paper survey was distributed to MSM attending local sexual health services on acceptability of local services and initial disclosure of sexuality to a healthcare setting. National Student Pride also used an online version of the survey.

Results 1186 MSM were included in the analysis of this survey. The median age was 26.8 years (18–89). 1026/1186 (86.5%) self-identified as gay, 108/1186 (9.1%) bisexual and 34/1186