

P121 PROSPECTIVE COMPARISON OF CHARCOAL SWABS VERSUS NEAR-PATIENT DIRECT CULTURE PLATE INOCULATION FOR THE CULTURE OF GONORRHOEA IN HIGH-RISK PATIENTS

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Background/introduction Gonorrhoea culture is required to monitor antibiotic resistance and is recommended for all patients known or suspected to be infected. In July 2015 our laboratory service requested us to switch from near-patient direct plating of high-risk swabs to sending charcoal swabs urgently to the lab.

Aim(s)/objectives To compare the efficacy of direct plating versus charcoal swabs for GC culture.

Methods Between July and November 2015 all patients who had a positive GC NAAT or where otherwise at high risk and had not received antibiotics had two culture swab specimens taken from the infected site: 1. a charcoal swab sent urgently to the laboratory for plating there and 2. a plastic loop specimen which was directly plated onto VCAT GC selective agar.

Results 61 patients had both specimen types taken. 41/61 (67%) directly plated specimens and 31/61 (51%) specimens transported on charcoal swabs were culture +ve ($P < 0.05$). For male urethral samples, plate versus charcoal, the results were 29/34 (85%) vs 22/34 (65%) ($P < 0.05$) and for endocervical specimens 7/14 (50%) vs 6/14 (43%) (n.s.). Numbers were too small for comparison for rectal and pharyngeal swabs.

Discussion/conclusion Despite sending the charcoal swabs urgently to the laboratory, the culture-positive rate was 24% lower than for directly plated specimens. This could not be explained through order of swabbing. Near-patient direct plating of specimens has to comply with UKAS accreditation but none the less, our results showed that this was superior to charcoal swabs transported to the lab for GC culture.

P122 ARE PHARYNGEAL SWABS FOR CT/GC OF VALUE IN HETEROSEXUAL MEN? A RETROSPECTIVE REVIEW OF A CLINIC COHORT

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Background/introduction Pharyngeal testing for CT/GC is generally not recommended for heterosexual men whose only sexual exposure is cunilingus. However, some clinicians in this service also started sending self-taken swabs from heterosexual men when self-taken swabs became routine practice for MSM in 2014.

Aim(s)/objectives To measure the utility of pharyngeal CT/GC swabs in heterosexual men

Methods A retrospective case-note review of all heterosexual men who had been coded as having had a pharyngeal swab for CT/GC NAAT between July 2014 and August 2015.

Results 1374 eligible patients were identified. 25/1374 (1.8%) of these were GC NAAT +ve of which 4/25 (16%) were +ve in the pharynx, the others being +ve in the urine. 3/4 pharyngeal +ve specimens were GC NAAT +ve in the pharynx only, 1 was positive in the urine also. 110/1374 (8%) patients were CT

NAAT +ve of which 1/110 (0.9%) was in the pharynx only, the rest being from urine specimens

Discussion/conclusion Out of 1374 pharyngeal swabs sent, only 5 (0.4%) were CT or GC +ve, of which 1 was also +ve in the urine. The 3 lone +ve pharyngeal GC NAAT specimens could be false-positive e.g. due to a cross-reaction with non-pathogenic *Neisseria* sp. Similarly the single CT+ve may be a false +ve assay. Alternatively, some of those patients with a +ve test may be MSM who had not revealed their status. Whatever the explanation, the very low pick-up rate does not justify taking pharyngeal CT/GC swabs in men who identify as being exclusively heterosexual.

P123 DRUG AND ALCOHOL USE IN GU MEDICINE ATTENDEES – WHAT IS THE IMPACT ON SEXUAL HEALTH?

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Background/Introduction Patients attending sexual health services report higher rates of drug and alcohol use. This may lead them to ignore safer sex messages putting them at greater risk of STIs. 'Chemsex' has been recognised as an additional risk factor in MSMs, but it is unclear how widespread this is in heterosexual individuals or outside large conurbations.

Aims/Objectives This service evaluation aimed to assess the extent of the alcohol and drug use in all patients attending a GU clinic and its impact on sexual behaviour.

Methods Self-completed detailed questionnaires were incorporated into the clinic dataset for 600 consecutive patients during February 2016. Data was anonymised and analysed using SPSS v23.

Results Results show 70% of women and 75% of men reported alcohol use in the last month, however fewer than 1/3 reported drug use. Men were more likely to have taken recreational drugs (37% v 25%). Fewer women than men reported engaging in chemsex (2% v 5% respectively). 25% of women and 30% of men regretted sex they had had in the last year with men more likely to attribute this to alcohol. Women reported alcohol use contributing to worse partner choice but better sex, with the converse for men. There was no association between drug and alcohol use and STI rates.

Discussion/conclusion Alcohol does not appear to impact as much upon sexual behaviour as previously suggested. Chemsex is prevalent amongst heterosexuals as well as MSMs and questions on this should be incorporated into standard data collection in clinic.

P124 CONFIDENTIALITY IN SEXUAL HEALTH CLINICS: A SERVICE EVALUATION OF PATIENTS' UNDERSTANDINGS AND ATTITUDES TO ADDITIONAL CONFIDENTIALITY PROTECTIONS

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Background/introduction UK sexual health clinics provide patients with additional confidentiality by having separate patient records systems, and by not routinely communicating with General Practitioners (GPs). However, research into patients' awareness of these policies is limited.

Aim(s)/objectives To assess patients' knowledge and perceptions of additional confidentiality protections in sexual health clinics.

Methods A self-administered anonymous questionnaire (approved by Trust Clinical Governance Committee) was distributed prospectively to 200 patients attending two level 3 UK sexual health clinics.

Results Response rate was 178/200 (89.0%). 46/178 (25.8%) patients were aware that sexual health records are kept separately from other medical records, and 89/178 (50.0%) had never been told how their notes are handled. After learning more about confidentiality protections in sexual health clinics, 47/178 (26.4%) reported that they would be more likely to give GP details, 67/178 (37.6%) to give updated contact details, and 58/178 (32.6%) to disclose an accurate sexual history to clinicians. Patients were less confident that their information is kept confidential in the reception area compared to the treatment area (46.9% vs 77.3% feel definitely confident). 16/17 free-text comments received complained about personal information being overheard when registering at the reception.

Discussion/conclusion Sexual health clinics should ensure they provide basic information on additional confidentiality protections, in order to increase the likelihood of patients disclosing intimate information, and ensuring they can be contacted. Efforts to improve patients' perception of confidentiality in reception areas are vital and need to be considered carefully when designing units.

P125 "I GOOGLED IT...": WHAT IS RECOMMENDED ONLINE FOR THE MANAGEMENT OF VULVOVAGINAL CANDIDIASIS?

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Background Recently our centre encountered women reporting self-treatment of candidiasis with intravaginal applications of foodstuffs including garlic, vinegar and yoghurt. All patients had a unifying factor of reporting "googling" their therapy.

Aim To establish which candidiasis management strategies female patients are most likely to encounter when searching via Google.

Method Search history data was collated from Google Trends to identify the ten most popular search terms related to candidiasis in the UK between 15/03/15–06/03/16. These terms, along with term "thrush", were assessed totalling 11 Google searches. All websites on the initial results page for each search term were accessed to review recommended therapies. Click-through data suggests the vast majority of Google users (>90%) select their chosen website from this first results page.

Results 116 search results included 97 (83.6%) advising women about vulvovaginal candidiasis. 96/97 (99%) recommended imidazole therapy first line, all reassuringly advising against oral therapy in pregnancy. Patients were recommended to seek treatment via a pharmacy (72, 74.2%) or their GP (54, 55.7%) rather than attending a genitourinary service (12, 12.2%). The recommendation of natural yoghurt for symptomatic relief was frequent (40, 41.2%), more than using emollients or soap

substitutes (27, 27.8%). Unfounded treatments including eating probiotic yoghurts (9, 9.3%), vinegar (8, 8.2%), and treatment of sexual partners (8, 8.2%) were encountered.

Conclusions Sensible evidence-based advice is the most prevalent online for vulvovaginal candidiasis. However a number of poorly evidenced therapies are encouraged. This information should be discussed and appropriately challenged during routine management of vulvovaginal candidiasis.

P126 "WE CARE ABOUT YOUR CARE": A CLIENT DELIVERED REAL TIME AUDIT AND FEEDBACK TOOL OF HOLISTIC CARE FOR MEN WHO HAVE SEX WITH MEN (MSM) ATTENDING SEXUAL HEALTH SERVICES. AN AUDIT AND REAUDIT

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Background In 2014 Public Health England produced an action plan to improve the health and well-being of MSM in the UK. We mapped key domains to create a "Checklist for holistic care of MSM" for staff and audited performance (Audit 1). We redesigned the "Checklist" to enable client led audit and feedback in real time, either named or anonymously and re-audited (Audit 2).

Aims To assess the acceptability and impact of a client led real-time audit and feedback tool on the delivery of holistic care to MSM presenting for STI testing within generic sexual health services.

Methods A retrospective electronic patient record (EPR) case note review of consecutive MSM under 27yrs new to the service between January and May 2015 was performed. (Audit 1). We introduced the Client Checklist in August 2015 and re-audited all MSM attendances to February 2016.

Results

Abstract P126 Table 1 Client delivered real time audit in MSM

	Audit 1 : HCW Checklist + Standard EPR	Audit 2 : Patient held Checklist + HCW Checklist + Standard EPR	Probability Value
Demographics	41 MSM <27yrs. 1 st visit	207 MSM 15–63 yrs. New visit	
Mobile phone number confirmed	33/41 (80%)	205/207 (99%)	p = 0.0001
Email address given	29/41 (70%)	197/207 (95%)	p = 0.0001
How are you? Answer recorded	0	195/207 (94%)	
Family aware of sexuality?	0	199/207 (96%)	
Vaccines offered?	41/41 (100%)	198/207 (96%)	p = 0.04
Alcohol & Drug history?	37/41 (90%)	186/207 (90%)	p = 1
PEP/PrEP awareness recorded?	26/41 (63%)	183/207 (88%)	p = 0.0002
STI & HIV retesting organised?	20/41 (49%)	193/207 (93%)	p = 0.0001
Smoking & Exercise recorded?	0	133/207 (64%)	
MSM pack given (website and support access information)	11/41 (27%)	179/207 (86%)	p = 0.0001
Named feedback given	0	206/207 (99%)	

Conclusion A client led real time audit of care was highly acceptable to clients and staff and was effective in improving the