age was 32 y, median number of sexual partners in last 3 months was 4. Reported drug use in the previous month was 38%; 19% had injected drugs. Syphilis stage was primary (31%), secondary (25%), early latent (45%).Up to February 2016, total follow-up was 144 person-years. 12 (11%) were newly diagnosed HIV-positive. HIV incidence was 8.3 (95% confidence interval, CI 4.2–14) per 100 person-years follow-up (HPYFU). Incidence of rectal STIs was: rectal chlamydia, 27 HPYFU (CI 19–36); rectal gonorrhoea, 33 HPYFU (CI 25–44); syphilis re-infection, 10 HPYFU (CI 5.7–17).

Conclusions. The significant risk of HIV seroconversion following a diagnosis of early syphilis suggests that this group may particularly benefit from the use of pre-exposure prophylaxis. The high levels of subsequent rectal infections support the inclusion of regular STI screening in PrEP management guidelines.

P173 MULTI-DRUG USE, AND ASSOCIATED FACTORS, WITHIN A COMMUNITY BASED SAMPLE OF GAY AND BISEXUAL MEN IN SCOTLAND

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Background/introduction Research suggests that drug use may be higher among men who have sex with men (MSM), and links between drug use and risky sexual behaviours are well established. Evidence suggests that MSM who report 'ever using' drugs may report using a variety of drug types.

Aim(s)/objectives To explore multi-drug use and associated sexual risk behaviours within a community sample of MSM in Scotland.

Methods Analysis of data from 1292 MSM participating in bar-based surveys in Scotland in 2014. Factors related to 'ever using' and multi-drug use within the previous 12 months were examined. Multi-drug use was calculated using those who reported more than one type of drug use in the previous 12 months (injecting, snorting or psychoactive drugs).

Results The mean age of men sampled was 34.72 years (range 18–82, SD = 11.23). Most men identified as gay (92.3%) and reported being educated post 16 (85.8%). 42.6% of men reported 'ever using' drugs and of those, 55.3% had used within the last 12 months. 47.8% of men using within the last 12 months reported multi-drug use. Men who had used drugs within the last 12 months and those reporting multi-drug use were more likely to report more risky sex, specifically group sex. However, they also reported higher rates of both HIV and STI testing.

Discussion/conclusion The percentage of men reporting multi-drug use is consistent with previous research. Although men reported more risky sexual behaviours, testing rates would suggest they understand and respond to these risks. HIV/STI screening may present opportunities to identify and address potentially problematic drug use with attendees.

P174 MANCHESTER CHEMSEX – INJECTING STRAIGHT UP THE M6

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Background/introduction Chemsex involves sex under the influence of psychoactive drugs such as gamma-hydroxybutyric acid (GHB), mephedrone and crystal methamphetamine. There's been an increasing trend of chemsex use among UK men who have sex with men (MSM) requiring services to tackle this growing problem.

Aim(s)/objectives To review the first year's progress of a newly developed chemsex clinic co-commissioned by sexual health and drugs and alcohol commissioners.

Methods Prospective data collection of patients attending clinic from April 2015 to March 2016. Data was collected on demographics, risk taking, sexually transmitted infections (STIs) and drug use.

Results 43 patients were seen. 34 (79.1%) were White British, and 42 (97.7%) were MSM. 19 (44.2%) were referred through genitourinary medicine (GUM) clinics, of which 10 (52.6%) were for post-exposure prophylaxis, 9 (20.9%) through HIV services, and 7 (16.3%) self-referrals. 24 (55.8%) were HIV positive, and 10 (23.3%) had Hepatitis C. 32 (74.4%) reported episodes of condomless sex, 21 (48.8%) engaged regularly in group sex and 5 (11.9%) participated in fisting, highlighting high rates of sexual risk taking. 36 (83.7%) patients reported taking mephedrone, 29 (67.4%) GHB, and 12 (27.9%) crystal meth. 23 (53.5%) patients injected. 21 STIs were found in 16 (37.2%) patients, with 10 (47.6%) Gonorrhoea infections, 4 (19.0%) chlamydia, 3 (14.3%) syphilis and 3 (14.3%) Hepatitis C.

Discussion/conclusion Our data shows high rates of risk taking among chemsex participants with resultant high rates of STIs. Targeted harm reduction interventions need to be developed in GUM clinics to continue to address this issue.

P175 SERVICE EVALUATION OF THE USE OF THE YOUNG PERSON'S PROFORMA IN RELATION TO CENTRAL AND COMMUNITY SEXUAL HEALTH CLINICS

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Background/introduction The prevalence of non-consensual sex is higher in those with a sexual debut before the age of 16. BASHH therefore advocates the use of a Young Person's Proforma (YPP) in sexual health clinics to detect signs of, and concurrent risk factors for, child sexual exploitation (CSE), intending to safeguard this vulnerable group of attendees.

Aim(s)/objectives To investigate the adherence to BASHH guidelines relating to the care of young people accessing sexual health services, specifically the use of the YPP.

Methods A retrospective review analysing 150 case notes of patients under 16yrs, attending between 1st July 2014 and 1st June 2015. Notes were extracted from a central clinic (n = 50), and 4 community sexual health clinics (n = 100).

Results Centrally, all patients had a proforma completed, compared with 81% of community patients. Proformas were completed in 67% of male community patients. 19 patients had experienced involuntary sexual activity. 19% of patients had 1 or more significant risk factor for CSE. In total, 83 further referrals (57% safeguarding) were made. Risk factors were reassessed in 79% of patients. 71% attended primarily for contraception (central = 46%, community = 83%), with 79% offered STI screening.

Discussion/conclusion The central clinic achieved all BASHH targets, whereas the community clinics failed to do so, highlighting the need for a consistent approach to assessment of safeguarding concerns across all sites. Proforma completion is pivotal in safeguarding patients, however consistency between sexes is needed. Extending proforma use for reassessment and 16–17 year olds may also be beneficial. Improvements to ensure an equitable service are needed.

P176 ARE SEXUALLY TRANSMITTED INFECTIONS ASSOCIATED WITH CHILD SEXUAL EXPLOITATION IN UNDER 16 YEAR OLDS ATTENDING GENITOURINARY MEDICINE CLINICS IN THE UK?

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Background Child sexual exploitation (CSE) is a challenging diagnosis to make, with few clinical signs or symptoms, and little evidence that markers such as sexually transmitted infections (STIs) are CSE predictors.
Aim To investigate associations between STIs and CSE risk factors.
Methods The genitourinary medicine clinic activity dataset (GUMCAD) was used to identify clinics with >18 STI diagnoses in 13–15 year-olds in 2012. Cases with confirmed bacterial or protozoal STIs were matched by age, gender and clinic with non-STI controls. Clinics provided details of CSE-related risk factors irrespective of STI presence through an on-line questionnaire. Associations between STI outcome and CSE-related risk factors were analysed using logistic regression.
Results 18/44 (40.9%) clinics contacted provided data on 466 13–15 year-olds; 414 (88.8%) were female, and 52 (11.2%) male. 98.6% were heterosexual, and 66.7% white British. There were 18 (3.9%) 13, 108 (23.2%) 14 and 340 (80.0%) 15 year-olds. In univariate analysis an STI diagnosis was significantly associated with: 'highly-likely' CSE (OR 9.00, p = 0.037), >1 partner (OR 5.50, p = 0.000), >1 attendance in 2012 (OR 3.79, p = 0.0000), safeguarding referral (OR 1.94, p = 0.022), other service involvement (OR 1.72, p = 0.031) and vulnerability (OR 1.64, p = 0.026). After adjustment, STI diagnosis was significantly associated with: Health Advisor review (OR 6.78, p = 0.000), >1 partner (OR 5.82, p = 0.002), >1 attendance (OR 3.72, p = 0.000) and looked after child (OR 3.43, p = 0.039).
Discussion The presence of a bacterial or protozoal STI is only weakly associated with CSE and should not be used to infer CSE in the absence of more compelling evidence.

P177 THE ROLE OF SYPHILIS POINT-OF-CARE TESTING IN THE MANAGEMENT OF PATIENTS WITH GENITAL ULCERATION

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Background/introduction Within the United Kingdom (UK) there has been an increase in infectious syphilis in the last decade, particularly amongst white men who have sex with men (MSM) aged 25–34 years old. Syphilis Point-of-Care (POC) tests were originally designed for resource-limited settings; however they can play a role in sexual health clinics in the UK.
Aim(s)/objectives Review the use of syphilis POC testing in the management of patients with genital ulceration.
Methods A search of Electronic Patient Records identified all patients who were offered a syphilis POC test between 1st October 2014 and 31st March 2015 at Whittall Street Clinic. Using a previously tested audit data collection tool, information about patient demographics, indication for syphilis POC test and clinical diagnosis were collected from each patient record and anonymised.
Results During six months, 111 records were identified as having offered a syphilis POC test. 13 records were excluded; 3 duplicate records and 10 patients were offered a syphilis POC test, but it was not performed. Of the remaining 98 records, 20 patients had a syphilis POC test performed due to genital ulceration. Eight patients had confirmed syphilis on serology testing, of which four had a reactive syphilis POC test on the day of presentation and subsequently had treatment the same day.
Discussion/conclusion Syphilis POC test remains an important diagnostic tool in settings which have no on-site laboratory facilities. Syphilis POC can also add strength to clinical judgement and diagnostic tests in well-resourced settings.

P178 DOING IT THE FIRST TIME? AN AUDIT OF MEN REFUSING HIV TESTING AT FIRST CLINIC VISIT

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Background/introduction South East London has the UK highest rates of heterosexual HIV acquisition and also significant numbers of HIV positive MSM. Our current uptake of HIV testing is 84%. Risk assessment is the subject of the current BASHH national audit.
Aim(s)/objectives Trying to achieve highest possible uptake of HIV testing by GUM attenders we examined a group of new male attenders who refused HIV tests looking at their risk and reasons for refusal.
Methods A review of clinic notes of 50 consecutive male patients who refused an HIV test at first ever clinic visit comparing to the preceding new male patient accepting an HIV test.
Results

Abstract P178 Table 1 Men refusing HIV testing

	REFUSED N = 50	TESTED N = 50	
MEDIAN AGE	27	27	
MSM	5 (10%)	7 (14%)	NS
GU SYMPTOMS	23 (46%)	23 (46%)	
STI DIAGNOSED	30 (60%)	13 (26%)	P 0.001
NON-WHITE ETHNICITY	11 (22%)	24 (48%)	P 0.012
PREVIOUS HIV TEST	22 (44%)	19 (38%)	NS

Of 5 MSM refusing HIV test all had a reason documented 4 reporting recent test and 1 very recent exposure; only 21/45 (47%) heterosexual men had documented reason for refusal.