Discussion MSM in our centre who decline HIV testing are more likely to report recent/ever testing and around 40% of all new attendees report a previous HIV test. It is of concern that patients who refuse testing have higher rate of STI diagnoses increasing their likelihood of HIV acquisition. The outcome of this audit is to re-visit our documentation of reasons for declining HIV testing and re-inforce strategies to improve uptake in this group

P179 CHARACTERISTICS OF MSM ATTENDEES AND RATE OF STI RE-TESTING IN A DEDICATED MSM SERVICE VERSUS THE GENERAL WALK IN GU CLINIC

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Background Men who have sex with men (MSM) in London experience inequalities in sexual health despite bearing the highest burden of sexually transmitted infections (STIs). Annual STI screening in MSM is recommended in the UK. Our London based clinic has a dedicated service for MSM to foster rapport with patients, promote safer sex and normalise regular STI screening.
Aims To describe characteristics of MSM attending a general walk in clinic (GWI) versus a dedicated MSM service (MSMS), and rate of STI retesting between the two clinics.
Methods A case-note review of MSM and bisexual male attendees between October and December 2014 in the GWI and MSMS and new episode attendances up to January 2016.
Results Information on 101 MSM (50 GWI, 51 MSMS) was collected; median age was 32 (range 25–59) and 29 (22–49) years respectively, and they were of white ethnicity in 33/50, 66%, and 40/51, 78% in GWI and MSMS respectively. There were no differences in HIV status or new STI/HIV diagnoses between clinic attendees. There were 82 and 104 further new episode attendances amongst these GWI and MSMS attendees respectively; the latter mostly re-attended the MSMS (69/101, 68%). There was no differences in number of non-reattenders (18, 36%; 19, 37% respectively).
Conclusion Patients in our MSMS tended to re-attend more for repeat screening and within the same service, in comparison to GWI. Similar numbers of patients never re-attended in both clinics, suggesting that further strategies are needed to embed a culture of regular screening in this group.

P180 AN UNUSUAL CAUSE OF PHARYNGO-TONSILLAR ULCERATION

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Background/introduction Herpes Simplex 1 virus has historically been known to cause oral and genital symptoms, whereas Herpes Simplex 2 virus is mostly associated with genital symptoms. We present the first case in the UK, to our knowledge, of primary Herpes Simplex 2 virus causing genital and pharyngo-tonsillar ulceration in a sexually active female patient.
Case A 33 year old female patient attended the GUM clinic reporting 2 day history of genital sores associated with dysuria. She has recently completed a 3 day course of Nitrofurantoin for presumed UTI with no effect, and is currently taking a course of Penicillin for tonsillitis. She has a new male partner of 1 month duration. Genital examination revealed bilateral inguinal lymphadenopathy with multiple herpetic lesions on the labia majora and minora. Pharyngeal examination revealed pustular looking tonsils with ulceration bilaterally, more marked on the left. Cervical chain lymphadenopathy was also present. HSV PCR swabs taken from both the tonsillar and genital ulcers came back positive for HSV-2. She was initially treated with a 10 day course of Aciclovir and returned for follow up 1 week later. Repeat examination revealed fully healed vulval ulcers and normal tonsillar appearance.
Discussion/conclusion This is the first UK reported case of primary HSV-2 causing pharyngo-tonsillar ulceration in addition to genital symptoms. The patient made a full and rapid recovery following prompt treatment with Aciclovir. This case highlights the importance of recognising less common causes for tonsillitis such as HSV-2, which responds very quickly to antiviral treatment.

P181 DO WE NEED TO ROUTINELY RE-SCREEN HETEROSEXUAL PATIENTS FOR HIV AND SYPHILIS WHEN THEY REATTEND GUM/SRH CLINICS? (IMPROVING CLINICAL PRACTICE AND SERVICE DELIVERY)

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Background/introduction In the current financial climate we need to ensure that scarce resources are used efficiently. Heterosexual patients re-attending GUM/SRH services after an initial negative screen for HIV may be at low risk for acquiring new HIV and/or Syphilis and routine testing may not be cost-effective.
Aim(s)/objectives Determine the incidence of HIV and Syphilis in heterosexuals re-attending GUM/SRH services after previous negative HIV testing. Establish potential savings.
Methods Case note review of heterosexual patients attending a mixture of Inner London Integrated and Sexual Health clinics in 2014 and re-testing for HIV and/or Syphilis within 12 months. Data extracted includes patient demographics, tests performed and outcomes. Cost of HIV POCT £2.64, HIV serology £18.75, Syphilis screen £10.35.
Results Of 31,469 patients who tested for HIV in 2014, 4,584 (14.6%) were retested within 12 months. 69% were female and 31% male. The age range was 16–81 years with 27% <25 years, 33% White British, 20% White Other, 18% Black African/Black British/Caribbean/Other Black and others from a diverse range of ethnicities. 89% tested for HIV (82% POCT, 18% Antigen/Antibody) and 88% for Syphilis. Results showed one newly diagnosed HIV infection (male seroconverter with recent high-risk activity) and no new Syphilis infections. 25 patients found with positive Syphilis Serology were all either previously treated or had a false positive result. Potential savings if we had not tested for: HIV POCT- £8,886, HIV Antigen/Antibody- £13,763, Syphilis- £42,083.

Discussion/conclusion These results suggest that we need to review our current testing policy.

P182 HIV FILM CLUB: AN INNOVATIVE METHOD FOR HIV MEDICAL EDUCATION IS ACCEPTABLE AND EFFECTIVE

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Background/introduction Training and continuing professional development in HIV medicine requires knowledge of the history of HIV. Locally we have instigated an HIV film club. There is no literature on the impact of HIV medical education using film. To date, we have had 2 educational events using "How to Survive a Plague" [Producer: D.France, 2013] and "We were Here", [Producers: D. Weissman & B.Weberdate, 2011].
Methods An anonymous electronic survey was sent to 13 participants exploring what they had learnt, influence on practice and their opinion on the importance of the history for trainees.
Results 10/13 completed the survey. 10/10 (100%) had learnt something new: appreciating HIV stigma in greater depth, recognition of the role of HIV negative MSM support and the importance in mechanisms for licensing new HIV drugs. 4/10 (40%) reported a change in practice such as a greater awareness of the psychological impact on long term survivors. 3/10 (30%) said that the films had underpinned and increased their understanding of the importance of Pre- exposure Prophylaxis (PrEP) and Direct Acting Antivirals provision in hepatitis C for patients currently. 10/10 (100%) felt it was important to have an comprehension of the history and stigma of HIV. Additional film recommendations included: "And the Band Played On" [Spelling, 1994], "Philadelphia" [J.Demme, 1993] and "Angels in America" [C.Costas, 2003].
Discussion/conclusion Innovation and progress in HIV medical education requires exploring new models of teaching: using the medium of film is ideal for HIV medicine where the field has transformed beyond recognition. Film nights were useful and interesting.

P183 MULTICENTRE AUDIT ON THE DIAGNOSIS AND MANAGEMENT OF TRICHOMONAS VAGINALIS

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Background/introduction *Trichomonas vaginalis* (TV) is a sexually transmitted parasitic infection. It is commonly found in patients of non-white ethnicity and in females is usually symptomatic though may be asymptomatic in up to 50%. Untreated infection can lead to complications such as pelvic inflammatory disease, preterm delivery and increased risk of transmission of HIV.
Aim(s)/objectives To compare the management of TV in five GUM clinics across Essex to the BASHH 2014 TV guidelines
Methods Audit of 30 case notes of patients diagnosed with TV (SHHAPT code C6A) between January and December 2014
Results

Abstract P183 Table 1 Audit of *Trichomonas Vaginalis* in Essex

Total Number of patients	146 (100%)
Age – median (range)	27 (15 – 57) years
Sex – females	98%
Ethnicity – White British	79%
Black African	5%
others	16%
Diagnosis – Wet mount (range)	57 (27–87)%
Culture (range)	57.1 (38–71)%
HVS	78%
Symptomatic	71%
Asymptomatic	12%
Cervical smear TV +	17%
Contact CT/GC	17%
BASHH Auditable outcomes	99%
- 1st line treatment	74%
- Written information given	95%
- PN carried out	

Discussion/conclusion In Essex 79% of patients diagnosed with TV were of white British ethnicity, reflecting local demographics. Nearly all were female and the majority were symptomatic. All clinics performed wet mount to diagnosed TV. It is cheap and gives an immediate result but the sensitivity is skill dependent. The regional audit group felt PCR testing should be used in the future. Written information on TV should also be improved by using approved websites and patients given BASHH leaflets.

P184 WHAT'S IN A NAME? ESTABLISHING BRAND VALUES FOR A NEW SEXUAL HEALTH SERVICE

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Background/introduction Award of a new contract for an integrated sexual health service requires a fresh brand identity for service launch.
Aim(s)/objectives To establish from service users and stakeholders the important brand values for a sexual health service.
Methods An online survey was designed to investigate public opinion about naming and brand values. This was distributed via email to all hospital and local council employees and through local stakeholder and youth networks.
Results In February 2016, 103 online surveys were completed by service users and 256 by potential service users. Of 359 respondents, 56% were young people (<25), 76% were female, 86% identified as heterosexual and 50% were White British. The most important values for a sexual service were confidentiality (27%), professional and knowledgeable staff (16%) and friendly and approachable staff (14%). The most common reasons for difficulty using a sexual health service were embarrassment (50%), unsuitable opening hours (40%) and not knowing where to find services (25%). Regarding staff uniforms, 58% of respondents preferred 'uniform but not too formal', 37% preferred 'formal wear (traditional uniform)' and 5% 'something else'. 'A name that clearly states what the service is' was preferred overall, though differences were marginal (see Table 1).