Methods We identified all MSM <27yrs receiving at least one dose HPV4 at Clinics 1 & 2, and all MSM <27yrs attending Clinic 3, between 2012 and 2017. Demographic and clinical data was extracted from electronic patient records. HPV DNA testing was not performed.

Abstract O09 Table 1 Clinical Outcomes in HPV4 vaccinated and unvaccinated MSM under 27yrs

Characteristic	Clinic 1& 2 HPV programme No./Total (%)	Clinic 3 No HPV programme No./Total (%)	Probability value p =
History of prior/current GW	75/757 (9.9%)	27/180 (9.6%)	p = 0.06
Ever Re-attended	524/757 (69%)	81/180 (45%)	p = 0.0001
Subsequent episode of GW: Re-attenders	11/524 (2%)	22/81 (27%)	p = 0.0001
Subsequent episode of GW: All	11/757 (1.5%)	22/180 (12%)	p = 0.0001
New cases of GW	3/757 (0.4%)	4/180 (2%)	p = 0.0285

Results Current or prior history of GW was comparable in the 2 clinic populations. Re-attendance rates were lower in the clinic without active recall. Recurrent episodes of GW was higher 22/180 (12%) in the unvaccinated population than the vaccinated group 11/757 (1.5%). Incidence of new cases of GW, defined as a first clinical episode > 3 months since 1st vaccine, was significantly lower in the vaccinated population.
Discussion We observed a significant reduction in subsequent episodes and potential new episodes of GW in an unselected population of MSM receiving HPV4 vaccine. Significant clinical benefit and saving can be expected from an HPV4 programme in MSM.

O10 AETIOLOGY OF AND TRENDS IN ANOGENITAL HERPES DIAGNOSES IN ENGLAND FROM 2006–2015

Christa Smolarchuk*, Katy Town, Sarah C Woodhall, Gwenda Hughes, Hamish Mohammed. *National Infection Service, Public Health England, London, UK*

10.1136/sextrans-2017-053232.10

Introduction Anogenital herpes (AH), associated with significant physical and psychological morbidity, is the second most commonly diagnosed viral sexually transmitted infection (STI) in England and is caused by infection with Herpes Simplex Virus (HSV) Type-1 or Type-2. We investigated the epidemiological and serotype characteristics of AH diagnoses in England and changes over time.
Methods We performed a descriptive analysis of socio-demographic and clinical characteristics of AH using data from the national surveillance system for STIs (GUMCADv2), and calculated the proportion of new episodes by serotype using data from the national laboratory surveillance system in England from 2006–2015.
Results There were 31,312 first and 25,356 recurrent AH episodes in 2015, and diagnosis rates of first episode AH increased 55% from 38 to 59 per 100,000 population since 2006. In 2015, diagnosis rates were highest among women (73.5), people aged 20-24 (243.1), those of Black Caribbean ethnicity (176.3), and London residents (93.8). Although MSM only accounted for 4.6% (n=1430) of diagnoses in 2015, there was an 18% increase in diagnoses since 2011; overall 28% of MSM diagnosed with AH were HIV-positive. The distribution of HSV-1/HSV-2 has remained stable since 2006: in 2015, 48% of women and 36% of men with AH were diagnosed with HSV-1 infection.
Discussion Increased diagnoses of AH may be due to changes in sexual practices or improved test sensitivity. Differences by socio-demographic characteristics can be used to inform prevention strategies, while those by serotype are essential for guiding vaccine development.

O11 USING A PROFESSIONAL PATIENT MYSTERY SHOP TO EVALUATE MANAGEMENT OF RECENTLY DIAGNOSED HSV-2, COMPARED WITH DATA FROM A NATIONAL QUESTIONNAIRE

[1]Rebecca Cannon*, [2]Elizabeth Foley, [1]Azra Khatun, [1,2]Rajul Patel. *[1]University of Southampton, Southampton, UK; [2]Royal South Hants Hospital, Southampton, UK*

10.1136/sextrans-2017-053232.11

Introduction In 2014, the British Association of Sexual Health and HIV updated guidelines detailing the expected management of Anogenital Herpes type 2 (HSV-2). This study aims to evaluate counselling given to patients with HSV-2 and determine how clinicians are dealing with sensitive topics that arise during these consultations.
Methods 210 UK Genito-Urinary Medicine (GUM) clinics were sent an anonymous questionnaire, the results of which were analysed and compared with current guidelines. A pilot mystery shopping study, involving a patient with a reported recent HSV-2 diagnosis, was performed in 3 UK GUM Clinics. Details of each consultation were graded as A (acceptable), U (unacceptable) or C (a cause for concern) by a panel of 6 experts.
Results Analysis of the returned questionnaires showed inconsistencies in answers between clinicians and guidelines. The advice given during the visits was graded 69.7% A, 16.8% C and 13.5% U. Staff performed well with providing emotional support and guiding patients to extra materials (84.5% A) but did significantly less well on topics such as disclosure (65.9% A, p=0.0025), transmission (71.8% A, p=0.032) and pregnancy (53.9% A, p=0.000013) (Pearson's Chi-squared test).
Discussion The study has exposed some short falls in clinical practice, which should be addressed by future guidelines and education events at BASHH, should they be supported by a larger-scale study. Returning anonymised data to participating clinics may allow them to deal with discrepancies in their practice.

O12 LGV TESTING: ARE WE IDENTIFYING ALL CASES IN A TIMELY MANNER?

[1]Alexandra Z Maxwell*, [2]Penelope R Cliff, [3]John A White. *[1]Guy's and St Thomas' NHS Foundation Trust, London, UK; [2]Guy's and St Thomas' NHS Foundation Trust, London, UK; [3]Guy's and St Thomas' NHS Foundation Trust, London, UK*

10.1136/sextrans-2017-053232.12