P139 SEXUAL RISK PROFILES, AND STI TESTING BEHAVIOUR AMONG USERS OF A POSTAL HOME SAMPLING STI TESTING SERVICE (PHSSTS)

[1]Mimie Chirwa, [1]Uchenna Ume*, [1]Jamie Hardie, [1]Kate Nulty, [1]Sigrid Jensen, [2]Eric Doku, [2]Angela Hall, [2]Graham Pickard, [2]Jeremy Merritt, [1]Sara Day. *[1]Chelsea and Westminster hospital, London, UK; [2]Imperial College Hospital, London, London, UK*

10.1136/sextrans-2017-053232.183

Introduction The London Sexual Health Transformation Programme promises an online Postal Home sampling STI testing services (PHSSTS) for asymptomatic patients. Our aims were to pilot a PHSSTS, determine the STI prevalence, sexual risk profiles and STI testing behaviours.

Methods November 2015 – October 2016, adult patients visiting our clinic website had the opportunity to complete an online sexual health questionnaire and order a home sampling kit (HSK). Tests; Gonorrhoea, Chlamydia, Syphilis and HIV. Results were sent via SMS plus recommendations about their sexual health.

Results 946 HSK were ordered by 871 users. 650 (69%) samples were returned. Mean age 30 years; 58% female; 62% white British; 73% heterosexual: 20% MSM. 8% reused PHSSTS. 34% and 23% of users had never tested for STIs and HIV respectively. Median of 2 partners (<3 months).

43% reported condomless sex (<2 weeks) and 62% of MSM reported high risk behaviour. 29% women were not using contraception at all or correctly.

25%, 3% and 8% of all patients were eligible for Hepatitis B/C testing and Hepatitis vaccination respectively. 38% of eligible patients required Hepatitis B vaccination.

STI prevalence was 3%; *1 HIV, 5 syphilis, 14 chlamydia and 1 gonorrhoea*. All were recalled for treatment. Median return time for samples was 6 days.

Discussion PHSSTS proved acceptable, enhanced access and was a preferred method of testing. Additional sexual health needs could not be directly met by an online service. PHSSTS therefore must work collaboratively with GUM clinics to meet the full needs of PHSSTS users.

P140 A NEED TO REINFORCE THE IMPORTANCE OF PREGNANCY TESTING AND CORRECT ANTIBIOTIC REGIMEN: A RE-AUDIT OF PID MANAGEMENT AGAINST BASHH GUIDELINES

[1]Joanna Burridge, [2]Najia Aziz*, [2]Reena Mani. *[1]University of Southampton, Southampton, UK; [2]Solent NHS Trust, Hampshire, UK*

10.1136/sextrans-2017-053232.184

Introduction BASHH guidelines (2011) for the management of pelvic inflammatory disease (PID) recommend one of two antibiotic regimens for outpatient treatment. In addition, patients should be offered a pregnancy test and full screening for sexually transmitted infections (STI).

Aim(s)/objectives To review PID management across the sexual health clinics, comparing it to the previous year's audit and BASHH guidelines.

Methods Data was retrospectively collected from December 2015 until March 2016. Data collected included whether pregnancy was excluded, STI screening, antibiotic regimen used, provision of written information, partner notification, and outcome at any follow up.

Results 51 patients were identified, 2 were excluded due to treatment by their GP. 100% of cases had at least one sign or symptom suggestive of PID. 47/49 (96%) of cases had STI screening; 41/49 (84%) had a HIV screen as part of this. Pregnancy was excluded in 22/49 (45%) of cases. A BASHH recommended antibiotic regimen was used in 28/49 (57%) of cases. Of the 21 of non-compliant cases, only 4/21 had a documented allergy or intolerance that precluded standard treatment.

Discussion Since the last audit, recommended antibiotic treatment for PID has improved, but remains low at 57%. Pregnancy exclusion was low at 45%, compared with 70% at the last audit. Differences in how healthcare professionals record information on the electronic system could partially account for this. Actions have been taken to improve treatment and pregnancy testing by giving individual feedback to the clinicians, with a re-audit planned to assess the outcome of these interventions.

P141 MANAGEMENT OF SEXUAL ASSAULT IN A NURSE-DELIVERED SEXUAL HEALTH SERVICE

Rita Funi*, Catherine Richards, Sharmin Obeyesekera, Cecelia Theodore. *Out Patient East, Barking Community Hospital. Barking,Havering and Redbridge University Trust, Essex, UK*

10.1136/sextrans-2017-053232.185

Introduction Comparing April 2014 to March 2015 with the same period in 2013–14, has seen an increase of 32% in the number of serious sexual offences reported to Police in our county.

We audited management of complainants of sexual assault attending our nurse-delivered sexual health service against BASHH auditable outcome measures (guidelines 2011) and other factors relevant to improving the quality of sexual assault aftercare offered.

Methods Retrospective study November 2014 to November 2015.

50 case notes were identified from two sites within our service – 23 from Site1 and 27 Site2. In addition to BASHH auditable outcomes, we included data such as: Time from assault to attendance, History of previous assault, Disclosure at time of attendance, Police report at attendance & Attitude to reporting at end of consultation, documentation of follow up plan re medical and psychosocial support/referrals.

Results 33/50 (66%) complainants were <25 years. Nearly 40% attended within the first 7 days, half of these within 3 days, 35/50 (70%) within 6 weeks of assault. Compliance with BASHH outcomes reached 100% in baseline STI screening and documentation of child protection needs, 84-92% for essential history components, 90% Hepatitis B offer, 79% Emergency contraception, 74% FME and 70% PEP offer. Self-harm assessment 76%. Documentation of physical injury 20% and offer of prophylactic antibiotics 2%.

Discussion We have re-designed our proforma to more readily capture poorly documented information. A review use of skill mix, training updates regarding forensic time scales/pathways for early intervention were undertaken, with algorithms included in updated proforma.