Results Definitions of sexting, the scope of the problem and the role of technology were key themes across the documents. Safeguarding prioritised the welfare of young people with advice and scenarios on legal issues. Immediate and longer-term consequences considered peer pressure, coercion, bullying and control, psycho-social distress, reputation damage and internet related crime. Advice focused on how to say 'no', minimising risk, dealing with the problem, relationship advice, safety and harm reduction including how to use social media.
Discussion Sexting may play an important part in normative sexual development and sexual enquiry. Online digital relationships also create concern for some children and young people. This research found that there was a wealth of information and advice available and the nature of it is consistent across agencies. Harm reduction could be strengthened through a multi-agency commitment to promote inclusive, cross-curricular online safety and healthy peer relationship messages.

P212 THE CLAP TRAP: THE EFFECTIVENESS OF PARTNER NOTIFICATION FOR GONORRHOEA IN MSM IN AN LGBT COMMUNITY SEXUAL HEALTH CLINIC

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Introduction High rates of partner change, multiple casual partners, and complex sexual networks are thought to contribute to outbreaks of Neisseria gonorrhoea (GC) in men who have sex with men (MSM), who account for 42% of diagnoses in the UK. Prompt, appropriate treatment and effective partner notification are key to reducing transmission. We audited partner notification for GC in MSM attending an LGBT community sexual health clinic.
Methods A retrospective audit over 12 months (2015–16). A total of 33 episodes of GC were diagnosed in 31 patients. Data was recorded on a spreadsheet for analysis.
Results 25(76%) were asymptomatic. 29(88%) underwent triple site testing and 4(12%) dual site. Gonorrhoea was detected in the pharynx in 23(70%), urethra in 7(21%), and rectum in 14(42%). 7(21%) had dual and 2(6%) triple site infection. 29/33(88)% were informed of the diagnosis within 10 days (target 95%). 28/33(85%) were treated within 2 weeks. 6 attended as contacts of GC and were treated on the day they attended. A total of 109 contacts were given. 50 (46%) were untraceable. Of the traceable contacts, 31/59 (53%) were confirmed as treated, 23 at the same clinic. A total of 0.9 contacts were treated per index case (target 0.6).
Discussion The high frequency of unknown casual partners in MSM with GC means there is often inadequate information to trace partners. Nevertheless, this audit has shown good outcomes for partner notification in a community LGBT sexual health clinic. This should contribute to reducing onward transmission in a high risk MSM population.

P213 THE EPIDEMIOLOGICAL FEATURES OF HERPES SIMPLEX VIRUS CASES IN A CORK STI CLINIC

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Introduction Herpes simplex virus (HSV) is the leading cause of genital lesions worldwide. The transmission of sexually transmitted infections (STI's) and human behaviour are intrinsically linked. A clear understanding of the characteristics that increase the risk of acquiring these infections is vital for STI control. European evidence lists large intracountry and intercountry differences in the epidemiology of genital herpes across Europe
Methods Retrospective chart review, examining demographic, behavioural and diagnostic data of patients who attended a Cork STI clinic from 2011 to 2015 inclusive. Multivariate logistic regression models were used to study the epidemiological features of patients with a genital HSV infection (n=296) in comparison to a control group of patients with negative screen (n=307).
Results
Females (OR 3.942, P<0.001) and those aged between 25 to 30 years (OR: 8.397, P<0.001) had increased odds of acquiring genital HSV. Subjects of non-Irish ethnicity (P=0.032) and females who engaged in sexual intercourse younger than 17 years of age were more likely to present with the infection (OR: 7.427, P<0.01). Alcohol and drug use were not significant predicting factors of HSV infection. High number of sexual partners was not associated with increased risk of the infection. Consistent condom use was very low in all subjects.
Discussion Public health campaigns directed at young people, especially those engaging in sexual activity at a young age and non-Irish ethnic groups, may be beneficial. Increased distribution of condoms to at risk age groups should be considered. It is relevant to public policy design that classic risk taking behaviours were not associated with increased risk of genital HSV infection.

P214 THE USE OF ANABOLIC STEROIDS IN MALES ATTENDING A SEXUAL HEALTH CLINIC

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10.1136/sextrans-2017-053232.256

Introduction A 2013 study by Public Health England stated 'Men who inject anabolic steroids (AS) and tanning drugs are at higher risk of HIV and viral hepatitis'. Injectors of AS are now the biggest client group at many needle and syringe programmes in the UK. The British Crime Survey on AS use among 16–59 year olds in England and Wales found in 2009/2010 0.7% had ever used and 0.2% had used in the last year. There have been no studies looking specifically at prevalence in sexual health clinic attendees and we wondered whether this might represent a different population.
Methods All male attendees to the sexual health clinic were invited to participate in the survey by self-completing an anonymous questionnaire about use of anabolic steroids, basic demographic details and details of known pre-existing blood borne virus infections.
Results 96 respondents. Age range: 3% <18, 55% 18–25, 42% >25. 82% self-identified as heterosexual. Only 1 patient admitted to having known HIV infection, none to hepatitis and 5 individuals opted not to answer this question. 4.1% admitted previous use of anabolic steroids. All were heterosexual, had injected and had used within the last year.

Discussion The use of image and performance enhancing drugs has grown substantially, but the risk of exposure to blood borne viruses among those who inject drugs to change body appearance or improve performance has rarely been studied. Although small numbers, our survey identified higher than anticipated use of injected anabolic steroids in males attending our sexual health service.

P215 SHARING THE JOURNEY; PUBLIC AND COMMISSIONER EXPERIENCES IN DEVELOPING E-SERVICE PATHWAYS IN SEXUAL HEALTH

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Introduction The London e-service is an innovative online digital health solution including: Health promotion and education; risk assessment and triage process to access self-sampling kits; provision of self-sampling kits in clinic and online; diagnostics; remote treatment for uncomplicated chlamydia; results management and partner notification.
Methods Over 5000 service users were engaged through waiting room and online surveys, interviews and public groups. There was an appetite for an online service in some segments of the population. Clinicians and commissioners worked collaboratively to develop the e-service pathway. The vision was for a high quality health pathway where the service user seamlessly travels between appropriate providers. The pathway development factored in: service user choice; clear referral pathways; protocols for safeguarding; enhanced results management and partner notification; appropriate treatment.
Results 27 boroughs participated in the collaborative procurement of the London e-service. The integration of the e-service and sexual health clinics remains a critical success factor. The pathway focuses on 2 main areas of interaction between providers: 1) The e-service 'offer' in a clinical environment; a specialist behaviour change company is working with the e-service and providers to develop channel shift resources. This is backed by a clinical service specification with associated KPIs. 2) Ensuring appropriate access to service user results and case history. This requires data sharing agreements and innovative technology solutions. The pathway was further finessed through the negotiation phase, with e-service bidders suggesting additional commercial solutions.
Discussion Can an e-service help improve access, user experience, outcomes and manage resources?

P216 EVALUATING A MOTIVATIONAL INTERVIEWING CLINIC FOR BEHAVIOUR CHANGE

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Introduction A service was set up to support patients in behaviour change, staffed by motivational interviewing trained nurses and workers from a voluntary drugs service.
Methods An evaluation was undertaken of the service. Between 16.09.15 and 09.11.16 at total of 101 patients were booked into the service: 53 were referred to the nurses and 48 referred to the drug worker (some were referred to both). A total of 30 patient notes were selected at random and data extracted.
Results Of the 101 patients 4 were female and 97 were male (aged 21 to 63 years old). 3 were bisexual, 5 heterosexual, the remainder MSM and 5 were sex workers. Of the 12 HIV-positive patients, all were on treatment and undetectable. In the 12-months prior to referral 15 had been diagnosed with at least 1 STI and 8 had received PEPSE (2 receiving 2 courses). Reasons for attendance; chemsex (20), substance use (7), alcohol (1) risky sexual (1) not documented (1). 19 patients had been seen within 3 attendances (range 1 to 11) and the majority did not require onward referral (n=21).
Discussion There was a high DNA rate within the service which is common among this patient type. 8 patients reduced or stopped the behaviour that they were referred for. 9 of the 15 diagnosed with an STI prior to referral did not have an STI documented in their notes post referral. This shows that MI based programmes have utility in supporting vulnerable patients desiring behaviour change.

P217 SYPHILIS ON THE RISE – IMPLEMENTATION OF ENHANCED SURVEILLANCE

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Introduction Diagnoses of infectious syphilis have risen dramatically in the UK since the late 1990s. This resurgence has been facilitated by a number of outbreaks across the UK, occurring mainly in men who have sex with men but also in heterosexual men and women.

In response, a number of enhanced surveillance initiatives have been developed and implemented across England to collect timely demographic, clinical and risk factor information. These run alongside the routine surveillance system for sexually transmitted infections, the quarterly Genitourinary Medicine Clinic Activity Dataset (GUMCADv2). The system in the East of England is described here.
Methods Up to 2016 two paper based forms were utilised. A one page 'surveillance' form was completed for every case of infectious syphilis, and a more detailed 'investigation' form used if an unusual increase required investigation. During 2016 these two forms were merged and information is now entered into an online form. All forms are completed by the diagnosing clinic.

Data collected is used to generate automatic reports, identify and investigate any unusual increases and for audits against GUMCADv2.
Results
Enhanced surveillance has allowed the identification of a number of unusual increases prompting timely and appropriate investigations to be launched; identified opportunities to improve reporting standards. The change to an online system has improved the timeliness and accuracy of reporting and made the system more secure.
Discussion Ongoing enhanced surveillance complementing GUMCADv2 is important. This information provides timely intelligence on the epidemiology of infectious syphilis across the region.