

focus on the specific needs and concerns of these individuals and aim to raise awareness.

P237 ARE THE OVER 50S BEING LET DOWN BY SEXUAL HEALTH CLINICS? – AN AUDIT OF SEXUAL HISTORY TAKING IN OVER 50S

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Introduction Ageing and Human Immunodeficiency Virus (HIV) has been very topical for a long time but not much has been said of ageing and sexually transmitted infections (STI). The Public Health England STI 2015 update indicates there has been an increase in the rate of STIs in the over 45s since 2011.

Methods 50 random case notes of patients over 50, seen between April 2015 and March 2016 in Sefton Sexual Health Clinic, Southport, North West England. These cases were audited against the 97% target in Sexual History taking 2013 guidelines.

Results There were 31 men (62%), 4 of whom were homosexual, and 19 (38%) women, all heterosexual. Patients were aged between 50 to 75 years old. 78% were symptomatic. 16% had casual partners, 38% of these used commercial sex workers. 44% were asked about previous STIs and 60% of patients were offered STI screening and of these 13% declined. 82% of patients were asked if they had ever had an HIV test and of these 44% had. Of the 56% that said they had never had a test, 100% were offered a test and 87% accepted. The commonest diagnosis was the first episode of herpes and herpes reoccurrence (both 12%), then first episode of warts (10%) and wart reoccurrence (8%). No patients tested positive for Chlamydia or Gonorrhoea.

Discussion STI and BBV screening at any age should be guided by an accurate sexual health history and not an assumption. It is a disservice to simply assume low risk due to age.

P238 WORKING THE STREETS – TARGETTING MIGRANT SEX-WORKERS THROUGH DEDICATED OUTREACH

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Introduction Sex-workers do not always engage with traditional healthcare settings and migrant sex-workers are a growing vulnerable group. Our city uses a 'managed approach' to sex-working, with focus on identifying exploitation and trafficking. This gives a unique opportunity for outreach.

Aim(s)/objectives Provide accessible sexual healthcare, health promotion and contraception to sex-workers not accessing care. Evaluate this outreach service after one year.

Methods A partnership was established between the Integrated Sexual Health service and a local Third Sector Sex-work Project. Sex-workers were offered STI testing, treatment, HepB vaccination and contraception in an outreach setting (own homes/workplaces, charity premises, streets).

Results (at one year):

129 sex-workers seen (289 contacts); 70/129 (55%) were migrant (majority Romanian), 113 contacts; 70% previously unknown to sexual health services. Contraception was extended over the first year and provided to 25 sex-workers; Hep B vaccination offered to all. 45 infections identified in 28/70 (40%) migrants (compared with 26 infections in 21/59 (36%) non-migrant sex-workers): 33/45 Chlamydia: 20 extra-genital (5 pharyngeal, 15 rectal); 5/45 Gonorrhoea (all extra-genital); 8/45 Trichomonas Vaginalis. 27/28 successfully treated (1 moved away). 4 women had re-infection on interval rescreening (all Chlamydia). 1 case of chronic HepB, 1 chronic HepC, no cases HIV or syphilis

Discussion This new outreach service successfully targeted a vulnerable group with a disproportionately high STI burden (40%). Use of a dedicated outreach team achieved trusted relationships with sex-workers. Secondary benefits included a 250% increase in women identifying as sex-workers accessing mainstream clinics.

P239 RETURNING SEXUALLY TRANSMITTED INFECTION RESULTS TO ADOLESCENTS: A REVIEW OF THE LITERATURE

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Introduction Sexually Transmitted Infections (STIs) are an important cause of poor reproductive and sexual health in adolescents. Prompt diagnosis and treatment are key to reducing long term sequelae. We reviewed the evidence on current methods of results delivery for STIs, with a focus on adolescent services.

Method The literature was reviewed systematically between June and August 2016. Six databases were searched, reference lists reviewed and authors contacted for studies on methods of results delivery for STIs to adolescents (aged 15–25 years). Titles and abstracts were reviewed and full text obtained for quality assessment and data extraction.

Results Of 549 studies identified, 19 fulfilled the inclusion criteria. Seven studies focused on adolescent populations, all in high-income settings. Three studies in low- and middle-income settings and nine included adolescents as a stratified group. Twelve studies were cross-sectional, two randomised control trials, the remaining employed mixed methods. Outcome measures varied widely, percentage preferences for method of results being the commonest measure. Findings show that mobile phone call and text were the commonest methods of returning results. Other modalities including text message, email and online notification demonstrated wide variations in acceptability. Preferences varied according to type of result, population type, location, client group and previous service use. Mobile phone calls and face-to-face consultations remain highly acceptable.

Discussion The use of mHealth offers promising options for STI results delivery. Methods adopted must consider the target population accounting for gender, age, ethnicity and access to technologies. Customisation is recommended to meet user requirements for optimal health care delivery.