

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.

Viral Sexually Transmitted Infections

P240 WHAT ARE THE VACCINATION NEEDS OF MSM IN THE CURRENT HEPATITIS A VIRUS (HAV) OUTBREAK? A RETROSPECTIVE STUDY OF THE HAV IMMUNE STATUS IN FIRST-ATTENDANCE MSM IN A LONDON GUM CLINIC

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Introduction Hepatitis A infection in MSM increased in incidence from late 2016 in the UK and has reached outbreak status. By February 2017, 42 confirmed or suspected cases had been reported in London. BASHH hepatitis guidelines recommend HAV vaccination of MSM in outbreak situations.

Methods We looked at 100 consecutive MSM who attended our service for the first time in early 2016 to assess what the vaccination needs of MSM would be.

Results Sixty seven of these MSM had a baseline HAV total antibody test of which 33 (49%) were HAV-Ab positive. A further 5/66 (8%) MSM gave a history of HAV vaccination but were antibody negative. 16/33 (48%) HAV-immune MSM gave a history of previous vaccination. 7/66 (11%) of the MSM who were immune, but non-vaccinated, came from HAV-endemic countries and presumed naturally immune.

49/98 (50%) who had baseline HBV antibody levels were HBV-immune of whom 14/49 (29%) were also HAV immune.

Extrapolating from these data, our estimates for baseline vaccination requirements in new MSM were: 28% require monovalent HAV vaccine, 24% require monovalent HBV vaccine, 21% require bivalent HAV/HBV vaccine and 27% require no vaccine.

Discussion If these data are representative of MSM in London, 49% (57% including those vaccinated but HAV-Ab -ve) are already HAV-immune. This has implications with regards to estimating the pool of non-immune MSM at-risk. It also enables us to estimate the types of vaccine required to meet the MSM's needs in relation to HAV as well as HBV in the current outbreak

P241 WHERE THERE'S TEA, THERE'S HOPE! – EXPERIENCE OF GREEN TEA EXTRACT FOR TREATMENT OF GENITAL WARTS

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Introduction Catephen® 10% ointment is novel extract from green tea which is licenced for genital wart treatment and included in BASHH guidelines (2015). Recommended application is 3 times daily for 16 weeks. We present real life data of Catephen® experience.

Methods Review of patients treated with Catephen® and adjunct cryotherapy between August 2016 – February 2017. Clinical outcomes and tolerability data were collected.

Results 33 patients identified, median age 26 years (32 male, 1 female). 2 HIV positive. Affected site; penis 23/33, perianal 7/33, both 2/33 and vulva 1/33. All cases were recurrences. 6 patients excluded as lost to follow-up. To date 17/28 have completed 16-week course Catephen® or achieved full clearance prior to this. Outcomes are still awaited for 2/27 patients and 8/27 discontinued treatment early. Of the 17 who have completed treatment, 11(65%) had total clearance and 6(35%) partial clearance. Mean time to clearance was 8 weeks with penile warts appearing to respond better than perianal. Catephen® was well tolerated with 43% stating they had fewer side effects than with previous treatments. Overall discontinuation rate was 8/27 (30%) with 1 report of vulval pain, 1 report of stained clothing and 6 reporting unsatisfactory response (mean duration of Catephen® use 6.5 weeks). An additional 3 patients reported skin discomfort but continued treatment.

Discussion Catephen® ointment appears well tolerated with satisfactory clearance rates. It appears to be an acceptable alternative to other topical treatments for genital warts. To date there is no trial data on continued use after 16 weeks.

P242 LASER ABLATION TREATMENT FOR COMPLEX HPV-RELATED DISEASE IN A GUM CLINIC SETTING

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Introduction GUM specialist services to treat complex HPV-related diseases unresponsive to conventional therapies are limited. Laser vaporisation following local anaesthesia is an established treatment for refractory warts and intraepithelial neoplasia. Several service specifications have called for these treatments to be delivered and funded outside of Level 3 GUM clinics. A specialist Laser Clinic was established within our centre in 2015. A specially trained clinician reviews individuals. Where the diagnosis is unclear, biopsies are performed. CO2 laser vaporisation is instituted following application of local anaesthesia. Post-operative pain relief is provided and attendees are asked to follow a post-laser pain control algorithm. All attendees are asked to complete a feedback form.

Methods The case notes and patient feedback of all attendees to the Laser Clinic were reviewed.

Results 155 unique patients have been seen since January 2015. 134 laser procedures have been performed with no evidence of recurrence or reinfection. Diagnosed cases of anogenital intraepithelial neoplasia: PIN: 14, AIN: 24, VIN: 7 (45/134).

100% of attendees rated the service as excellent or good, with 95% stating that their pain was controlled throughout the procedure.

Discussion 30% of attendees were found to have intraepithelial neoplasia. Encouraging patient feedback, high rates of pathology and positive post-operative outcomes with no evidence of recurrence demonstrate that laser therapy is a valuable treatment option, avoiding the need for onward referral, general anaesthetic and more costly procedures outside of the