P246 AN AUDIT OF THE DIAGNOSIS AND THE MANAGEMENT OF GENITAL HERPES IN AN INTEGRATED SEXUAL AND REPRODUCTIVE HEALTH SERVICE

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Introduction The psychological impact of genital herpes simplex virus (GHSV) can be significant but appropriate antiviral therapy and counselling can reduce anxiety and improve quality of life during recurrences. We evaluated the management of GHSV in our integrated sexual health clinics.
Methods Retrospective case notes audit of patients who were clinically diagnosed with first episode of GHSV, or managed with suppressive therapy for recurrent herpes, between March 2016 and May 2016. The case notes were identified from GUMCADv2 dataset (code C10a/C10b). The data were collected using a standard audit record sheet, developed using BASHH guidelines.
Results Of 103, 58% were female. The median age was 26 years (range 16 – 59 yrs). A HSV PCR swab was obtained in all patients presenting with a first episode of GHSV (n = 73). Type 1 and Type 2 HSV were typed in 52% and 38% of cases respectively. Syphilis testing was offered to 84% patients. Aciclovir was given to 85% patients. Verbal information giving was good (78%), whereas provision of written information was poor (19%). In patients (n=30), who were managed with suppressive therapy for recurrences, Type 2 HSV was typed in 83% cases. A reason for commencing suppressive therapy was recorded in 77% cases. A clear plan regarding duration of suppressive treatment and follow-ups were recorded 23% and 67% cases respectively.
Discussion This audit demonstrated many areas of good practice but also identified potential gaps between national recommendations and current clinical practice. Recommendations are made to reach the standards set by BASSH.

P247 AN AUDIT OF HEPATITIS B AND C TESTING IN A SEXUAL HEALTH SERVICE – AN OPPORTUNITY FOR COST SAVING

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Introduction BASHH have recently updated guidelines as regards criteria for hepatitis B and C testing. Are patients accessing the service offered hepatitis B and C testing appropriately? Furthermore can this data be extrapolated to calculate potential cost reductions should audit data suggest overtesting.
Methods 100 case notes SHHAPT coded as T6 from 2 local clinics were scrutinised as to whether testing followed BASHH guidelines. In addition 50 case notes were randomly selected to ascertain whether a T6 code should have been applied.
Results 87/100 (87%) underwent hepatitis B testing of which 10/87(11%) were found to be inappropriate The reasons for testing in this 11% included sexual exposure in a low prevalence (mostly in Europe), saliva exposure, and a history of an ex-partner with multiple contacts – 38/100 underwent hepatitis C testing of which 14/38 (36%) were tested inappropriately—the reasons given included contact with men having sex with men(MSM) with no history of chemsex, contact with a HIV infected patient, sexual assault, sexual contact with an intravenous drug user and sexual exposure in Europe. In the audit of random selection of 50 casenotes- there were no cases of missed opportunities for hepatitis testing. Extrapolation of data showed that £1739 annually could be saved if all testing for hepatitis B and C was based on national guidance.
Discussion Given the proven overtesting in the audit, guidelines are to be reiterated to clinical staff. It is hoped that this would translate to costs savings on an overstretched service pathology budget.

P248 GENITAL WARTS AND TREATMENT OPTIONS: CLINICAL AUDIT

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Introduction Genital warts are a common presenting condition in sexual health clinics. There are different treatment options available within BASHH guidelines depending on the size and location of warts. Home treatment reduces follow up clinic attendance.
Method We randomly selected 30 patients attending our integrated sexual health service with new genital warts and audited their management against local guidance that home treatment with Imiquimod should be used first line for 4 weeks, unless contraindicated.
Results Of the 30 patients, 18 were male and 12 were female. 14/30 were prescribed Imiquimod only. 7 patients had Cryotherapy only and 9 were also given cryotherapy before Imiquimod. 9/11 who received cryotherapy requested this treatment. 6/11 had documented reasons why it was deemed appropriate to have cryotherapy (unable to apply cream themselves, site of lesion). Interestingly, all 9/9(100%) who had received combination treatment reported clinical resolution within 4 weeks. 6/7(86%) who had cryotherapy only clinically resolved after 3 consecutive applications. 11/14(79%) treated with Imiquimod only resolved within 4 weeks, one deferred. 11/19(58%) treated with Imiquimod experienced side effects and five patients (5/11) sought medical advice. There were no reported complications following cryotherapy application.
Discussion Despite imiquimod being the recommended first line initial treatment for genital warts in our service, some patients received cryotherapy treatment in isolation or a combination of imiquimod and cryotherapy. The patients receiving cryotherapy were likely to have requested this treatment and had less side effects. All patients who received imiquimod and cryotherapy had resolution of genital warts in four weeks.

P249 AUDIT OF ADHERENCE TO REFERRAL PATHWAY FOR PREGNANT WOMEN WITH HISTORY OF GENITAL HERPES BOOKED AT A TERTIARY REFERRAL MATERNITY HOSPITAL, AUG 2015 – AUG 2016

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Introduction Genital Herpes Simplex Virus (HSV) can be transmitted in the perinatal period with the potential for