

Methods Website metrics data were analysed for each unique user to determine geographic location and referral to the site. Information on the number of emails sent, for which STIs, and self-reported reasons for sending were collected from users who sent emails.

Results Launched in September 2012 without promotion, STCK has had 3,972 unique visitors. Most (77.5%) visitors have been from the United States, almost half from California (29.6%) and Washington DC (17.7%). Most (62.3%) first-time visitors found the website by typing its URL, 25.5% through Google, and less than 4% through any other single source. 30 visitors have sent anonymous emails to a total of 56 recipients. Most emails (76.9%) were sent for unknown reasons, 10.6% were sent by users to themselves, 8.9% to partners, 1.3% as misuse, and 1.3% to a friend who was thought to be at risk for STIs. Most emails (57.9%) were sent for more than one STI, 26.3% for chlamydia alone, and 15.8% for gonorrhoea alone.

Conclusion Without active promotion through clinics or online search optimization, very few visitors to STCK have used the website for anonymous partner notification or for misuse. Anonymous partner notification websites cannot assume that all emails sent through their service are for partner notification purposes. The uptake of STCK among clinic populations or following search engine optimization remains to be seen in the ongoing programme. Active promotion will be studied in the future.

P5.005 STABLE RELATIONSHIP: BARRIER TO PARTNER MANAGEMENT OF SEXUALLY TRANSMITTED INFECTIONS

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Background Effective partner involvement in management of sexually transmitted infections (STIs) remains one of the major pillars of efficient management of STIs. In clinical practise in Ghana, this has not been very easy to achieve as it behoves on the index patient to bring partners in to the health service provider. This is compounded by the fact that there are no laws to compel practitioner to enforce partner notification and reporting. This study investigates the relationship between the success of partner notification and marital status among patients attending Suntreso STI clinic in Kumasi, Ghana.

Methods Clinical records of Two thousand seven hundred and forty six (2,746; Male- 37.2%, 1022/2746; Female- 62.8%, 1724/2746) patients who sought STI treatment between January 2010 and December 2011 were reviewed. Marital status, gender, notice of notification, response of partner of index patient and diagnosis were recorded. Data was analysed using SPSS

Results Of the 2,746 patients, 34.7% were married, 35.3% were single, 17.1% cohabitating and 12.9% separated/divorced. Partners of 61.3% (1683/2746: Male- 29.0%, 488/1683; Female-71.0%, 1,195) of the index patients responded to the call. Those who responded, were made up of 19.1% (182/953) of the married persons, 58.9% (571/696) of single, 71.1% (334/470) cohabitating and 44.6% (157/354) separated/divorced.

Conclusion Married couples in relatively stable relationships had lower partner reporting rate (19.1%) compared with those in other relations. Married males were more reluctant to report than female counterparts. Misunderstanding and possibility of mistrust among partners may have contributed to lower rates of partner reporting. Higher reporting rate among partners in cohabitating relationships may relate to the feeling of freedom and the ability to easily disengage from the relationship should strife arise

P5.006 ROLE OF THE COCHRANE REVIEW GROUP OF SEXUALLY TRANSMITTED INFECTIONS AND THE GLOBAL PARTICIPATION IN THE DEVELOPMENT OF SYSTEMATIC REVIEWS

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Sexually transmitted infections are a substantial cause of morbidity across the world, and as a WHO report showed in 2005, are particularly common in adolescents. Untreated, or under-treated STIs can lead to complications such as infertility, stillbirths and chronic pelvic infection.

It is therefore no surprise that identifying and treating STIs are a priority for all health systems. Ensuring that available treatments, both those prescribed and those available without prescription are subject to a rigorous analysis of their benefits and harms, and that this information is made widely available is essential for informed decision making. Cochrane Systematic Reviews bring together all the evidence, analyse it in a consistent rigorous and structured manner and give the evidence in a summarised way to clinicians, policy makers and consumers.

The Cochrane Database of Systematic Review (CDSR) forms the main part of The Cochrane Library. It now has over 5000 reviews. Its impact factor for 2011 is 5.715. Globally, more than 50% of health professionals enjoy one click access, free at the point of use, and every 4 seconds someone views the full text of a Cochrane Review.

The STI Cochrane Review Group has been re-registered in the year 2011 and since 2012 we undertake the task of providing evidence about the effectiveness and safety of interventions which seek to modify behaviours that increase the risk of STI acquisition, to prevent STI, to guide the treatment of STI of the etiological approach or under the syndromic approach.

We want to show the recent work of the STI Group, our network of more than 100 contributors from around the world and invite anyone interested in the development of new reviews, new protocols or review updates to be part of the group as well as to participate in the role of consumers and peer referees. www.sticr.cochrane.org

P5.007 ANNUAL CHLAMYDIA TRACHOMATIS AND NEISSERIA GONORRHOEA TESTING IN AN ENDEMIC SETTING: THE ROLE OF CLIENT AND HEALTH CENTRE CHARACTERISTICS

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Background *Chlamydia trachomatis* (CT) and *Neisseria gonorrhoea* (NG) are endemic in many remote Australian Aboriginal communities. Clinical guidelines in remote areas recommend annual sexual health testing generally in 15 – 35 year olds, yet little is known about the extent of annual testing in remote health services or factors that predict it.

Methods We used baseline 2009–2010 laboratory data from 67 remote Aboriginal communities in four regions participating in a cluster randomised trial aiming to improve sexual health service delivery. We defined and calculated annual testing as the percentage of individuals with an initial negative CT/NG test that had a repeat test at 12 months, +/- 3 months. Using logistic regression we determined client and health service factors associated with an annual test.