

Aim(s)/objectives To identify facilitating or prohibiting factors for HIV infected MSM when undertaking partner notification following HIV diagnosis.

Methods Semi structured interviews with ten newly diagnosed HIV MSM. All were recruited from a local NHS HIV outpatient service. Interviews were recorded verbatim and framework analysis was used to analyse the data.

Results Facilitating factors: There was a general acceptance and an awareness of necessity to initiate PN with immediacy, given the potential risk of onward transmission. Most participants expressed a “social responsibility” “to inform partners of their HIV status if contactable, with a preference for disclosure through face to face contact if regular partner/s, but acknowledged that provider referral would be a useful option for non-regular or casual partners. Through “self-assessment of risk” most were able to identify the potential source of acquisition, and partners that could be “at risk” or infected. Prohibiting factors: Concerns about stigmatisation and criminalisation around disclosure of status remain key concerns, but participants particularly valued the support received from HCPs around addressing all aspects of PN.

Discussion/conclusion Important themes were identified that should be considered when supporting individuals in disclosing their HIV status to partners, providing a deeper understanding of the PN process from a patient’s perspective and generating ideas that should be considered in future service provision and HIV PN studies.

P65 SEXUAL BEHAVIOUR IN THE TIME PERIOD BETWEEN BEING TESTED FOR CHLAMYDIA AND RECEIVING TEST RESULT AND TREATMENT

¹Emma Harding-Esch*, ¹Ellie Sherrard-Smith, ¹Sebastian Suarez Fuller, ¹Ana Harb, ¹Martina Furegato, ²Catherine Mercer, ³S Tariq Sadiq, ⁴Rebecca Howell-Jones, ¹Anthony Nardone, ⁵Pam Gates, ¹⁰Amy Pearce, ¹⁰Frances Keane, ⁶Helen Colver, ⁷Achyuta Nori, ⁸Claire Dewsnap, ⁸Rebecca Schatzberger, ⁹Claudia Estcourt, ⁹Suba Dakshina, ¹Catherine Dakshina, ¹Catherine Lowndes. ¹Public Health England, London, UK; ²University College London, London, UK; ³St George’s, University of London, London, UK; ⁴Oxford School of Public Health, Oxford, UK; ⁵Royal Cornwall Hospital NHS Trust, Cornwall, UK; ⁶University Hospitals of Leicester NHS Trust, Leicester, UK; ⁷St George’s Healthcare NHS Trust, London, UK; ⁸Sheffield Teaching Hospitals NHS Trust, London, UK; ⁹Barts Health NHS Trust, London, UK; ¹⁰Cornwall Sexual Health Service RCHT Clinic Team, Cornwall, UK

10.1136/sextrans-2015-052126.108

Background/introduction There is a lack of data on the sexual behaviour of patients between being tested for chlamydia, receiving the test result, and being treated. This time-period may be important in the transmission of chlamydia, as infection could continue to be spread to sexual partners whilst awaiting the test result and treatment.

Aim(s)/objectives To investigate the sexual behaviours of patients between the time of being tested for chlamydia and receiving test result and treatment in order to investigate the benefits that a point-of-care test (POCT) might bring to clinical practice.

Methods We conducted a cross-sectional clinical audit of GUM clinic attendees. Clinic staff conducted a notes review of patients returning for chlamydia treatment following a positive chlamydia test result, and of age- and sex-matched chlamydia negatives. The data also served as an audit for the GUM clinics, following BASHH guidelines.

Results Five of nine GUM clinics approached participated, in July–December 2014. Data from 775 patients were included in

analyses, 365 of whom were chlamydia-positive. Males with 2–4 partners, and those who reported never using a condom, were more likely to be chlamydia positive. For 21/143 (14.7%) positive patients who provided data, last new sexual contact was in the period between test and treatment. Data were missing on condom use (22%) and recent new partners (81%).

Discussion/conclusion Patients continue to form new sexual partnerships whilst awaiting chlamydia test results, allowing for the possibility of infecting new sexual partners. POCTs which remove the test to treatment delay could prevent this onward transmission.

Category: HIV prevention, PEPSE and PREP

P66 BASHH REGIONAL AUDIT OF PEPSE PROVISION IN THE NORTH-WEST OF ENGLAND

¹Jonathan Shaw*, ¹Susanna Currie, ²Cara Saxon, ¹Ashish Sukthankar. ¹Manchester Centre for Sexual Health, Manchester, UK; ²University Hospitals of South Manchester, Manchester, UK

10.1136/sextrans-2015-052126.109

Introduction Post-exposure prophylaxis following sexual exposure (PEPSE) to HIV is an established method of reducing HIV transmission.

Aims Review of the provision of PEPSE in North-West England against BASHH national auditable standards.

Methods Retrospective case note review of patients attending 15 genitourinary medicine clinics in the North-West England for PEPSE between 1st January 2013 and 31st December 2013. A maximum of 30 cases per centre were reviewed.

Results Of 203 cases reviewed 140 (67.0%) were male, of whom 118 were MSM. Mean age was 31.5 years (range 15–75 years); 168 (82.8%) were White British. HIV testing within 5 days of PEPSE initiation was recorded for 185 (91.1%). Genitourinary departments starting PEPSE provided HIV testing for 103/112 (92.0%) at baseline. Other departments starting PEPSE tested 10/91 (11.0%). PEPSE was initiated for recommended indications in 187 cases (92.1%) and 185 (91.1%) were started within 72 h of exposure. Twenty-eight days of PEPSE was completed by 123 (60.6%); 21 (10.3%) discontinued early; 59 (29.1%) did not have their treatment duration documented. STI screening was documented and accepted by 163 (80.3%). A total of 98 (48.3%) were HIV tested at 12 weeks post-PEPSE; all were negative. For those documented as completing PEPSE 76/123 (61.8%) were HIV tested at 12 weeks post-PEPSE. At 6 months post-PEPSE 3 patients tested HIV-positive.

Conclusion PEPSE provision in the North-West met recommended standards for treatment initiation. However standards for PEPSE completion follow up and STI testing were not met. Documentation during follow up significantly impaired results and needs improvement.

P67 PEP AWARENESS AMONGST A HIV-POSITIVE COHORT: WHO KNEW?

Jonathan Shaw*, John Sweeney. Blackpool Sexual Health Services, Blackpool, UK

10.1136/sextrans-2015-052126.110

Introduction BASHH guidance recommends proactively educating HIV-infected patients regarding the availability of post-exposure prophylaxis (PEP). Existing evidence suggests PEP awareness is low amongst HIV-infected cohorts, particularly amongst heterosexuals, older patients and those with long-standing HIV diagnoses. We reviewed our educational provision by assessing current awareness in our cohort.

Aims To establish current PEP knowledge, and patient factors influencing that knowledge.

Methods All HIV outpatients were prospectively assessed via questionnaire between 3/7/14–3/1/15. Following data collation PEP aware and PEP unaware patients were compared using chi-squared and Mann-Whitney testing with significance defined as $p < 0.05$.

Results 155 patients responded, 148 were Caucasian; 118 identified as men who have sex with men. 117 (75.5%) were PEP aware of which 108 knew how to access PEP if required. 109 (70.3%) had an undetectable HIV viral load (<20 copies/mL). Attaining an undetectable viral load did not significantly affect awareness (83/117 v 26/38, $p = 0.768$). Patients who were currently sexually active were not significantly more aware (77/117 v 19/38, $p = 0.082$) but those reporting contact with HIV-negative partners were (50/117 v 7/38, $p = 0.007$). Median time since diagnosis was significantly less in those aware of PEP (7.88 years v 11.33 years, $p = 0.006$). Age, gender and ethnicity did not significantly affect awareness.

Conclusion PEP awareness was prevalent and distributed evenly across all demographics. Awareness was significantly higher in those reporting HIV-negative partners, a group in which PEP awareness is especially important. Patients with long-standing diagnoses were shown to have poorer awareness and should be a target group for PEP education.

P68 SEXUAL HEALTH LITERACY AND MEN WHO HAVE SEX WITH MEN (MSM): A SCOPING REVIEW OF RESEARCH LITERATURE

¹Susan Martin*, ¹Ingrid Young, ¹Julie Riddell, ¹Shona Hilton, ¹Lisa McDaid, ²Paul Flowers, ³Mark Gilbert. ¹MRC/CSO Social and Public Health Science Unit, University of Glasgow, Glasgow, UK; ²School of Health and Life Sciences, Glasgow Caledonian University, Glasgow, UK; ³Applied Epidemiology Unit, Ontario HIV Treatment Network, Ontario, Canada

10.1136/sextrans-2015-052126.111

Background Health literacy is a priority for health policy. However, there is limited research on how health literacy influences sexual health, particularly among men who have sex with men (MSM).

Aim To review sexual health literacy research among MSM in high-resource countries (UK, Canada, USA, Australia).

Methods We searched relevant databases (MEDLINE, Embase, Health and Psychosocial Instruments, Web of Science) to identify research which examined sexual health literacy and MSM *explicitly* and *implicitly* (using formal and informal articulations of health literacy) along with a set of sexual health and MSM terms. Relevant articles were identified, coded and assessed to illustrate the range of evidence available.

Results We found no studies *explicitly* focusing on sexual health literacy, and three exploring health literacy. Findings highlight the need for tailored information, healthcare and promotion for different groups of MSM, variable health literacy levels, and the importance of social context. We found 611 articles that

implicitly explored sexual health literacy. We analysed a sub-sample which focused on interactive health literacy (negotiating, applying knowledge and interaction). There was a strong focus on communication and negotiation (verbal, non-verbal and online) with sexual partners and health providers, and the varying contexts within which these interactions take place.

Discussion We found no research on *explicit* sexual health literacy with MSM. Clinic-based interventions could use health literacy as a tool to improve sexual health. Findings suggest that tailored health information, communication skills, and the role of social context in shaping sexual health literacy skills could play a critical role.

P69 IMPROVING MANAGEMENT OF MSM PATIENTS WITH REPEATED RECTAL INFECTIONS AND SYPHILIS INFECTIONS

Laura Ellis*, Alison Craig, Sarah Cowper. Chalmers Centre, Edinburgh, UK

10.1136/sextrans-2015-052126.112

Background/introduction Men who have sex with men (MSM) are at higher risk of acquisition of HIV in relation to risk exposure. Health Advisers (HA) have a key role in recognising the indicators of higher risk¹ and reducing this through optimal management.

Aim(s)/objectives Assess documentation of risk reduction discussion and intervention by HAs for MSM with 2 or more episodes of rectal infections in the previous year and /or a diagnosis of syphilis (new or reinfection).

Methods Identified – via the electronic patient record (NASH)-all MSM attending any Clinic (January–June 2014) with 2 or more rectal infections in the previous year and /or diagnosis of syphilis (new or re-infection) Retrospective case note review.

Results N = 19. 15 positive syphilis infections. Four already known HIV positive (One patient received HIV diagnosis at the same time as syphilis). Four repeated rectal infection (all known to be HIV positive). One diagnosed HIV positive between first and second positive rectal infection. Documentation is inconsistent. None had any documentation of referral to a third sector agency or for psychology/ advanced Motivational Interviewing.

Discussion/conclusion Numbers were very small. Lack of documentation does not mean that an intervention or discussion was not carried out. Nonetheless consistent recording aids consultation and demonstrates that all means available, to assist men in reducing risk, have been offered. A risk assessment tool and standards for documentation are being developed in Lothian. HAs are encouraged to consider psychology and advanced behaviour change services early.

REFERENCE

- 1 Salado-Rasmussen K, Katzenstein TL, Gerstoft J, *et al*. Risk of HIV or second syphilis infection in Danish men with newly acquired syphilis in the period 2000–2010. *Sex Transm Infect*. 2013;**89**:372–376

P70 RANDOMISED CONTROLLED TRIAL TO PROMOTE RESILIENCE AND SAFE SEX AMONGST FEMALE SEX WORKERS IN HONG KONG

¹William Wong*, ¹Winnie Yuen, ²Catherine Tang. ¹The University of Hong Kong, Hong Kong, UK; ²National University of Singapore, Singapore, China

10.1136/sextrans-2015-052126.113