

using grindr© at least once a month. MSM were significantly more likely to report having gonorrhoea and chlamydia (but not syphilis) in the past 12 months using grindr© at least once per month compared to never using grindr(t-test = 2.79;  $p = 0.003$ ), (t-test = 2.20;  $p = 0.028$ ), (t-tst = 0.58;  $p = 0.565$ ).

**Discussion/conclusion** Use of the mobile phone application grindr© is associated with acquisition of bacterial STIs. Public health interventions to reduce STI rates in MSM should include using appropriate social media.

### UG3 ARE GEOSOCIAL NETWORKING (GSN) APPS ASSOCIATED WITH INCREASED RISK OF STIS & HIV: A SYSTEMATIC REVIEW

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10.1136/sextrans-2016-052718.52

**Background/introduction** Geosocial networking (GSN) apps such as Tinder and Grindr provide new ways of finding sex partners. It is suggested that usage could be responsible for increased STI & HIV transmission.

**Aim(s)/objectives** To systematically review published literature to determine whether geosocial app use is associated with increased sexual risk behaviours, current and/or previous STIs & HIV.

**Methods** Search of PubMed, EMBASE and Google Scholar for studies involving women, men, men who have sex with men (MSM) and use of GSN apps for sex-seeking which reported risk factors for STIs & HIV transmission, published from 2009 to March 2016, in English. Search terms were associated using at least one regarding GSN apps and a second regarding STIs or sexual risk behaviours. Quality was assessed using Critical Appraisal Skills Programme criteria.

**Results** 13 studies met inclusion criteria: 12 cross-sectional studies, 1 review. All were in MSM from urban USA, China, Taiwan, UK and Ireland. In total there were 11924 subjects (range 92–7184). 7 studies reported app use to be associated with increased unprotected anal intercourse (UAI); 2 studies showed no association. 3 studies showed association with previous STI diagnoses, although association with HIV diagnoses had mixed results. 4 studies reported high response rate for app-based recruitment.

**Discussion/conclusion** Use of GSN apps is associated with factors known to facilitate STI & HIV transmission in MSM. Studies in heterosexuals are much needed. High uptake of some app-recruited studies suggests GSN apps could be useful platforms for sexual health promotion and targeted risk reduction strategies.

### UG4 NON-SPECIFIC URETHRITIS: CAN WE BE A LITTLE MORE SPECIFIC?

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10.1136/sextrans-2016-052718.53

**Background/introduction** The causes of non-specific urethritis (NSU) in men are many and in GUM clinics, evidence for *Chlamydia trachomatis* (CT) and *Neisseria gonorrhoeae* (GC) is routinely sought. *Mycoplasma genitalium* (MG) accounts for 5–33% of urethritis but is not routinely tested for in the UK. There is

growing concern that widespread use of 1g Azithromycin is leading to macrolide resistance in many organisms including MG.

**Aim(s)/objectives** To describe the current management of men with confirmed urethritis and their outcomes.

**Methods** Men with diagnoses of NSU from January to July 2015 were identified. Data were collected from electronic patient records.  $p$  values were obtained using chi-square test.

**Results** 254 cases of NSU were identified, median age 30 (range 16–69 years). 181/254 (71%) heterosexual, 73/254 (29%) MSM, 21/254 (8%) HIV-positive. Rates of urethral CT and GC were 15% ( $n = 40$ ) and 1% ( $n = 2$ ) respectively. 21/254 (8%) had persistent dysuria or discharge; 15/21 of those were tested for MG; MG detected in 5/15 (33%). Pathogens were identified in 17% of cases and heterosexual men were more likely to have pathogen-positive urethritis than MSM ( $p = 0.02$ ). First line treatment: 93% 1 g Azithromycin, 2.8% doxycycline 100 mg bd 7/7.

**Discussion/conclusion** For the majority of NSU cases, no bacterial cause was identified yet these men were all prescribed antibiotics. MG was detected in a third of persistent NSU cases but may account for more as 1g Azithromycin is enough to partially resolve symptoms but likely cause antimicrobial resistance. More effort should be made to determine the cause of urethritis in men so that appropriate antibiotics can be given where necessary.

### UG5 SH:24 – USER PERSPECTIVES ON AN ONLINE SEXUAL HEALTH SERVICE

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10.1136/sextrans-2016-052718.54

**Background/introduction** The London Boroughs of Lambeth and Southwark have high levels of sexual health need and services are overstretched. SH:24 offers online testing for chlamydia, gonorrhoea, HIV and syphilis in Lambeth and Southwark, and the 'GetTested' randomised controlled trial evaluates its effectiveness.

**Aim(s)/objectives** This study aimed to document user views on clinic-based and online services.

**Methods** We analysed qualitative data from a follow-up questionnaire of the GetTested trial of 1337 participants, which included the following question: 'In your opinion, how could we improve the experience of getting a test from a sexual health service?' This data was quantitatively analysed against baseline characteristics to generate descriptive statistics. A thematic analysis of the free text responses was performed.

**Results** Three key themes were identified: interaction with services; ease of use and experienced stigma. A subjective variable was developed to describe whether users needs were met. More participants reported the online service as meeting their needs than the clinic service. Areas needing improvement identified within the clinic arm were: Information prior to service use, Improved confidentiality & Waiting times. Areas needing improvement identified within the online arm were: Lack of personal contact, Difficulty with the self-sampling process, Confidence in ability to self-test.

**Discussion/conclusion** The problems identified with face-to-face services are overcome by online services and vice versa. In order