

estimated 6 additional chlamydia positive partners would have been identified totalling 18.

Discussion/Conclusion Only 1/3rd of our target group were offered, we calculate 54 new chlamydia positives (18% of target) if offered to all. Kits costs £1.30, we distributed 415 costing £539. We identified 12 patients (7 + 5) and estimate an extra 6 would have been found so each chlamydia positive costs £30 - £45 (test kit only).

P208 AUDIT OF THE MANAGEMENT OF HIV POSITIVE PREGNANT WOMEN IN A LOW PREVALENCE SETTING

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Background/introduction HIV Maternal to child transmission (MTCT) has reduced from 25% in 1993 to 0.57% in 2007 due to increased intervention in pregnancy. Compliance with BHIVA guidelines requires multidisciplinary care, which could be a challenge in areas with low HIV prevalence.

Aim(s)/objectives To audit the management of HIV positive pregnant women in a large district general hospital (DGH) against BHIVA guidelines.

Methods Retrospective audit of all HIV positive women giving birth at this DGH between September 2010 and October 2015.

Results 21 women identified. *Diagnosis*: 100% screened for STI, hepatitis C, VZV and HIV. *Treatment*: 81% on HAART at start of pregnancy, 100% of the four women not on HAART were started on treatment during pregnancy. At start of pregnancy 61% (n = 13) had a viral load <50RNA copies/ml, by the end of pregnancy this increased to 86% (n = 18). 100% (n = 21) had MDT management. *Delivery*: 43%: vaginal delivery. 38%: elective Caesarean section. 19% emergency Caesarean section. *Post-partum care*: 100% babies had post exposure prophylaxis started within 4 hours. No babies contracted HIV. 100% babies exclusively bottle-fed. 57% mothers given carbegoline.

Discussion/conclusion There was good compliance with guidelines. All women received HAART and the MTCT rate was 0%. 43% of women had a vaginal birth. Inclusion of the importance of carbegoline in departmental training may improve compliance in this area. In a low prevalence centre a specialist HIV antenatal clinic cannot be justified. The centre has introduced bimonthly MDT meetings to discuss these cases and these results suggest that communication and standards of care are high.

P209 OUTCOMES OF PARTNER NOTIFICATION (PN) FOR SEX PARTNERS OF PEOPLE WITH CHLAMYDIA, MANAGED VIA THE ONLINE CHLAMYDIA PATHWAY.

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Background/introduction Within the eSTI² consortium, we conducted exploratory studies of an innovative *Online Chlamydia Pathway* (OCP: results service, automated clinical consultation, electronic prescription via community pharmacy, with telephone helpline support), which included optional online partner management.

Aim(s)/objectives To evaluate PN outcomes and sex partner uptake of online management.

Methods *Participants*: untreated GUM clinic attenders (two London services) and people tested through six London NCSP online postal testing areas: 21.07.14–13.3.15. The OCP offered index patients an SMS/email containing a unique code and link to forward to partners permitting them to access online care via OCP (patient referral). Outcomes were captured by OCP and index-reported at telephone follow-up (2 weeks post diagnosis)

Results *Outcomes*: 221 index patients consented to the study and 172 (78%) were followed up by telephone (median age 23, 62% female). These 172 index patients reported 371 partners; 317/371 (85%) were contactable and 256/317 (81%) of these were notified. Index patients reported 120/317 (38%) as treated. *Online outcomes*: 154 index patients reached PN stage of OCP (some had already been routed to clinic). 94/154 (61%) requested online partner access. They reported 280 partners: 28 went online; 19 received treatment at their chosen pharmacy; and 4 were treated elsewhere.

Discussion/conclusion 38% of partners treated compares favourably with outcomes for routine PN within similar studies. Online management of sex partners through patient referral is feasible but uptake was low and most successful PN was achieved offline. Pathway optimisation could include anonymised sex-partner PN messaging and provision of partner STI self-sampling kits.

P210 THE PREVALENCE OF CHLAMYDIA IN PREGNANT WOMEN COMPARED WITH NON-PREGNANT WOMEN IN A BUSY SEXUAL HEALTH CLINIC IN THE UK: MAKING THE CASE FOR SYSTEMATIC CHLAMYDIA SCREENING IN PREGNANCY?

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Background *Chlamydia trachomatis* (CT) is the commonest STI in the UK with high prevalence in pregnancy. CT testing is not

Abstract P210 Table 1 Prevalence of chlamydia in pregnant women

Characteristics	Negative or no pregnancy test	Positive pregnancy test	P for difference	All
	N = 20,629	N = 837		N = 21,466
N visits per person	2.5 (2.27)	3.6 (3.02)	<0.001	2.5 (2.22)
Positive CT at least once	1,761 (5%)	177 (12%)	<0.001	1,938 (5%)
Positive GC at least once	332 (1%)	47 (3%)	<0.001	379 (2%)
Positive TV*	333 (1%)	27 (2%)	0.003	360 (1%)
Tested for HIV/syphilis	9,618 (28%)	430 (28%)	0.93	20,271 (51%)
Positive HIV serology	2 (0%)	0 (0%)*	0.076	2 (0%)
Positive Syphilis serology	57 (0%)	0 (0%)*	0.60	59 (0%)
Known HIV positive	10 (0%)	0 (0%)*	0.87	10 (0%)
Did not return for treatment				
CT	140 (8%)*	24 (14%)*	<0.001	164 (8%)
GC	19 (6%)*	3 (6%)*	<0.001	22 (6%)

*percentage of people diagnosed