

**P218 SAFETXT: A RANDOMISED CONTROLLED TRIAL OF AN INTERVENTION DELIVERED BY MOBILE PHONE MESSAGING DESIGNED TO REDUCE INFECTION WITH CHLAMYDIA AND GONORRHOEA- RECRUITMENT METHODS**

<sup>1</sup>Caroline Free\*, <sup>1</sup>Rebecca Swinson, <sup>1</sup>Kimberley Potter, <sup>1</sup>Ona McCarthy, <sup>1</sup>Rosemary Knight, <sup>2</sup>Paula Baraitser, <sup>1</sup>Ford Hickson, <sup>1</sup>Rebecca French, <sup>3</sup>Susan Michie, <sup>1</sup>Kaye Wellings, <sup>1</sup>Melissa Palmer, <sup>3</sup>Julia Bailey. <sup>1</sup>LSHTM, London, UK; <sup>2</sup>Kings College Hospital, London, UK; <sup>3</sup>UCL, London, UK

10.1136/sextrans-2017-053232.260

**Introduction** Trial recruitment is one of the most important trial tasks as full recruitment provides trials with sufficient power to detect intervention effects. Yet, two thirds of randomised controlled trials fail to fully recruit. The NIHR safetxt trial is a single blind randomised controlled trial to evaluate the effect of a safer sex intervention delivered by text message on Chlamydia and Gonorrhoea infection at 12 months. 5000 people aged 16–24 are being recruited from UK GU and Sexual and Reproductive Health services. We describe the methods used to facilitate recruitment.

**Methods** Mixed methods informed by evidence from behavioural science including: monitoring recruitment, feedback, rewards, identifying barriers to recruitment, shared learning between recruiting clinics and staff, development of materials to address barriers to recruitment and evaluation of materials developed.

**Results** 34 GU and Sexual and Reproductive Health Services across the UK are involved in the recruitment endeavour. A further 13 sites are due to start recruitment. Over 1100 participants have been recruited, ahead of current recruitment targets. Telephone and face-to-face meetings with staff in recruiting services generated ideas to increase recruitment, enabled services new to trial recruitment or research nurses new to Sexual Health to learn from experienced recruiters, facilitated mutual learning and resulted in the development of materials to support staff in recruitment.

**Discussion** The safetxt trial is recruiting ahead of schedule. It will be a major achievement if the safetxt collaboration between GU and Sexual and Reproductive Health services and the trial management team recruit 5000 participants on time.

## Sexual Health in Special Groups

**P219 VACCINATING AGAINST HUMAN PAPILLOMAVIRUS IS NOT ASSOCIATED WITH RISKY SEXUAL BEHAVIOURS AMONG MEN WHO HAVE SEX WITH MEN IN AUSTRALIA**

<sup>1,2</sup>Eric Chow\*, <sup>1</sup>Ei Aung, <sup>1,2</sup>Marcus Chen, <sup>1,2</sup>Catriona Bradshaw, <sup>1,2</sup>Christopher Fairley. <sup>1</sup>Melbourne Sexual Health Centre, Alfred Health, Melbourne, VIC 3053, Australia; <sup>2</sup>Central Clinical School, Monash University, Melbourne, VIC 3004, Australia

10.1136/sextrans-2017-053232.261

**Introduction** A recent systematic review has concluded that vaccinating against human papillomavirus (HPV) does not lead to risky behaviours among females but there has been no studies examining this association among men who have sex with men (MSM). We aimed to examine the association between sexual behaviours and HPV vaccination status among men who have sex with men.

**Methods** We analysed MSM aged 16–40 years attending a sexual health centre in Australia for their first visit in 2016. Chi-squared test was used to examine the differences in sexual behaviours (e.g. number of male partners and condom use in last 3 and 12 months) between vaccinated and unvaccinated MSM.

**Results** A total of 1332 MSM were included in the analysis with a median age of 27 (IQR 23–31). Six percent ( $n=81$ ) of MSM had been vaccinated against HPV. The median number of male partners in the last 3 and 12 months was 2 (IQR 1–5) and 5 (2–10), respectively. The proportion of men used condoms always in the last 3 and 12 months was 39.2% ( $n=797$ ) and 36.5% ( $n=774$ ), respectively. There were no significant differences in number of partners and always condom use in both last 3 and 12 months between vaccinated and unvaccinated MSM ( $p>0.05$ ).

**Discussion** Vaccinating against HPV is not associated with increased sexual activity and condomless anal sex practice among MSM, particularly among sexually-active men attending a sexual health service.

**P220 CHILD SEXUAL EXPLOITATION AND THE ASSOCIATION WITH SEXUALLY TRANSMITTED INFECTIONS IN UNDER 16 YEAR OLDS ATTENDING GENITOURINARY MEDICINE CLINICS**

<sup>1</sup>Chris Ward\*, <sup>2</sup>Gwenda Hughes, <sup>2</sup>Holly Mitchell, <sup>3</sup>Karen Rogstad. <sup>1</sup>The Northern contraception, sexual health and HIV service, Manchester, UK; <sup>2</sup>Public Health England, London, UK; <sup>3</sup>Sheffield teaching hospitals, Sheffield, UK

10.1136/sextrans-2017-053232.262

**Introduction** Child sexual exploitation (CSE) can be difficult to identify, with few clinical symptoms or signs. There is limited evidence that markers such as sexually transmitted infections (STIs) are predictors of CSE. We present updated data and analysis from a study investigating the relationship between STI presentation at sexual health clinics (SHCs) and CSE.

**Methods** SHCs with >18 STI diagnoses in 13–15 year-olds in 2012 were identified using the genitourinary medicine clinic activity dataset (GUMCAD). Cases with confirmed bacterial or protozoal STIs were matched by age, gender and clinic with non-STI controls. Lead clinicians were asked to complete an online questionnaire on CSE-related risk factors irrespective of STI presence. Associations between STI outcome and CSE-related risk factors were analysed using conditional logistic regression.

**Results** Data was provided on 466 13–15 year-olds; 414 (88.8%) were female. 340 (80.0%) were aged 15, 108 (23.2%) 14 and 18 (3.9%) 13. In matched univariate analysis, an STI diagnosis was significantly associated with ‘highly-likely/confirmed’ CSE (OR 3.87,  $p=0.017$ ) and safeguarding concerns (OR 1.94,  $p=0.022$ ). A weak association between STI diagnosis and ‘highly-likely/confirmed’ CSE persisted after adjustment for partner numbers and prior clinic attendance (OR 3.85,  $p=0.053$ ).

**Discussion** Presentation with bacterial or protozoal STIs by 13–15 year-olds at SHCs may be considered a potential marker for CSE. It would be prudent to consider CSE, in depth assessment and potential referral for any under 16 year-old presenting with an STI.