P1-S6.31 HIV INTERTEST INTERVAL AMONG MSM IN KING COUNTY, WASHINGTON

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Background HIV testing remains one of the most effective HIV prevention interventions because most persons newly diagnosed with HIV alter their behaviours to reduce the risk of transmission to others. We examined temporal trends and correlates of the frequency of HIV testing among men who have sex with men (MSM) in King County, WA.

Methods We evaluated electronic medical records of MSM testing for HIV at the Public Health—Seattle & King County (PHSKC) STD Clinic. The intertest interval (ITI) was defined as the number of days between the last reported HIV test and the current visit. ITIs ≤30 days were not considered to be new tests. Correlates of the ITI were determined using Wilcoxon rank-sum tests, Spearman's correlation coefficients, and median regression.

Results Between 1 January 2003 and 7 December 2010, there were 13 637 HIV testing visits among MSM who reported a prior negative HIV test or did not know their status. These men reported a median ITI of 215 days (range: 31–8536; IQR: 124–409); 10 567 (77%) reported an ITI consistent with at least annual testing (<15 months) and 1693 (12%) reported no HIV test in the last 2 years. The median ITI decreased from 229 days in 2003 to 198 days in 2010 ($p<0.001$). Having sex with men only (vs men and women; $p<0.0001$), ≥10 male sex partners ($p<0.0001$), unprotected anal intercourse with a male partner of unknown or positive HIV status ($p<0.0001$), methamphetamine use ($p=0.018$), and poppers use ($p<0.0001$) in the last year were all associated with shorter ITIs, as were decreasing age ($p<0.0001$) and ever having been diagnosed with syphilis, gonorrhoea, or chlamydial infection ($p<0.0001$). Race, ethnicity, and injection drug use were not associated with ITI. In multivariate analyses, decreasing age, later visit year, sex with men only, ≥10 male sex partners in the last year, and history of bacterial STI remained associated with shorter ITIs ($p<0.001$ for all). The median ITI was longer in the 337 men (2.5%) newly diagnosed with HIV compared to those who tested HIV-negative (279 vs 213 days, respectively; $p<0.0001$).

Conclusions From 2003 to 2010, the median ITI among MSM attending the PHSKC STD Clinic was 215 days, and this has decreased over time. Encouragingly, MSM at highest risk for HIV acquisition have even shorter ITIs, although those newly diagnosed with HIV continue to have longer ITIs. Further efforts are needed to reduce the time that HIV-infected persons are unaware of their status.

P1-S6.32 OPTIMISING CLINICAL SYSTEMS TO INCREASE HIV/STI TESTING IN GAY MEN: THE ETEST PROJECT

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Background Despite HIV/STI testing rates being high (~60%) on an annual basis in gay men in Australia, the proportion of "high risk" gay men having two or more HIV/STI tests per year, as specified in clinical guidelines, appears quite low (20%). Mathematical modelling predicts that increasing the frequency of HIV/STI testing among gay men with high numbers of sexual partners to 3–6 monthly would effectively stop the HIV and syphilis epidemics over a ten year period. We developed a multi-faceted intervention package based on information technology which aims to increase STI/HIV testing in high-risk men gay men. We describe the process and outcomes of the development stage of the intervention.

Methods The intervention will be conducted over 2 years at 10–15 general practice clinics which see a high case load of gay men. These clinics provide both general healthcare and specialist sexual health and HIV management. All of these clinics utilise different patient management systems. We engaged a software company to develop a program adaptable to multiple clinic systems which aims to increase clinic efficiency and enhance sexual health testing. The process was undertaken over 12-month period in 2010 and involved extensive consultation with clinicians, stakeholders and information technology specialists.

Results The program has now been developed and has four key elements: (i) passive prompts to remind clinicians when the next HIV/STI test is due based on the patient's risk assessment profile, testing guidelines and clinic record of past testing; (ii) SMS-based recalls which are automatically sent to patients when HIV/STI testing is overdue; (iii) a sexual health resource tool bar on the computer desktop of primary care providers to provide partner notification websites, up-to-date education brochures and referral systems that support collaboration between providers; and (iv) a reporting enhancement which allows practice staff to look at their data for the achievement of best practice and data quality targets. Further details of the system and functionality will be provided in the poster.

Conclusion The program is the first clinical intervention we are aware of that addresses a range of important barriers to HIV/STI testing in a single information technology program. The system is currently being rolled out into the 10–15 clinics in Sydney and the impact of this intervention will be assessed by measuring the change in HIV/STI testing rates before-and-after the program. Interviews will also be conducted with clinicians and practice managers before and after the intervention to assess barriers to testing and acceptability and transferability of the intervention.

P1-S6.33 MONITORING CHLAMYDIA TESTING AND POSITIVITY IN THE USA USING DATA FROM A LARGE COMMERCIAL LABORATORY CORPORATION, 2008–2010

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Background Guidelines recommend chlamydia screening of sexually active young women. Screening rates have increased over the past 10 years, but remain low. Current data used to monitor chlamydia testing trends and positivity rates have limitations, for example, national surveys provide representative data but are cross sectional and use small sample sizes, so longitudinal and subgroup analyses are not possible. To monitor trends more effectively, we solicited chlamydia testing data from commercial laboratories to obtain a representative sample of the US market.

Methods Demographic characteristics of persons tested, their geographic location, assay types, specimen sources, and test positivity by sex, age, and insurance type were assessed for all chlamydia