

**Conclusions** School district policy combined with promotion of a CAP increased the number of adolescent males who sought out SRH information and condoms from the school nurse. With few points of access to the healthcare system available to males, school nurses may be especially important in connecting males to the healthcare system for services such as STD screening and contraception. As budget shortfalls affect all areas of school administration, school nurses should be recognised and retained as key players in promoting access to SRH services.

# 05-S1.02 ACCEPTABILITY OF IN SPOT AND PATIENT-DELIVERED PARTNER THERAPY AMONG MEN WHO HAVE SEX WITH MEN SEEKING MEDICAL CARE

doi:10.1136/sextrans-2011-050109.152

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**Background** Patient-delivered partner therapy (PDPT) and internet partner notification (PN) sites (eg, inSPOT) are being adopted in some areas to improve PN outcomes. Neither intervention has been well-studied in men who have sex with men (MSM). We evaluated the acceptability and potential efficacy of these PN strategies among MSM.

**Methods** We anonymously surveyed MSM seen in an STD clinic and a private medical practice in Seattle, WA, USA. The survey presented respondents with three scenarios in which they had oral or anal sex with a new partner and were then notified and offered PDPT. A fourth scenario described PN via an inSPOT ecard.

**Results** MSM completed 198 surveys. A total of 115 (58%) men reported ever being diagnosed with a bacterial STD, 100 (50%) had previously been notified by a partner of an STD exposure, and 27 (14%) reported being HIV positive. The percentage of men who indicated that they would seek medical care was higher when scenarios indicated that the respondent had symptoms of proctitis (97%–98%) than when they were asymptomatic (83%–89%) or had symptoms of pharyngitis (84%). Only 123 (62%) men said they would seek medical care if notified via an anonymous inSPOT ecard and were asymptomatic, though this rose to 98% when the question indicated that the respondent had rectal symptoms. Men were somewhat more likely to report that they would take medication given to them as PDPT if they had symptoms than if they were asymptomatic (52%–57% vs 48%–49%). The proportion of MSM who would seek medical care if asymptomatic was lower among men who said they would take PDPT (74%–84%) than among men who indicated that they would not (92%–94%,  $p<0.06$ ); this pattern was not observed when questions described rectal symptoms. When asked directly if they would use inSPOT to notify partners if they had an STD, 56% said they would. However, when given multiple options and asked how they would prefer to notify partners, only 38% chose an ecard. MSM were less likely to report that they would seek a medical evaluation if notified via an anonymous ecard than via email or a signed ecard (75% vs 94%–95%).

**Conclusions** These results suggest that substantial numbers of MSM are interested in using PDPT and internet partner notification sites. However, they also support concerns that PDPT may decrease recipient's likelihood of testing for HIV and syphilis, and that anonymous ecards may be less effective in prompting partners to seek medical care than other forms of PN.

# 05-S1.03 YOUNG ADULTS' VIEWS ON TELEMEDICINE CONSULTATIONS FOR SEXUAL HEALTH IN AUSTRALIA

doi:10.1136/sextrans-2011-050109.153

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**Background** Young adults in Australia face barriers to accessing sexual health services including concerns over confidentiality and privacy, cost, lack of transportation and limited options around medical providers. A possible solution to decreasing these barriers is the use of telemedicine.

**Method** An online questionnaire examined young adults' (aged 16–24) views on using webcam and telephone consultations for sexual health in Australia. Descriptive statistics were used to describe the study sample and  $\chi^2$  was used to assess associations. Free text responses were analysed thematically.

**Results** 662 people completed the questionnaire. Overall, 23% (n=150) of participants were willing to have a sexual health consultation with a doctor using a webcam if no genital examination was necessary; this number decreased to 16% (n=105) if a genital examination over webcam was needed. Men were more willing than women to have a webcam consultation (28% vs 21%,  $p<0.01$ ). In addition, men with same sex partners were more willing to have webcam consultation, with an unknown doctor, than men without any same sex partners (48% vs 26%,  $p=0.04$ ). Participants' top preference for consulting a doctor if asymptomatic and living 2 h from a doctor was telephone (51%, n=340, compared with 10% for webcam); if symptomatic, participants' top preference was in person (62%, n=412, compared with 16% for webcam) instead of having the consultation over a webcam. While it was hypothesised that webcam consultations would decrease privacy and confidentiality concerns by preventing people from having to present at a sexual health clinic, preliminary results suggest that webcam consultations may instead augment such concerns. Free text responses suggest that this may be due to the fact that online consultations can be recorded, stored and potentially, if security measures are breached, be retrievable and searchable online.

**Conclusion** To our knowledge, no study has examined the use of webcam consultations between healthcare providers and clients for sexually transmitted disease care. Results suggest that webcam consultations are not yet an acceptable medium for sexual health consultations for youth in Australia. Concerns about trust, privacy and security around online medical consultations are likely to influence whether such technology is eventually adopted into routine medical care.

# 05-S1.04 SOCIAL MEDIA AND CHLAMYDIA TESTING BY UNIVERSITY STUDENTS: A PILOT STUDY

doi:10.1136/sextrans-2011-050109.154

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**Background** Facebook is the world's largest social media site, and university students comprise one of the largest user groups. Sexually transmitted infections are also highly prevalent among university students in the USA. We evaluated a targeted Facebook advertisement for easy, inexpensive chlamydia testing at The Ohio State University (OSU), a public university with 55 000 students.

**Methods** Over 2 weeks in May 2010, our advertisement for \$25 chlamydia testing was displayed to Facebook users who had self-identified as OSU students between 19 and 28 years of age. Students provided a urine sample directly to the laboratory; a clinician visit was not required. To a separate convenience sample we administered