

Epidemiology and partner notification

P26

THE EFFECTIVENESS OF PARTNER NOTIFICATION IN DIAGNOSING EARLY HIV INFECTION IN PLYMOUTH, UK

doi:10.1136/sextrans-2012-050601c.26

Z Warwick,* T Wimpenny. *Plymouth Hospitals NHS Trust, Plymouth, UK*

Background The aim of partner notification (PN) in HIV is to diagnose the undiagnosed and reduce the risk of onward transmission. Plymouth is thought to be a low HIV prevalence area and as such routine testing across medical settings is unlikely to be cost effective or practical. As part of our attempts to target testing, we have concentrated and improved our HIV contact tracing. We describe how the recent infection testing algorithm (RITA) has allowed us to focus PN and identifies individuals early in infection (infectious, high behavioural risk, untested) therefore reducing onward transmission.

Aim To describe the number of recent infections diagnosed in Plymouth using PN.

Methods RITA is performed in all newly diagnosed patients. This information is taken into account during PN. A retrospective review of all RITA results done in 2011 and how this has contributed to PN in Plymouth GUM is described.

Results Of the 20 new HIV diagnoses made in Plymouth, 7 (35%) were incident infections and six were diagnosed as a direct result of PN. Of those with prevalent infection (n=12), 5 were diagnosed as a direct result of PN.

Conclusions In low prevalence areas targeted testing will yield the greatest number of positive individuals per test. Along with other targeting strategies, PN in those newly diagnosed is a way of reaching an at risk group within this setting. It is important to prioritise HIV PN through a dedicated Health Advising team.

P27

AN AUDIT ON THE MANAGEMENT OF PELVIC INFLAMMATORY DISEASE (PID)

doi:10.1136/sextrans-2012-050601c.27

S Y Chan,* A Hegazi, A Beardall, P Hay. *St Georges Hospital, London, UK*

Background The 2005 (revised in 2011) UK national guidelines on the management of PID state two auditable outcomes: (1) Proportion of women receiving treatment with a recommended regimen—target 95%. (2) Proportion of named male contacts screened for infection and/or treated—target 0.4 (large urban centres) or 0.6 (other centres) per index case. The guidelines also recommend patients with moderate or severe PID are reviewed after 72 h and all patients are reviewed after 2–4 weeks.

Aims To audit the management, follow-up and partner notification (PN) of PID in our clinic.

Methods Retrospective notes review of PID cases presenting between December 2009 and July 2011. Data were collected on drug treatment, follow-up and PN. Cases with a sexually transmitted infection (STI) were compared to cases with no STI identified.

Results Of 130 PID cases identified, 58 had an STI diagnosed of whom seven had *Neisseria gonorrhoeae* (GC) and 57 had *Chlamydia trachomatis* (CT). Six cases had both GC and CT. One patient had no documentation of drugs prescribed and one received only Doxycycline (see abstract P27 table 1).

Conclusion BASHH guidelines recommend GC cover for all PID cases but the proportion receiving this was 72.9%. All cases diagnosed with GC received GC cover. PN rates did not reach national recommendations and this may be related to diagnostic uncertainty especially when no STI is apparent. PN was better in cases with a STI where health advisers were involved than in cases without an STI, seen by doctors. No patients were advised to return for follow-up within 3 days but the majority returned within 2–4 weeks.

Those with an STI diagnosed were significantly more likely to attend follow-up $p<0.0001$.

Abstract P27 Table 1 Management of patients diagnosed with PID

	STI identified (n=58)	No STI identified (n=72)
Partner notification (PN)		
Partner notified	21 (36.2%)	19 (26.4%)
Partner notified and treated	20 (34.5%)	5 (6.9%)
PN recommended	6 (10.3%)	0
No documentation of PN	31 (53.5%)	53 (73.6%)
Treatment prescribed		
Doxycycline and metronidazole	46 (79.3%)	59 (81.9%)
Macrolide and metronidazole	6 (10.4%)	7 (9.7%)
Ofloxacin and metronidazole (GC cover)	5 (8.6%)	5 (7.0%)
Cephalosporin prescribed (GC cover)	40 (69.0%)	44 (61.1%)
Follow-up		
Follow-up advised in 3 days	0	0
Follow-up advised in 2–4 weeks	47 (81%)	69 (95.8%)
Follow-up attended	47 (81%)	29 (40.3%)

P28

A RE-AUDIT OF PARTNER NOTIFICATION IN HIV POSITIVE INDIVIDUALS IN PLYMOUTH

doi:10.1136/sextrans-2012-050601c.28

T Wimpenny,* Z Warwick. *Plymouth Hospitals NHS Trust, Plymouth, UK*

Aims Following an audit in 2010 we wanted to establish whether changes in our approach to PN in newly diagnosed HIV patients or patients seen for the first time had improved our HIV PN outcomes and documentation.

Methods A retrospective case note review was carried out in patients attending the clinic for the first time in 2011. We looked at whether patients had a partner history completed for the look back period, how many partners were contactable and whether the outcome of the PN was recorded. These results were compared with a similar audit carried out in 2010.

Results 31 patients were included in the re-audit, 12 transfers into Plymouth GUM and 19 newly diagnosed HIV positive patients. 77% were male and 23% were MSM. 100% of patients had a contact tracing proforma in their notes and 97% (30/31) had been completed. 36 (40%) partners were untraceable. Of those which were contactable 13 were current partners and HIV+; 16 ex-partners who were HIV+; 15 ex-partners verified as HIV–; 7 current partners tested HIV–; two partners remain untested. There were 13 patients who transferred into the department in 2010, three of whom had PN performed since joining our clinic. There were 13 new diagnoses, 10 of whom had documented CT.

Conclusion PN can be significantly improved using audit in this way. A dedicated Health Advising team is essential where targeted testing for HIV is likely to be the most efficient way of detecting undiagnosed HIV.

P29

AN AUDIT OF HIV PARTNER NOTIFICATION PRACTICES IN THE NORTH EAST

doi:10.1136/sextrans-2012-050601c.29

¹G Dolan,* ¹K Foster, ²K Kain. ¹Health Protection Agency—North East; ²Newcastle Hospitals Community Health, Newcastle upon Tyne, UK

Background Late diagnosis of HIV not only carries a risk of poorer outcomes for the individual, but of ongoing transmission of

infection. Effective partner notification (PN) is key to identifying sexual contacts that may have been exposed, providing the opportunity to offer necessary advice, support and testing.

Aim This audit explored current PN practices across the North East in order to identify opportunities for improvement and inform future guidance.

Methods All genitourinary medicine and infectious diseases clinics across the North East were asked to complete questionnaires for up to ten newly diagnosed cases of HIV between January and December 2010, and provide additional background information on PN arrangements. Data were analysed using EpiData version 3.1.

Results Seven out of nine (78%) clinics responded. PN was discussed with 82% (46/56) of newly diagnosed patients and documented in the records of 77% (43/56). The time taken to complete all PN outcomes ranged from 0–29 weeks (median 1.5 weeks) and a mixture of methods were used to calculate the PN period. A total of 70 regular partners were recorded, 32 of which were tested and 44% (14/32) found to be HIV positive. 95 casual partners were recorded, nine of which were tested and none found to be HIV positive. Additional outcomes such as safe sex discussions and condom use were generally less frequently documented.

Discussion and Conclusion Although this sample is relatively small, there was engagement from the majority of regional services, suggesting that it is likely to be representative of local practice. It is clear that there is variation in current PN practices between clinics, and there are a number of challenges which may be particularly pertinent to HIV infection. These findings will be used to inform local policy and standards with the aim of improving the quality of local services and ensuring accountability for actions.

P30

AN ANALYSIS OF PATIENT CHARACTERISTICS ASSOCIATED WITH GONOCOCCAL RESISTANCE TO PAST THERAPEUTIC AGENTS IN ENGLAND AND WALES

doi:10.1136/sextrans-2012-050601c.30

¹K Town, ¹C M Lowndes, ¹S Chisholm, ¹M Kall, ¹E Webster, ¹T Nichols, ¹J Anderson, ¹C Obi, ²B Willey, ¹C Ison. ¹Health Protection Agency; ²London School of Hygiene and Tropical Medicine, London, UK

Background Antimicrobial resistance in *Neisseria gonorrhoeae* restricts effective treatment options. Recent UK treatment guidelines recommend ceftriaxone as first line treatment. If ceftriaxone becomes unsuitable for treating gonorrhoea there are no suitable available alternatives. The potential for using past therapeutic agents for gonorrhoea treatment should be assessed.

Aim(s)/Objective(s) Identify risk factors associated with antimicrobial resistance to penicillin, tetracycline and ciprofloxacin.

Methods Data from the Gonococcal Resistance to Antimicrobials Surveillance Programme were analysed for trends in antimicrobial resistance across sub-groups of the Gonococcal Resistance to Antimicrobials Surveillance Programme population. Using 2010 data patient variables associated with penicillin, tetracycline and ciprofloxacin resistance were identified using univariate and multivariable analyses of ORS.

Results Rates of penicillin, tetracycline and ciprofloxacin resistance have increased across all regions in England and Wales in recent years, with very high levels found in white MSM. Lower rates of resistance, with <15% prevalence, indicating a susceptible population, are found in women (penicillin 6.4%, ciprofloxacin 12.8%), black ethnicity (penicillin 6.1%, ciprofloxacin 13.4%), and in some cases heterosexual men (penicillin 13.2%) and those aged under 24 (penicillin 12.6%). Univariate and multivariable analysis identified patient variables, including sexual orientation, ethnicity and age as strongly associated with penicillin, tetracycline and ciprofloxacin resistance.

Conclusions By using sub-group population prevalence data on resistance, as well as information about patient variables strongly associated with resistance, it may be possible in some cases to adapt treatment regimens to make use of previously recommended antimicrobials and preserve the use of ceftriaxone for high-risk groups.

P31

HOW IMPORTANT IS IT TO KNOW WHERE INDEX PATIENTS MEET THEIR SEXUAL PARTNERS IN ORDER TO CONTROL THE TRANSMISSION OF SEXUALLY TRANSMITTED INFECTIONS?

doi:10.1136/sextrans-2012-050601c.31

R Ford, ^{*}M Clarke, I Lloyd, N Speare, K Maleham, R Robertshaw, C Morgan. Bristol Sexual Health Centre, Bristol, UK

Background Learning where people have met their sexual partners has previously been acknowledged as a way of identifying key locations that are functional to sexually transmitted infection transmission.

Aims To gather local data on where patients diagnosed with chlamydia, gonorrhoea, syphilis, HIV, trichomonas and hepatitis B have met their partners. This is the first stage of an on-going project which aims to develop a more targeted health promotion intervention(s) for key locations in Bristol identified as being important for STI transmission. The ultimate aim is that this intervention(s) will contribute to a reduction in STI transmission rates and therefore STI prevalence(s) in Bristol.

Method Patients were asked where they met their sexual partners during all health adviser partner notification interviews conducted in 2011. 2052 interviews were conducted and data were collected from 1257 patients.

Results Across all patients, the most regularly cited meeting place was in a bar or club (29%). This was followed by “through friends/old friends” (28%). 12% met their sexual contacts via the internet. The most common mode of meeting contacts in heterosexual patients was via friends (31%) while for gay men it was via the internet (36%).

Discussion The data provides the names of key locations in Bristol and a number of internet sites that are important for transmission. These locations can now be targeted by health promotion and outreach work in order to contribute to a reduction in STI transmission and prevalence. Over a quarter of all sexual contacts were met via friends or they were a friend of the patient. It is likely that the perception of STI risk diminishes if a contact is known or if they share the same social network. As well as targeting locations and internet sites, further research is now needed to explore patient’s perception of STI risk, alongside health promotion work that highlights potential misperceptions.

P32

PARTNER NOTIFICATION (PN) WITHIN NON-SPECIALIST SERVICES

doi:10.1136/sextrans-2012-050601c.32

C Cunningham, ^{*}K McCormick. NHS Tayside, Dundee, UK

Background The local board has the highest rates of diagnosis of genital Chlamydia in Scotland. PN is critical to breaking the chain of infection but there is a clear lack of consistency in its provision outside the specialist services.

Aim To meet the NHS Health Improvement Scotland Standard 4.2 for Sexual health services; “Individuals are offered partner notification in all settings delivering sexual healthcare, including in primary care, youth services and community pharmacies”.