diverse towns in four Australian states (total population 72 000 16—29-year-olds). To date, 27 towns have been randomised (13 intervention, 14 control). Intervention and control towns are similar: baseline chlamydia prevalence (5.8%, 95% CI 4.4 to 7.5% vs 5%, 95% CI 3.9 to 6.3%, individual response rate 63%); past chlamydia testing rate in 16—29-year-olds (6.1%, 95% CI 5.8 to 6.4% vs 5.8%, 5.6 to 6%). After 3 months of the intervention in the first two towns the chlamydia testing rate was 10.9% (95% CI 10.1% to 11.7%; 691 people tested), a 160% increase compared with the testing rate (4.1%) in the year before the intervention.

Conclusions Our high recruitment rate shows that Australian GPs are willing to test for chlamydia. The baseline data show a high prevalence of chlamydia among young adults in the study towns. While testing rates are increasing, ongoing work is needed to get coverage up to levels that might reduce prevalence in intervention towns.

O9   IS HIV AND BLOOD BORNE VIRUS TESTING ACCEPTABLE AND INDICATED IN PSYCHIATRIC SETTINGS?

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Objective Studies in North America and Europe indicate that the prevalence of blood borne viruses (BBVs) are elevated in individuals with severe mental illness. No comparable data exists for the UK. We introduced the routine offer of testing for HIV, Hepatitis B and C into an inpatient psychiatric unit, where the local diagnosed HIV prevalence is 7.29/1000.

Method Psychiatric inpatients were approached at one central London hospital site, between April 2011 and February 2012 and offered routine BBV testing.

Results Of the first 100 patients offered a test 83% of patients approached were assessed to have mental capacity to provide informed consent for testing. 69% of patients offered BBV testing, accepted. The prevalence of HIV was found to be 3%. One individual was newly diagnosed with HIV and transferred to specialist care. Overall, 18% of patients tested were found to have a newly diagnosed or previous infection with a BBV.

Conclusion It is acceptable to patients to be offered routine BBV screening in a psychiatric setting and the majority have capacity to consent; uptake rate is comparable to that seen in GUM clinics. HIV prevalence rate was found to be over four times higher than that of the local population. Given the elevated prevalence rates in psychiatric patients, there is a strong case for the wider introduction of routine testing in mental health settings. There is a need to systematically ascertain rates of infection in mental health patients across a range of geographical areas since the prevalence of BBVs appears to be higher than that in the local population.

O10   SHOULD SEXUAL HEALTH SERVICES PARTICIPATE IN THE HPV VACCINATION PROGRAMME? A NATIONAL SURVEY ASSESSING HPV VACCINATION UPTAKE IN YOUNG GUM ATTENDEES

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Background In 2008, a schools-based HPV vaccination programme was introduced for girls aged 12—13, with an accelerated catch up programme for those aged 14—18. A significant impact on cervical cancer rates requires 80% uptake of three vaccinations, however in England the completion rate was 58% in 2009/10.

Aim To compare HPV vaccination outcomes and prevalence of risk factors, associated with HPV acquisition and cervical cancer development, in young women attending GUM clinics with national data.

Method An anonymous questionnaire was given to 13—19 y/old women attending 19 participating GUM clinics from March to August 2011. Data were analysed using multivariate linear regression in SPSS.

Results 2247 questionnaires were completed (median respondent age 17). Compared to national data, respondents were more likely to be smokers (48% vs 12% of 15 y/olds), have had coitarche aged <16 (52% vs 26%), have had an STI previously (29% vs 13% for <16 coitarche) or not be in education, employment or training (NEET) (8% vs 2% of 16 y/olds). Of the 74% offered the vaccination, 81% accepted. Of those accepting the vaccination, 81% had all three injections. Of those who had <3 doses, 65% reported no active recall. Overall, 47% of all respondents had received all three vaccine doses. Completion rates were lower in London, non-white ethnicities, 17—19 y/olds, NEETs, smokers and those with previous Chlamydia (all p<0.0001).

Discussion The study population exhibited lower HPV vaccination completion rates than the national average, demonstrating that GUM attendees are a harder-to-reach group through current PCT delivery programmes. This population also exhibited higher rates of risk factors for HPV acquisition, highlighting GUM attendees as a priority target group for HPV vaccination. This data demonstrates the potential role of GUM clinics as supplementary HPV vaccination delivery sites, in targeting at-risk young women with low uptake of the HPV vaccination.

O11   HEALTH PROMOTIONAL MESSAGES IN SHORT MESSAGE SERVICE (SMS) FOLLOW-UP OF GU MEDICINE CLINIC DEFAULTERS; A TOOL TO IMPROVE SUBSEQUENT ATTENDANCE RATES?

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Background Patients who do not attend (DNA) booked GU medicine (GUM) clinics waste resources and may pose a public health risk through onward transmission of sexually transmitted infections. Short message services (SMS) appointment reminders improve attendance rates, however the impact of their use in patients who have already DNA'd is unknown. In addition, health promotional tools are frequently used to improve STI awareness however there is little evidence for their effect on GUM clinic attendance.

Aims To determine whether SMS follow-up of patients who DNA booked GUM appointments improves subsequent re-attendance rates and to assess the impact of inclusion of a health promotional message on re-attendance rates.

Methods This prospective randomised control study included all patients aged 16—30 yrs who DNA a booked GUM appointment during the 6 month study period. Subjects were randomised to: (1) no intervention; (2) SMS notification of the defaulted appointment and invitation to attend clinic; (3) as per arm 2 including a health promotional message about Chlamydia. All SMS were sent 1 week after the defaulted appointment. Patients re-booking or attending prior to this time were excluded. The proportion of patients who re-attend within 4 weeks of the defaulted appointment were compared using the Fisher's Exact test.

Results 252 patients were included. 4.5% (4/88) in the control group re-attended clinic compared to 8.2% (7/85) receiving a text reminder (p=0.36) and 15.2% (12/79) when a health promotional message (p=0.032). None of those re attending in the control group were diagnosed with an STI compared to 29% in group 2 (Gonorrhoea and Chlamydia) and 25% in group 3 (2 × Chlamydia and 1 Herpes).

Discussion SMS follow-up of clinic defaulters improves subsequent re-attendance rates if a health promotional message is included. The addition of a health promotional message to current routine clinic reminder texts may reduce DNA rates and warrants further study.

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Background Guidelines indicate best practice for HSV management and topics that should be covered during counselling. Consultations can be difficult, since many complex issues must be explained carefully, and there is opportunity to confuse HSV-1 and HSV-2.
Aims To evaluate the quality, accuracy and differences in advice given by staff (doctors (D), nurses (N) and health advisors (HA)) in Level 3 sexual health clinics (L3SH) on an initial consultation for HSV-1 infection recently diagnosed elsewhere. To assess whether a professional patient mystery shopping approach provides useful information for L3SH.
Methods A prospective qualitative evaluation of 20 consultations was performed. Clinical leads within each unit gave permission for participation; details of the exact nature or time of visit were not shared. A professional patient visited each unit as a patient new to the area seeking advice for a standard complex scenario —various probes gauged management of different clinical scenarios. Field notes were made immediately following each consultation in the form of a written transcript and audio notes. Anonymised written transcripts were provided to a panel of clinicians to classify overall and specific aspects of care as ACCEPTABLE (A), UNACCEPTABLE (U) or a CAUSE FOR CONCERN.
Results Consultations were supported well with written information (not HSV-1 specific). Staff frequently declined to give prognostic information and some confused HSV-1 and HSV-2 guidance. Although many centres are quick to offer patient-initiated therapy this was virtually always at doses that have been superseded in current guidance. The majority of N-led consultations were A with only limited trends in favour of D-provided consultations. HA did not always provide A consultations.
Conclusion PPMS appears to be feasible for assessing some aspects of L3SH care which may otherwise be difficult to gauge. Some aspects of HSV-1 management are well handled but most units do not provide convenient patient-initiated therapy, or support consultations with disease-specific information.

Session title: Risk assessment, screening tools and infections in MSMs

Session date: Thursday 28 June 2012; 11.30 am—1.00 pm

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Background Endemic HIV transmission in men who have sex with men (MSM) is a major concern in England. Since 2008, a new national anonymised genitourinary medicine (GUM) clinic reporting system provides follow-up data on clinic attendees.
Objective To calculate HIV seroconversion rates and identify predictors of acquisition in MSM clinic attendees to inform the development of further HIV prevention initiatives.
Methods National cohort of MSM who tested HIV negative at a GUM clinic in England in 2009 and had a follow-up test within 1 year were included in these analyses. HIV seroconversion rates (per 100 person-years (py)) with 95% CI were calculated by subgroups and risk markers. HR with 95% CI are reported for significant (p<0.05) predictors of HIV seroconversion identified using Cox regression analyses. Population attributable risk was calculated to estimate the importance of each predictor for HIV infection.
Results Among the 15 500 men who attended in 2009, there were 277 seroconversions, giving an overall incidence of 2.7/100 py (95% CI 2.4 to 3.1). Incidence was higher among MSM aged 35—49 years (3.4/100 py), of black ethnicity (4.1/100 py) and with a previous gonorrhoea or chlamydia infection (8.6/100 py and 9/100 py, respectively). In multivariable analysis, risk of acquiring HIV was higher among MSM with a previous gonorrhoea (HR: 2.4, 95% CI 1.4 to 4.1) or chlamydia infection (HR: 3.0, 95% CI 2.0 to 4.7) or who received treatment as a STI contact (HR: 1.8, 95% CI 1.1 to 2.9). Age predicted HIV acquisition in 30% of new infections and clinical risk markers from the previous year another 10%.
Conclusions Annual HIV incidence among MSM re-attending GUM clinics is very high at almost 3%. None of the clinical risk factors were important predictors of HIV acquisition. Therefore more discriminatory behavioural information is required to identify MSM at higher risk of HIV and facilitate better triaging of HIV prevention measures in GUM clinics.

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Background Testing for recent infection with HIV has been part of routine national surveillance in the UK since 2009. These data can be used to estimate HIV seroincidence in populations. For these estimates to be accurate, HIV testing behaviour must be independent of HIV acquisition risk. This is unlikely to be true, as much testing may be motivated or clinically indicated.
Aims To identify demographic and behavioural differences between individuals diagnosed with recent (<6 months) vs longstanding HIV infection, and to assess the possible level of bias introduced by motivated testing.
Methods Recent Infection Testing Algorithm (RITA) results were linked to Genitourinary Medicine Clinic Activity Dataset attendance records (providing data on attendance and sexual health) for the year preceding the date of RITA test and/or HIV diagnosis. Univariate analyses were performed examining age, sexual orientation, GUM clinic attendances, and STI history, to identify predictors of being diagnosed at early stages of HIV infection.
Results Preliminary analyses show that among 628 newly diagnosed HIV-positive individuals, 14% (85/628) were diagnosed with recent HIV infection. Being diagnosed with a recent HIV infection was positively associated with younger age, men who have sex with men and having been diagnosed with any bacterial STI in the year preceding the HIV diagnosis (see Abstract O14 table 1). Those