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.

012 HSV-1 COUNSELLING WHAT ACTUALLY HAPPENS IN CONSULTING ROOMS? A QUALITATIVE EVALUATION OF PRACTICE USING MYSTERY SHOPPING IN ENGLISH LEVEL 3 GUM CLINICS

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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 Although many centres are quick to offer patient-initiated therapy this was virtually always at doses that have been superseded in current guidance.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

013 HIV INCIDENCE IN AN OPEN NATIONAL COHORT OF MSM ATTENDING GUM CLINICS IN ENGLAND

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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.

014 INVESTIGATING THE RECENT INFECTION TESTING ALGORITHM (RITA): PREDICTORS OF RECENT HIV INFECTION AMONG GUM CLINIC ATTENDEES

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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

Abstract O14 Table 1 HIV infection according to patient demographics

Variable	% (n) recent HIV infection	% (n) longstanding HIV infection	Unadjusted RR of being diagnosed with recent infection (95% CI)
Age (mean 35 years, SD 9.98, range 16–66 years)	–	–	0.98 (0.96 to 1.00)
MSM (vs heterosexual)*	76.5 (65)	45.5 (180)	1.68 (1.43 to 1.97)
Previous STI†			
Chlamydia trachomatis	21.2 (18)	14.9 (81)	1.42 (0.90 to 2.24)
Syphilis	8.2 (7)	7 (38)	1.18 (0.54 to 2.55)
Gonorrhoea	16.5 (14)	10.5 (57)	1.57 (0.92 to 2.69)
Lymphogranuloma venereum (LGV)	1.2 (1)	0.9 (5)	1.28 (0.15 to 10.8)
Any STI‡	37.6 (32)	24.5 (133)	1.54 (1.13 to 2.10)
Visits in the year preceding date of HIV diagnosis/RITA test†			
>2 visits	68 (34)	54.8 (188)	1.24 (1.00 to 1.54)

*n=481.
†Recorded in the same GUM clinic.
‡Includes Chlamydia, syphilis, gonorrhoea, LGV.

visiting a sexual health clinic more than twice in the previous year were also more likely to be diagnosed at early stages of HIV infection.

Conclusions Important behavioural and demographic differences exist between individuals diagnosed with recent vs established HIV infections. Such differences must be considered when deriving incidence estimates among key at-risk groups. Further work to examine these trends among all RITA results, in particular the relationship with HIV testing patterns, is ongoing.

O15 PRIMARY HIV INFECTION: LACK OF KNOWLEDGE AMONG MEN WHO HAVE SEX WITH MEN (MSM)

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Introduction Primary HIV infection (PHI) is commonly symptomatic, offers an opportunity for early diagnosis and is important for individual health and preventing transmission. At risk populations should be aware of PHI symptoms.

Aim To ascertain PHI knowledge among UK MSM.

Methods Online anonymous survey conducted by the National AIDS Trust using the GaydarTM website between 31 March 2011 and 6 April 2011. Questions were asked about likelihood/nature of PHI symptoms and transmission risk. Data on recent HIV testing, HIV status and response to symptoms was collected. Analysis was done using χ^2 tests.

Results 8561 men responded: 76% had tested for HIV (16% positive), 21% were untested and 3% did not disclose. 5159/8548 (60%) believed PHI to be asymptomatic and 799/8548 (9%) correctly answered that 70%–90% would have symptoms; HIV+ MSM were significantly more likely to be aware of this than HIV-/untested MSM (14.9% vs 8.2%, p<0.0001) and MSM who had tested were more likely to be aware than never testers (10.2% vs 5.8%, p<0.0001). 2926/8267 (35.4%) identified the fever/sore throat/rash triad as the most common presentation of PHI. MSM who had never HIV tested were less likely to correctly identify these symptoms than those who had (29.3% vs 37.0%, p<0.0001). 2964/8450 (35.1%) believed it is hard to transmit HIV in early infection; the remainder recognised PHI as highly infectious. HIV+ MSM were more likely to recognise this than HIV-/untested MSM (76.8% vs 62.5%, p<0.0001) and untested MSM were less likely to recognise this than those who had tested (60.4% vs 66%, p<0.0001). 4220/6918 (61%) of HIV-/untested MSM would seek medical advice if symptomatic; the remainder would ignore symptoms or await resolution. Of those who would seek advice 54.1% would attend GP/NHS walk-in centre and 34.6% would attend GU clinic or take community HIV test.

Discussion This survey illustrates a concerning lack of knowledge among MSM regarding PHI symptoms and the urgent need for ongoing health promotion and education.

O16 USE OF ONLINE ASSESSMENT TOOLS BY RISK TAKING MEN

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Background Condom use by gay men has slipped since the 1990s. In late 2011 THT (as part of CHAPS) launched a condom campaign for younger men, promoting a web-based HIV risk assessment tool.

Methods The Clever Dick/Smart Arse campaign encouraged use of an online risk assessment tool with prize incentives. This gave an instant rating on sexual activity in the past year, with a detailed risk report on request. This covered behaviours affecting HIV risk including PEP, poppers, condoms, HIV disclosure, receptive or insertive modality, monogamy, treatment and viral load.

Results 7240 risk assessments were undertaken in 10 weeks of whom 1810 requested their full risk assessment ("Sexscore") and agreed to further contact. There were 101 248 page views by over 17 000 unique website visitors with average visit time of 3.03 min. Preliminary analysis of 4574 respondents shows high levels of risky behaviours. The majority were not in regular clinic contact while a third had never had a sexual health screen. 24% had never tested for HIV while 10% were knowingly HIV+ (of whom 62% had undetectable VL throughout the year). Over half (56%) had five or more sexual partners in the year. 53% of HIV+ men and 51% of other men reported UAI with one or more partners and 59% of all participants discussed serostatus before sex.

Conclusion Gay men will engage about risk taking if feedback is instant and anonymous, including those never in contact with sexual health services. Men reporting risk behaviours can be targeted for subsequent interventions.