

P2.166 THE EFFECTIVENESS OF SMS TEXTS FOR REMINDING PATIENTS AT HIGH RISK OF STIS AND HIV TO RETURN FOR TESTING

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Background Patients attending sexual health services for STI/HIV testing may be at continuing risk of infection acquisition or may be within a window period for testing and may be advised to return for retesting at various intervals. Technology such as SMS texting facilitates the sending of reminders.

Objectives To measure the impact of the SMS text reminders on the re-attendance rates of patients who require repeat testing.

Methods Re-attendance rates were measured for patients listed for routine SMS text reminders (September to November 2012) and a control group with the same risk factors from a period when text reminders were not routinely used (September to November 2011). Re-attendance was counted if it was within 2 months of the text or, for the control group, within 3 months of the end of the previous episode of care.

Results Following the introduction of SMS text reminders, the re-attendance rate was 41% (84/207) in the text group compared to 28% (47/169) in the control group to $P < 0.001$. The risk groups most likely to respond to texting were those patients in the window period for HIV (10/33, 30% vs 4/26, 15% $P < 0.05$), women who had received emergency contraception (25/54, 46% vs 15/43, 35% $P < 0.05$) and MSM not in other risk categories (8/17, 47% vs 2/16, 13% $P < 0.05$). No differences were observed in the return rate for patients with other risks (recent acute STIs, syphilis, recent viral hepatitis and sex workers).

Conclusions SMS texts sent as reminders to patients at higher risk of STIs and HIV increases the overall re-attendance rate by 13% and was especially effective for MSM, people in the window period for HIV and women who had received emergency contraception. Routine text reminders are an effective, cheap and simple way of ensuring that high-risk patients return for testing.

P2.167 COMPUTER SELF-INTERVIEW INCREASES THE IDENTIFICATION OF PREVIOUSLY HIV-DIAGNOSED STD CLINIC PATIENTS WHO ARE OUT OF HIV CARE

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Background STD Clinics are one venue in which to identify HIV-diagnosed persons disengaged from HIV care.

Methods We analysed data from previously HIV-diagnosed patients seen in the STD Clinic in Seattle, Washington, USA, October 2010-December 2012. The clinic uses a computer-assisted self-interview (CASI) during new problem visits, which queries HIV-diagnosed patients about their HIV care history. Clinicians interview patients who do not complete the CASI. We used chi-squared tests to compare the reasons for STD Clinic visits and HIV transmission risk factors in visits at which patients were non-engaged (self-reported out of care or > 6 month gap in care) compared to engaged in HIV care.

Results Of 1369 visits among previously diagnosed HIV-infected persons, 913 (67%) included CASI. CASI visit patients were younger (median age 40 vs. 44 years, $p < 0.001$) and more often MSM (96% vs. 88%, $p < 0.001$) than non-CASI visit patients. Of the 1233 (90%) visits with HIV care data, 20% were non-engaged. More CASI than non-CASI visits were ascertained as non-engaged (22% vs. 11%; $p < 0.001$). Symptoms were the visit reason more frequently at

non-engaged than engaged visits (47% vs. 40%; $p = 0.001$), and non-engaged visits were more likely to result in a diagnosis of gonorrhoea (27% vs. 17%, $p < 0.001$) or syphilis (13% vs. 9%, $p = 0.04$). Although patients reported unprotected anal intercourse with HIV-negative or unknown status partners (nonconcordant UAI) in the past year in 36% of both non-engaged and engaged visits, self-report of a detectable serum HIV RNA level plus nonconcordant UAI was more frequent in non-engaged than engaged visits (23% vs. 11%; $p < 0.001$).

Conclusions Many persons who are disengaged from HIV care seek evaluation in STD clinics. These patients are at elevated risk for transmitting HIV. Computer-based efforts to assess HIV care engagement increase identification of out-of-care persons, an important first step for re-linkage to HIV care.

P2.168 MANAGEMENT OF SEXUALLY TRANSMITTED INFECTIONS BY AUSTRALIAN GENERAL PRACTITIONERS

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Background In Australia, General Practitioners (GPs) are the gatekeepers to the health care system and about 85% of the population attends a GP in any one year. This study aimed to determine how frequently six common Sexually Transmitted Infections (STIs) were managed by GPs and the characteristics of the GPs and patients at these encounters.

Methods Data from the Bettering the Evaluation and Care of Health (BEACH) programme were analysed. BEACH is a continuous, paper-based, national study of GP activity in Australia. GP-patient encounters during which at least one STI was managed were identified. The management rates per 100,000 encounters were calculated for April 2000 to March 2012.

Results Between April 2000 and March 2012, 11,784 GPs took part in the BEACH study, collectively recording 1,178,400 encounters with patients. There were 3,835 STIs encounters recorded, managed at an overall rate of 325 STIs per 100,000 encounters, (compared, for example, to 1,691 non-venereal lower urinary tract infections per 100,000 encounters), comprising 115 herpes problems per 100,000 encounters, 92 genital warts, 67 HIV, 39 chlamydia, 6 gonorrhoea and 7 syphilis. Higher management rates occurred among patients who were: male; 15–24 years old; more socially advantaged; Aboriginal/Torres Strait Islander; resident in a major city; and/or of English-speaking background. GPs who were female or aged less than 60 years had higher STI management rates than their counterparts.

Conclusion This study estimates the management frequency of six common STIs in Australian general practice and the associated patient and GP characteristics. Moving forward, sexual health care in Australia is expected to rely heavily on the continued participation of general practice, with sexual health clinics focusing on priority, high-risk populations. This study provides a basis for priorities in GP workforce development, population-based health promotion, access, and health services planning strategies.

P2.169 USING BIOMETRIC TECHNOLOGY TO TRACK TB-HIV CO-INFECTED PATIENTS

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Background It is estimated that there are over one million people co-infected with tuberculosis (TB) and HIV and multi-drug resistant tuberculosis (MDR-TB) has been shown to be twice as