

U4 SIGNIFICANT BENEFIT OF A TARGETED HIV TESTING MODULE ON MEDICAL STUDENTS' KNOWLEDGE AND CONFIDENCE

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Background/introduction Despite national guidelines for HIV testing, this issue can be overlooked by medical school curriculums. With one quarter of HIV in the UK remaining undiagnosed, it is important the next generation of clinicians are informed appropriately.

Aim(s)/objectives Evaluate the efficacy of a TTT session introduced at a medical school.

Methods A short survey assessing knowledge of HIV testing guidelines, confidence to offer testing and outcomes of TTT was developed and distributed to fifth year medical students. Results were compared for students who had completed GU/HIV modules (GU+) and those who had not (GU-) and chi-squared testing was performed.

Results 100 and 119 questionnaires were returned by GU+ and GU- students (a response rate of 92.6% and 97.5%) respectively. For the 3 knowledge-based questions, GU+ students were significantly more likely to provide correct answers for 2 ($p < 0.001$). For the confidence questions GU+ students were significantly more likely to feel confident in offering HIV testing ($p < 0.001$). After TTT 92%, 98% and 62% felt more confident about when to test, how to discuss testing and more knowledgeable about testing, respectively. Most students said they would be happy to offer HIV testing in a variety of medical settings; significantly fewer reported this for an acute admissions unit (AAU) compared with antenatal clinic (79% vs 96%).

Discussion/conclusion GU+ students scored significantly better for 2 of 3 knowledge questions and for both confidence questions. Most students felt more confident and knowledgeable about HIV testing after TTT. Although most students were happy to offer and conduct testing, significantly fewer were confident in AAU compared with an antenatal clinic (where opt-out testing is well-established). This may warrant further exploration and consideration of context-based teaching.

U5 THE 2013–14 EUROPEAN COLLABORATIVE CLINICAL GROUP (ECCG) REPORT ON THE EUROPEAN MANAGEMENT OF THE PARTNER NOTIFICATION GUIDELINE

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Background/introduction Partner notification (PN) is a public health service in which sexual partners of individuals with sexually transmitted infections (STI's) are informed of their exposure and offered testing, treatment, and support services. Previously

there has been considerable variation in PN across Europe due to a number of factors including lack of financial resources and variations in look back periods. In 2013 the European guideline on PN was published in an attempt to bring consistency across the European region.

Aim(s)/objectives To evaluate the current PN policies amongst sexual health physicians across Europe against the current European guidelines.

Methods A clinical scenario based questionnaire was developed by a panel of European experts on PN, and this was disseminated to a group of 120 sexual health physicians across 38 countries, who are members of the ECCG – a network of sexual health specialists who conduct questionnaire-based research across the European region.

Results Provisional results demonstrate wide variation in PN across Europe, with differing legal and clinical requirements. Full results will be available by the conference.

Discussion/conclusion Partner notification varies widely across Europe and is not always in line with current European guidelines. There is a need for on going Europe wide education to ensure that PN occurs and is effective to avoid reinfection of the index case, and to prevent onwards transmission of STI's, especially in an environment of rising STI rates and increased travel of people within Europe.

U7 FACTORS CONTRIBUTING TO REPEAT PEPSE IN MSM

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Background/introduction PEPSE is a significant tool for preventing HIV transmission among MSM. Further understanding is required on the extent and risk factors for repeat PEPSE (rPEPSE) presentations.

Aims/objectives This study aimed to determine the rate of repeat PEPSE and identify factors involved in rPEPSE presentations.

Methods MSM attending for PEPSE in Brighton, May 2009–May 2014 were included. Information was collected retrospectively on demographics, number of rPEPSE prescriptions, recreational drug and alcohol use, type of sexual exposure, condom use, mental health (MH), continued risk taking while on PEPSE, partner factors, PEPSE regime and risk reduction interventions. Data were analysed using Excel functions (Spearman's rank correlation coefficient).

Results 929 MSM accessed PEPSE – 110 (11.5%) had repeat PEPSE prescriptions (48.2% twice, 25.5% 3×, 9.1% 4×, 7.3% 5×, 6.4% 6×, 1.8% 7×, 1.8% 8× and 0.9% 9×). rPEPSE prescriptions were associated with low condom use (25.2% used condoms), MH problems (43.9% had at least one recorded) and alcohol/recreational drug use (49.1% patients had used alcohol prior to their attendance for rPEPSE, 40% had used drugs). Those with > 4 episodes rPEPSE reported more recreational drug use (significant association: ($p = 0.04$)). Lower numbers of rPEPSE prescriptions (2/3) were associated with alcohol use ($p = 0.07$). 6.4% of those accessing rPEPSE became HIV positive.

Discussion/conclusion This study identified an 11.5% rate of rPEPSE among MSM in this area and highlights contributory factors to rPEPSE and could help inform behavioural and risk reduction interventions at a local level.