and sexual contacts of hepatitis C. There are epidemiological studies to support these findings.

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Background/introduction Associations between substance use and sexual risk among general populations of women may be helpful in the development of a sexual risk assessment tool for community health settings.

Aim(s)/objectives To review the evidence for whether smoking, alcohol and drug use variables are associated with reporting of unprotected sexual intercourse, multiple partnerships, STI diagnoses and unplanned pregnancy in women aged 16–44 years.

Methods Seven electronic databases were searched for probability population surveys published between 31/1/1994 and 31/1/2014 that reported on at least one of the outcomes above. Studies were included on women aged 16–44 years in the European Union, Australia, New Zealand, USA or Canada. An independent reviewer screened 10% of title and abstract exclusions and all full-text papers.

Results Three papers were identified. Current smoking was associated with unplanned pregnancy in the last year (Wellings 2013) and with current non-use of contraception among women (Xaverius 2009). Reporting ever smoking daily was also associated with reporting larger numbers of lifetime sexual partners (Cavazos-Rehg, 2011). Drug use in the last year (excepting cannabis) was associated with unplanned pregnancy (Wellings 2013). Cavazos-Rehg, 2011 found a dose response between lifetime partner numbers and heaviness of marijuana and alcohol use. Conversely Xaverius, 2009 found alcohol use was lower among those reporting current non-use of contraception.

Discussion/conclusion No clear direction emerged for the association with alcohol use, in contrast to drug use and smoking. Further research is needed to establish if alcohol has utility in a women's sexual risk assessment tool for community use.

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Background/introduction Taking account of substance use may be important when developing a sexual risk assessment tool for use with women in community health settings.

Aim(s)/objectives To examine whether different measures of substance use have different associations with key sexual risk behaviours among women in the British general population (rather than women attending sexual health clinics who typically report higher risk behaviour).

Methods We analysed data from 4,911 female participants aged 16–44 in Natsal-3, a national probability sample survey undertaken 2010–2012, using multivariable regression to examine the associations between substance use variables and reporting: multiple (2+) partners in the last year; non-use of condoms with multiple partners in the last year; non-use of condoms at first sex with most recent partner.

Results Reporting multiple partners was associated with current smoking (OR 1.59, 95% CI 1.30–1.93), weekly binge drinking (OR 2.47, 95% CI 1.97–3.10), and drug use ever (OR 1.45, 95% CI 1.20–1.75). Similarly, reporting non-use of condoms with multiple partners was also associated with current smoking (OR 1.39, 95% CI 1.09–1.78), weekly binge drinking (OR 2.47, 95% CI 1.90–3.21) and drug use ever (OR 1.48, 95% CI 1.17–1.88). Non-use of condoms at first sex with most recent partner was only associated with current smoking (OR 1.47 95% CI 1.25–1.73) and weekly binge drinking (OR 1.41 95% CI 1.14–1.73).

Discussion/conclusion Differences were found to exist in how substance use variables are associated with the sexual risk behaviours studied. Different substance use questions may therefore be useful in identifying and distinguishing different sexual risk behaviours profiles in community settings.

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Background/introduction Informing HIV-negative people by people living with HIV (PLWH) about their status might probably have great HIV preventive effect. That is why it's important to study the factors of HIV disclosure to confidents with different HIV status.

Aim(s)/objectives The goal of the study was to reveal the psychosocial determinants of HIV disclosure to confidents with different HIV status.

Methods In 2013 we surveyed 418 PLWH in Saint Petersburg, Russia. We employed Internalised AIDS-Related Stigma Scale (IA-RSS), SF-36 Health Status Survey, Multidimensional Scale of Perceived Social Support (MPSS), the Lubben Social Network Scale (LSNS). The interview guide also contained the question about HIV status of those people, who were informed about respondents' HIV status by respondents themselves.

Results The sample was 58% of male (mean age = 34.3 years). An average time of identification of HIV was 6.3 years before the study. Logistic regression model explaining HIV disclosure to people with positive or/and negative HIV status included the

average time passed since identification of HIV (OR = 0.989; p ≤ 0.01); self-stigma (IA-RSS) score (OR = 1.336; p ≤ 0.01); general health (SF-36) score (OR = 0.977; p ≤ 0.05), perceived social support provided by friends (MPSS) (OR = 1.323; p ≤ 0.05), family (OR = 1.217; p ≤ 0.01) and friendship network sizes (LSNS) (OR = 0.825; p ≤ 0.01).

Discussion/conclusion Our data suggest that HIV disclosure to confidents with different HIV status is determined by the objective and subjective characteristics of interaction with the other people, as well as the quality of life and maybe disease progress. The study was supported by the Fogarty International Centre at the US NIH, grant No. D43TW001028.

P62 | **SHARING WEBSITE PAGES TO SUPPORT DISEASE AND PARTNER NOTIFICATION**

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Background/introduction Disease and partner notification (PN) are two key roles for a sexual health service; however, there is no simple way to deliver these services. The challenge is amplified when patients and partners are not local to the clinic.

Aim(s)/objectives We therefore tested if enabling a sign posting and information website to share pages by email or text would have utility.

Methods The database of shared pages from 01/08/2013 to 31/01/2015 was reviewed and the most popular identified. The IP address was used to determine the number of unique computers/mobile devices used for this purpose.

Results 109 unique devices shared a total of 662 pages over 542 days of analysis. The biggest users were the result teams of two sexual and reproductive health clinics.

Discussion/conclusion Sharing pages has been used successfully to communicate with patients about infections, clinic locations and contraception. The decision by NHS mail to stop their text

Abstract P62 Table 1

Number of shares	Page description
146	Clinic A page for addess and transport
85	Chlamydia
35	Gonorrhoea
40	Sexually Transmitted Infections
23	Home page
20	Implant
16	Clinic B page for addess and transport
15	Combined contraceptive pill
15	Intrauterine system
15	Herpes
14	Clinic C page for addess and transport
8	Syphilis
8	Trichomonas vaginalis
5	Progestogen only pill
5	Non-specific urethritis

services in April 2015 creates a real need to develop this functionality further to effectively communicate with patients.

P63 | **FIFTEEN YEAR TRENDS IN HIV DIAGNOSES AMONG MEN WHO HAVE SEX WITH MEN IN THE UNITED KINGDOM: 1999–2013**

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Background/introduction As in many other western countries, men who have sex with men (MSM) are most affected by HIV in the UK.

Aim(s)/objectives To describe 15-year trends in HIV among MSM to inform prevention strategies.

Methods National HIV surveillance data were linked to national register deaths and HIV testing data from sexually transmitted infection (STI) clinics. Multivariable analyses revealed predictors of late diagnosis (<350 copies/mL) and mortality.

Results Between 1999–2013, 37,560 MSM (aged ≥15) were diagnosed with HIV; diagnoses increased from 1,440 (1999) to 3,250 (2013). The majority of men were white (85%) and UK-born (68%). Probable UK-acquisition was high (81%) including among those born abroad (66%). Median CD4 count rose, 350 cells/mm^3 to 463 cells/mm^3. Despite a decline in late diagnosis (50% to 31%), >800 men have been diagnosed late annually since 2004. HIV testing in STI clinics in England increased, 10,900 to 102,600. One-year death rates among new diagnoses declined (4.6% to 0.9%) due to fewer deaths among late presenters (4.4% to 1.8%). Older age (>50) and living outside London were predictors of late presentation, while older age and late presentation were predictors of one-year mortality.

Discussion/conclusion In its third decade, the HIV epidemic among UK MSM has continued to diversify. Increases in new diagnoses reflect both increased testing and ongoing transmission. Despite improvements in patient outcomes, >800 men present late each year; death rates remain high and preventable. Culturally appropriate prevention and testing strategies require strengthening to reduce HIV transmission and late diagnosis.

P64 | **EXPERIENCES OF MEN WHO HAVE SEX WITH MEN (MSM) WHEN ENGAGING IN THE PARTNER NOTIFICATION PROCESS THREE MONTHS FOLLOWING A HIV DIAGNOSIS**

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Background/introduction Partner Notification (PN) can be used as a tool for detecting undiagnosed HIV, but fear of stigma around disclosure and concerns about lack of confidentiality are potential barriers and may deter newly diagnosed individuals from engaging in this activity.