to support patients and to fast-track those with complex needs to clinic.

We describe views and experiences of people who chose Chlamydia-OCCP for treatment.

Methods An interviewer conducted 40 in-depth follow-up telephone interviews with a purposive sample. Thematic analysis.

Results Participants described choosing Chlamydia-OCCP over alternatives for its expected greater speed, convenience and privacy; or trying it out without preconceptions. They valued rapid access to treatment, but also obtaining treatment when convenient.

Despite general concerns about keeping their chlamydia diagnoses secret, several accessed the online consultation immediately, at work/in public. Participants described Chlamydia-OCCP web-app as easy to use, with only minor technical or privacy issues. They found providing personal/sensitive information online acceptable, reasoning that: 1. it was preferable to (potentially embarrassing) face-to-face consultations; 2. Chlamydia-OCCP was associated with trusted services; 3. they already provided personal information online for other services.

Barriers to rapid treatment via Chlamydia-OCCP included: difficulties accessing pharmacy due to employment/carer demands or holiday/business travel (these also impeded clinic access); pharmacy staff's knowledge of process. Collecting treatment from pharmacies was universally acceptable, despite difficulties experienced by some.

Reactions of participants fast-tracked to clinic varied (anxiety, disappointment, relief), and helpline contact reassured them, aiding their understanding of why a clinic visit was necessary.

Conclusion Participants expressed satisfaction with the web-app and helpline, using Chlamydia-OCCP to obtain treatment discreetly, conveniently and quickly, despite busy lifestyles. Further evaluation of the pharmacy process will explore how this can be optimised, to further improve time-to-treatment and satisfaction.

Disclosure of interest statement Nothing to declare.

P12.02 DEVELOPING AND USING THE ECLINICAL CARE PATHWAY FRAMEWORK: A NOVEL TOOL FOR CREATING ONLINE CLINICAL CARE PATHWAYS AND ITS APPLICATION TO MANAGEMENT OF GENITAL CHLAMYDIA

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Introduction Home sexually transmitted infection (STI) sampling and remote STI diagnostics create potential for online treatment. Currently there is no guidance on development or content of online clinical consultations and, particularly, no recommendations relevant to sexual health. We describe creation of a new framework for developing complex online clinical care pathways and its application to management of people with genital chlamydia.

Methods We developed the eClinical Care Pathway Framework (eCCPF) consisting of a nine-step iterative process, Step 1: determines aims of the online clinical care pathway; Step 2: defines the functional units of the pathway; Step 3: drafts the online clinical consultation; Step 4: expert review; Step 5: comprehension testing; Step 6: user-centred interface testing; Step 7: specification development; Step 8: usability testing and further comprehension testing; Step 9: pilots the pathway. We then applied the framework to create the Chlamydia Online Clinical Care Pathway (Chlamydia-OCCP).

Results Using the eCCPF enabled us to elucidate the different sequence of functional units of care, as in contrast to traditional medicine, the Chlamydia-OCCP starts with provision of test results (diagnosis). Users then obtain infection-related information, before completing an online automated clinical consultation (medical and sexual history, partner notification), before collection of antibiotics from a community pharmacy. This enables a more focussed approach to assessment of safety of antibiotic prescribing than lengthier traditional medication history questions.

Conclusion By following each step of the eCCPF, the resulting Chlamydia-OCCP has a different sequence to traditional care pathways and is adapted to the needs of remote testing and online care. It provides the clinical services and surveillance functions required to meet UK national standards. This standardised method of collecting data on demography and sexual behaviour, with easily extractable data and potential for interoperability with surveillance systems, could be a powerful tool for public health and clinical management.

Disclosure of interest statement Nothing to declare.

P12.03 HOW ACCURATE AND COMPREHENSIVE ARE CURRENTLY AVAILABLE MOBILE MEDICAL APPLICATIONS (APPS) FOR SEXUALLY TRANSMITTED AND GENITAL INFECTIONS: A COMPREHENSIVE REVIEW

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Introduction In the UK, 88% of young people, a group at high risk of STIs, own a smartphone. Seeking sexual health advice online is common and provision of STI apps is increasing. The UK lacks a robust framework for quality control of mobile medical apps and potential for misinformation is substantial. We undertook a comprehensive review of content and accuracy of contemporary apps for STIs (except HIV) and related genital infections aimed at members of the public.

Methods Search of Googleplay and iTunes stores for free and paid apps regarding STIs and genital infections, testing, diagnosis and management, between 10/09/2014–16/09/2014. We assessed eligible apps against: 1) 19 modified Health on The Net (HON) Foundation principles; 2) comprehensiveness and accuracy of information on individual STIs/genital infections, and their diagnosis and management, compared with respective National Health Service STI information webpage content.

Results 144/6642 apps met eligibility criteria (Android n = 94; iOS n = 29; both n = 24). 57 were excluded after downloading. 87 apps (52 Android, 20 iOS, 15 both) were analysed. Only 29% apps met >/= 6 HON criteria. Content was highly variable: 34/87 (39%) covered one or two infections; 16/34 (47%) were ebooks, predominately about genital herpes or candidiasis; 40/87 (46%) covered multiple STIs; 5/87 (6%), solely focused on accessing STI testing. In terms of accuracy: 13/87 (15%) were fully, 46/87 (53%) mostly and 28/87 (32%) partially accurate. 25/87 (29%) contained >/= 1 instance of potentially harmful information. Apps available on both platforms had a greater degree of accuracy than single platform apps. Only 1 app

provided fully accurate and comprehensive information on chlamydia.
Conclusion The marked variation in content, quality and accuracy of available smartphone apps combined with the relatively high proportion that contain harmful information, significantly risks undermining the potential health benefits of an e-health approach to sexual health promotion and information.
Disclosure of interest statement Nothing to declare.

P12.04 THE EVIDENCE FOR SEXUALLY TRANSMITTED INFECTIONS AS A MARKER FOR CHILD SEXUAL ABUSE: THE PHYSICAL SIGNS OF CHILD SEXUAL ABUSE 2ND EDITION 2015

Karen Rogstad*, Amanda Thomas, Neil McIntosh, Cindy Christian, on behalf of The Project Board, STI Working Group of The Royal College of Paediatrics, Child Health, The Royal College of Physicians of London, it's Faculty of Forensic, Legal Medicine. The Physical signs of child sexual abuse an updated evidence-based review, guidance for best practice (2015). *Sheffield Teaching Hospitals Foundation Trust and University of Sheffield Medical School, Leeds Community Healthcare NHS Trust, University of Edinburgh, The Children's Hospital of Philadelphia (USA), The Perelman School of Medicine, University of Pennsylvania (USA)*

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Introduction In 2008 the RCPCH in collaboration with RCP (London) and Faculty of Forensic and Legal Medicine produced the only evidence based review on Physical Signs of Child Sexual Abuse (CSA). The evidence has been used in child protection cases including family and criminal proceedings in the UK and advised practitioners internationally. A further review of evidence with additional representation from American Academy of Paediatrics was undertaken to determine if changes to evidence statements are required.
Methods The 2008 search strategy identified all published primary research literature reporting STIs in relation to child sexual abuse or in children selected for non-abuse. For the 2015 publication, the search strategies were re-run on MEDLINE and EMBASE databases (Jan 2007–March 2014). Studies were selected according to certainty and quality of STI and CSA diagnosis.
Results Two additional studies were identified. One for HPV strengthened the evidence base for external genital warts (EGW) as a marker of CSA, reporting 50% of children sexually abused. The evidence base is "a significant proportion (31–58%) have been abused and a revised recommendation to refer children <13 yrs for child protection assessment.

One study was for Neisseria gonorrheae also supported the previous evidence statement (sexual abuse reported in 36–83%). The evidence has not changed significantly; GC, CT, and TV are most likely sexually transmitted and for children with HPV a significant number are sexually transmitted. Referral to child protection services is advised for all under 13 yr olds with GC, CT, TV, EGW; and for syphilis, HIV/Hepatitis B/C/Herpes genitalis sexual abuse should always be considered if other modalities have been excluded; infection in the mother does not exclude CSA.
Conclusion Children under 13 yrs presenting with an STIs should have CSA considered and be referred for a child protection assessment unless (rarely) evidence to the contrary.
Conflict of interest KER has received sponsorship, speakers and consultancy fees from Pharma related to HIV therapy and HPV vaccines.

P12.05 OUTREACH CHLAMYDIA TESTING: UPSKILLING A MULTIDISCIPLINARY WORKFORCE

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Introduction Chlamydia is the most common notifiable sexually transmitted infection (STI) in Australia, mostly affecting people aged 29 years and under. Offering testing in an outreach setting is an effective strategy for engaging young people and reducing the number of undiagnosed infections. Our service developed a model for Aboriginal Health Education Officers (HEOs) and Health Promotion Officers (HPOs) to offer urine chlamydia and gonorrhoea testing at community events. To enhance knowledge, confidence and skills, the Clinical Nurse Consultant and other specialist clinicians developed a comprehensive training package. The package includes an operations manual, lesson plan, presentation, role play scenarios, checklists, knowledge quiz and competency assessment. Topics include confidentiality, assessing risk and specimen collection procedures. Ongoing support from the clinical service is provided.
Methods Participants completed a pre and post training survey to measure knowledge and confidence in undertaking urine chlamydia and gonorrhoea testing in an outreach setting. The survey asked for responses to six statements on a scale of 1 (not at all) to 5 (completely). The average scores for each statement pre and post were calculated.
Results A total of nine staff completed the training between August 2014 and January 2015. The staff were from varying disciplines including Aboriginal HEO, HPOs, social work and student nursing. Eight pre and post surveys were completed. For all statements there was an increase in the average score in the post survey compared with the pre survey. The greatest differences were in the statements relating to assessing risk of harm in a young person and use of standard precautions.
Conclusion Participation in the comprehensive training demonstrated an increase in knowledge, confidence and skills of non-clinical health workers to undertake urine chlamydia and gonorrhoea testing in an outreach setting. The training is appropriate for staff from a variety of disciplines including Aboriginal HEOs, HPOs and social workers.
Disclosure of interest statement No disclosures of interest.

P12.06 GENITAL *TRICHOMONAS VAGINALIS* IS RARE AMONG FEMALE ATTENDEES AT A SYDNEY METROPOLITAN SEXUAL HEALTH CLINIC

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Introduction *Trichomonas vaginalis* (TV) is the most common non-viral sexually transmitted infection worldwide. Among Australian women, a wide variation in prevalence (0.38%–8.4%) using nucleic acid amplification tests (NAAT) has been reported.