likely than younger patients to report never using condoms [32.6% (CI 0.31–0.34) vs. 24.1% (CI 0.23–0.25)]. The overall prevalence of acute STIs was 18.1% (CI 0.17–0.19) in older patients and 25.8% (CI 0.25–0.27) in younger patients. Older women were more likely to be diagnosed with trichomoniasis [21.5% of those tested (CI 18.6–24.5) vs. 13.1% (CI 11.5–14.8)]. Black race was predictive of having an acute STI in younger men [OR 2.2 (CI 1.47–3.35)] and women [OR 2.7 (CI 1.34–5.30)] but not in older men [OR 1.2 (CI 0.79–1.73)] or women [OR 1.2 (CI 0.43–3.15)].

Conclusion Older patients who seek care at STI clinics engage in significant risk behaviours. Race, a factor strongly predictive of acute STIs in young men and women is not a significant predictor of STIs in older persons.

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P12.17 SHOULD SPECILIAST SEXUAL HEALTH SERVICES STILL SEE SELF-REFERRALS

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Introduction There is an international trend in the re-development of specialist sexual health services as referral only services or with a reduced self-referral component. This study evaluates the value of retaining a self-referral component to service provision.

Methods An audit of attendance reasons to a provincial sexual health service for 354 episodes of care from 2012–2013 were analysed.

Data collected for national STI surveillance were analysed to compare the age and gender of patients treated for bacterial STIs in 2013 through the sexual health service with those treated by other providers.

Further analysis will be undertaken to assess the characteristics of patients attending a specialist service for STI management and trends with time.

Results Confidentiality is the most common reason for attending a specialist sexual health service (35%) followed by cost (29%).

35% of gonorrhoea cases and 20% of chlamydia cases in the region are managed through the sexual health service. However 35% of men with chlamydia are managed through the service and 56% of those over 30.

Conclusion Despite youth health services and general practices seeing an increasing number of young people for chlamydia management, specialist services continue to see a concentrated group of patients with bacterial STIs to provide opportunities for training and to gain knowledge of local sexual networks.

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P12.18 SEXUAL AND REPRODUCTIVE HEALTH IN RURAL VICTORIA: WHAT URGENT CARE SERVICES ARE AVAILABLE AND ARE THEY ADEQUATE?

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Introduction Strong evidence exists that young, rural people face significant barriers to accessing sexual and reproductive health (SRH) services. What influence this has on chlamydia notifications is unknown. Regional hospital urgent care services have the potential to provide after-hours SRH services but little is known about their capacity, policies and procedures in Victoria. This project aims to investigate the availability of testing for sexually transmissible infections (STIs) and provision of emergency contraception (EC) in regional hospitals and explore any relationships with chlamydia notifications.

Methods All urgent care and regional trauma services (N = 60) were surveyed by phone. Cross-sectional data were collected to determine policies and practices for STI testing and EC provision. Descriptive analysis was conducted by geographical region and an analysis will be performed to determine any relationship between access to after-hours SRH services and chlamydia notifications by region.

Results To date, 41/60 (68%) hospitals have provided data. 29% knew of a policy for STI testing and all services had the capacity for STI testing but 29% reported that they would refer patients for STI testing elsewhere. The majority of services (66%) had EC available on site. Of the 13 services that didn't provide EC, only 1 could refer to another 24-hr service within 30 min drive. Of the hospitals that would refer to the nearest regional centre hospital, all were >30 min away and not accessible by public transport. EC provision varied widely between regions (range 29–83%). Further analysis between chlamydia notifications and STI testing availability will be explored.

Conclusion The data collected demonstrated the heterogeneity of STI testing and EC available to young people after-hours in regional areas. The bulk of services are offered at the discretion of individual hospitals. Accessibility, affordability, availability, accommodation and acceptability continue to be obstacles for young people in regional areas in rural Victoria.

Disclosure of interest statement The authors declare that they have no competing interests.

P13 - Operational and health systems research

P13.01 TOWARDS UNIVERSAL ACCESS: THE PAPUA NEW GUINEA (PNG) COMPANION PRODUCT CONDOM DISTRIBUTION TRIAL

R Nixon*. *Social Science Dimensions*

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