and 30.1%, 38.5% for men and 22.2% for women, in 2006 and 2012 respectively. Always using condom with any sexual partners in the last 12 months was 3.5% and 5.1% in 2006 and 2012, respectively. Using drug was 1.4% in both rounds. HIV testing and knowing the result were 1.1% and 31.8% in 2006 and 2012, respectively. Among aged 15–24 groups, the correct knowledge on HIV prevention was increased from 21.0% (2006) to 52.9% (2012); always using condom with any sexual partners in the last 12 months was increased from 5.9% (2006) to 12.0% (2012) and syphilis prevalence was decreased from 3.1% (2006) to 1.6% (2012).

Conclusion High syphilis prevalence combined with high sexual risk behaviour such as multiple sex partners and low consistent condom use suggests high potential risk for HIV/STI transmission among Dao ethnic people. In addition, low-level knowledge on HIV/AIDS prevention and STI treatment warrants extra attention. HIV prevention effort needs to ensure reaching this remote and vulnerable ethnicity with focus on young in Viet Nam.

Disclosure of interest None.

P01.11 UNDERSTANDING THE GREATER BURDEN OF STIS AMONG BLACK CARIBBEANS IN THE UK: EVIDENCE FROM A SYSTEMATIC REVIEW

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Background In the UK, Black Caribbeans are disproportionately affected by STIs. We conducted a systematic review of attitudinal, behavioural and contextual risk factors of this inequality.

Methods Ten electronic databases were searched for studies on risk factors and drivers of STI among UK Black Caribbeans from 1948 to 30/11/2014. Two independent reviewers screened all identified abstracts and extracted data from selected studies using standardised forms.

Results Of 3220 abstracts identified, 165 were included in the review. STI risk among Black Caribbeans is higher compared to other ethnic groups and varies by gender and age. Being single and reporting first intercourse aged <16, >1 new sex partner in the past year, concurrency, and assortative sexual mixing were identified as risk factors. STIs were considered of lower priority than HIV/unplanned pregnancy. Barriers to condom use, especially among women with older and regular partners, were reported. Compared to other ethnic groups, Black Caribbeans were more likely to have ever attended a STI clinic and tested for HIV, but Black Caribbean women were more likely to report delays in seeking care and be sexually active whilst symptomatic. Perceived negative attitudes of clinic staff of the same ethnicity towards young women negatively affected care-seeking.

Conclusion Sexual behavioural risk factors or access to care did not fully explain the disproportionate STIs burden among Black Caribbeans highlighting the need for further evidence on contextual drivers of STIs. STI reduction interventions should be gender-specific, informed by partnership patterns and address attitudes to STIs and sexual health care-seeking.

Disclosure of interest statement Nothing to declare.

P02 - New media in STI prevention

P02.01 SYSTEMATIC REVIEW AND META-ANALYSIS OF RANDOMISED CONTROL TRIALS OF INTERACTIVE DIGITAL INTERVENTIONS FOR SEXUAL HEALTH PROMOTION

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Background Sexual ill-health is a global concern. Digital technology offers enormous potential for health promotion. This systematic review assessed effectiveness of interactive digital interventions (IDI) for sexual health promotion.

Methods IDI are interactive programmes providing information, decision support, behaviour-change support and/or emotional support. We searched 40 electronic databases for randomised controlled trials (RCT) of IDI for sexual health promotion. Cochrane Collaboration methods were used to determine the effectiveness of IDI vs. minimal interventions (e.g. waiting list) (comparison1); face-to-face interventions (comparison 2); and different designs of IDI (comparison 3). Separate meta-analyses were conducted for comparisons 1, 2, and 3, by type of outcome (knowledge, self-efficacy, intention, sexual behaviour and biological outcomes). Results were pooled using a random effects model to calculate standardised mean differences (SMDs) and odds ratios (ORs). Subgroup analyses tested the following prespecified factors: age, risk grouping, and settings (online, healthcare, educational).

Results We identified 34 RCTs (10,758 participants). Comparison 1: IDI had beneficial effect on knowledge (SMD 0.43, 95% CI 0.14 to 0.71); safer sex self-efficacy (SMD 0.11, 95% CI 0.03 to 0.18) and intention (SMD 0.13, 95% CI 0.05 to 0.22). There was no effect on sexual behaviour (OR 1.15, 95% CI 0.97 to 1.36) or biological outcomes (OR 0.81, 95% CI 0.56 to 1.16). Comparison 2: IDI improved knowledge (SMD 0.36, 95% CI 0.1 to 0.58), and intention (SMD 0.46, 95% CI 0.06 to 0.85), but not self-efficacy (SMD 0.38, 95% CI 0.01 to 0.77). Comparison 3: Tailoring showed a beneficial effect on sexual behaviour (OR 2.64, 95% CI 1.45 to 4.80). No subgroup differences were noted. No data were available for cost-effectiveness.

Conclusions IDIs can effectively enhance knowledge, self-efficacy, intention, and tailored IDIs can improve sexual behaviour. Further evidence is needed to understand how to translate these positive effects of IDIs into improved sexual health, and how IDIs work.

Disclosure of interest Nothing to Declare.

P02.02 ANOTHER DIGI-GAP! INTEGRATING MULTIFACETED TRIAGING APPROACHES TO ASSIST AND SPEED TECHNOLOGICAL TRANSITION TO ELECTRONIC MEDICAL DOCUMENTATION AND BOOKING SYSTEMS

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Introduction Recognising and harnessing cultural and technological shifts in both client and healthcare provider arenas are crucial to optimising clinic wide responses to STI education and care. As methods of client-to-service engagement evolve, healthcare providers and their documentation systems must change as well. This is crucial to optimising clinical care and interaction for potential sexual health clients, especially when incorporating mandatory area health service and ministry directives into daily practice.

Northern Sydney Sexual Health Service (NSSHS) triage has long allowed for telephone and walk-in enquiries. NSSHS has modified the existing service website to allow for online booking enquiries. This allows a potential patient to perform basic self-triage while engaging with sexual health services in a safe, non-confronting manner. At the same time, this reduces telephone wait times for clients and improves engagement.

Results 75% of all website enquiries are appropriate for Clinic 16 services.

A significant increase in appointments made via our website enquiry system for priority populations has occurred since initiation in November 2014, including with men who have sex with men (MSM) and youth.

By improving our priority population engagement, there is a marked improvement in Occasions of Services and a projected improvement in Activity Based Funding (ABF) capture via the new electronic medical record system, Community Health and Outpatient Care system (CHOC).

Conclusion By integrating a multi-platform approach to patient engagement, NSSHS is growing to fit client needs while incorporating Local Health District and Ministry of Health mandated electronic medical record changes. This improves ABF capture, patient documentation and above all, improves engagement of priority populations with sexual health services.

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P02.03 "CLICK YES TO CONSENT": CAN WE ACHIEVE INFORMED CONSENT FOR ONLINE TESTING FOR SEXUALLY TRANSMITTED INFECTIONS?

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Introduction Achieving informed consent is integral to clinical testing, and imperative to consider when designing online testing services. We incorporated pre-test concepts necessary for informed consent into a new online STI/HIV testing service in British Columbia (GetCheckedOnline.com, GCO) and assessed the attitudes and understanding of this process.

Methods English-speaking participants ≥19 years were recruited from Craigslist and among STI clinic clients for usability testing of a beta version of GCO, which included a webpage presenting 8 consent-related statements for review prior to printing a laboratory requisition. Participants were interviewed regarding their acceptability, perceptions, and understanding of the informed consent page; transcripts were analysed thematically.

Results We conducted 14 interviews (8 males, 6 females; 11 self-identified as heterosexual; 8 previously tested at the provincial STI clinic). The consent page was acceptable to all and not perceived as a barrier or deterrent; many reported expecting to see a consent step in the process. While some viewed it as a formality or to reduce organisational liability, many participants were able to appropriately articulate the meaning and purpose of informed consent - perceiving it to be important for both the tester and the organisation, which for some led to increased trust and credibility of the service. Participants expressed the most concern regarding statements describing potential harms of testing and disease reporting. Compared to participants recruited through the STI clinic who related the step to their prior experience, participants with less testing experience generally demonstrated poorer understanding and awareness of concepts necessary for informed consent.

Conclusion We argue that principles of informed consent apply equally in online testing programs as in provider-led interactions, and can be effectively achieved without detracting from the user experience. As online testing models evolve, understanding how better to meet the informed consent needs of less-experienced testers is critical.

Disclosure of interest statement The authors have no conflicts of interest to disclose.

P02.04 ACCEPTABILITY OF ONLINE RESOURCES FOR STI PARTNER NOTIFICATION: WHO WOULD USE WHAT IN THE TOOLKIT?

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Introduction A variety of online STI partner notification (PN) resources have been developed to support people diagnosed with STI who elect to notify partners themselves. We conducted a survey of clients at a large urban STI clinic to determine the acceptability of different online resources for partner notification (PN).

Methods Our waiting room survey was conducted over 8 months in Vancouver, British Columbia. We measured intention to use each of three online PN resources with a 5-point likelihood scale (dichotomized for analysis as likely/unlikely): email/text notification service (using online form, anonymous option); sample letter/email; tips/videos about how to talk to partners. We used multivariable logistical regression to detect significant ($p < 0.05$) associations between each outcome and potential explanatory factors.

Results Of 1539 clients surveyed, 26% (email/text), 26% (sample letter), and 68% (tips/videos) were likely to use each proposed service. Clients with more partners were more likely to intend to use the email/text service and tips/videos. Clients comfortable talking to partners were more likely to use the email/text service. Those who were likely to disclose all sex partners to a nurse were more likely to use the sample letter and tips/videos. The largest association was observed between intention to use email/text service and preference for a 'mixed' approach to PN (client tells some, nurse tells some; OR 5.24 [95% CI 3.43, 8.00]). Neither age nor gender of sex partners was associated with any of the outcomes.

Conclusion Results from this large survey suggest that acceptability of online PN resources is high, and may effectively supplement existing approaches to PN for some clients —notably those with multiple partners, and those preferring STI nurses to notify only some of these partners on their behalf. Having a variety of