

vs text, and open (anyone can access) vs closed models (provider controls access via e-mail invitation or access code).

Methods We conducted five focus groups with potential users (youth, men who have sex with men (MSM), STI clinic clients), community agencies, and public health nurses, and interviewed family physicians, recruited through multiple methods. Participants were shown visual depictions of OPN models and examples of existing services, and opinions elicited using discussion guides that probed acceptability, advantages, and challenges of differing models. Notes taken were supplemented by review of audio recordings and analysed thematically.

Results We spoke with 16 potential users (6 youth, 6 MSM, 4 clients), 4 agency staff, 11 nurses, and 8 physicians. Older and younger users preferred OPN through e-mail and texting respectively, each perceiving the chosen modality as more serious and private. Participant points of convergence included: OPN are beneficial; need for two-stage messaging (initial generic, followed by detailed disease and contact information); few concerns regarding misuse; limitations given online sex-seeking without contact information. Most users preferred OPN for all possible STI while providers more commonly emphasised reportable or treatable infections. Users preferred closed access models which were perceived as more serious and secure. Providers preferred open models, perceiving closed models to create barriers for clients and difficult to integrate into clinical practice.

Conclusion We found overall support for OPN, but key differences between client and provider perceptions may pose challenges to uptake. As OPN are best promoted by providers giving an STI diagnosis, understanding and addressing provider concerns is important.

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

P04.02 PARTNER NOTIFICATION IN NORTH AMERICA: A HISTORICAL ACCOUNT

¹O Sobanjo, ²M Steben*, ³E Cheuk, ⁴J Kettner, ⁵M Fast, ⁶H Meadwick. ¹Resident, Public Health and Preventive Medicine, Faculty of Medicine, McGill University, Montréal, Québec, Canada; ²STI Unit, Institut National de Santé Publique Du Québec, Montréal, Québec, Canada; ³Formerly From National Collaborative Centre on Infectious Diseases (NCCID), Winnipeg, Manitoba, Canada; ⁴National Collaborative Centre on Infectious Diseases, Winnipeg, Manitoba, Canada

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Introduction Partner notification (PN) has been an integral part of sexually transmitted infection (STI) prevention for decades. Initially proposed for syphilis control, it now extends to a wide range of STI. NCCID PN project included documenting its origins in North America (NA).

Methods A multi-pronged approach has been adopted due to paucity of historical evidence.

- Literature search: electronic database (PubMed), manual reference list search, printed literature on public health (PH) history in NA, search of significant PH organisation websites for related publications.
- Semi-structured interviews of key participants in STD control programs National STD prevention conference in Minnesota.
- Blogging: obtain historical accounts through use of online discussion sites or focus groups e.g. stdpreventiononline.org
- Request of materials: participants in the online blog and those for the structured interviews were to bring memorabilia, documents, letters.

Results PN might have been in use since the 19th century, PN has been shown effective when implemented as part of a larger PH initiative. Crucial to its success was the monitoring of performance. Confidentiality was a priority. Identifiers were used in reports to make it possible to trend networks and patterns. PN evolved in time with changes in diseases. Efforts were made to make available free services for testing and treatment. The costs implications favoured adoption of methods such as provider-referral and patient-referral. Given the importance of PN to STI prevention, it was disappointing to find limited documentation published particularly in Canada compared to United States.

Conclusion PN has been touted as the cornerstone in STI control. Looking at its origins and principles of success helps informs decisions regarding its current role and practice. Prevailing circumstances such as restricted budgets, high rates of mobility and increasing numbers of anonymous partners call for a modification in the use of PN today. Newer models employing social media are being developed.

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P04.03 WHICH PARTNER NOTIFICATION METHOD DO PATIENTS PREFER? RESULTS OF A PATIENT PREFERENCE SURVEY AT THE NATIONAL STI CLINIC IN SINGAPORE

WS Tan*, TW Chio. Department of STI Control Clinic, Singapore

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Introduction Partner Notification (PN) can be made more effective if source patients are receptive to the method of PN. With increased mobile and internet connectivity, we carried out a survey to find out if our patient's preference towards PN had changed.

Methods A self-administered survey was carried out on clinic attendees over 4 weeks in February 2014. Respondents were asked about their preference for each PN method on a modified 4 point Likert scale.

Results A total of 416 completed survey forms were collected. The demographics of the respondents were consistent with the average clinic demographic: 74%(n = 307) were male, 26% (n = 109) were female. 71.6% were heterosexual, 23.6% were homosexual, and 4.8% bisexual. 90.5% had access to an Iphone/Android or both.

If diagnosed with an STI, respondents rated the following methods as good/very good: Self notification (84.3%), Phone call by clinic (52.4%), SMS from clinic (46.4%), Email sent by clinic (29.6%), Letter sent by clinic (22.3%).

If their partners had an STI, respondents rather the following PN methods as good/very good: Self notification (88.7%), Phone call by clinic (54.1%), SMS from clinic (48.8%), Email sent by clinic (29.5%), Letter sent by clinic (21.9%).

Subgroup analyses found that significantly more respondents aged below 32 years preferred SMS (52.6% vs. 42.2%, p = 0.039). MSM respondents significantly preferred email as a PN method compared to heterosexual respondents (41.5% vs. 26.5%, p = 0.03).

Conclusion Despite the advent of mobile connectivity, self-notification remains the most popular form of PN in our clinic attendees similar to the previous studies conducted in the United Kingdom. Respondents were also receptive to SMS PN,