O006 IS A SHORT COURSE OF AZITHROMYCIN EFFECTIVE IN THE TREATMENT OF MILD TO MODERATE PELVIC INFLAMMATORY DISEASE (PID)?

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10.1136/sextrans-2016-052718.6

Background/introduction Crucial to treatment success in PID is adherence to therapy. All guidelines recommend 14-days of therapy although many women fail to complete 2-weeks, particularly if they experience side-effects. A shorter course of antibiotics may offer a valuable treatment alternative.

Aim(s)/objectives To compare clinical efficacy/acceptability of standard PID treatment 14-days with 5-day course of antibiotics for mild-moderate PID (pain for <30 days).

Methods A multicentre, open-label, non-inferiority RCT comparing arm-1 (ofloxacin/metronidazole) with arm-2 (azithromycin 1g day-1; 500mg od day-2–5, metronidazole/ceftriaxone). Efficacy was measured using standard pain-scores at baseline and 14–21 day follow-up looking for a 70% reduction; women who failed to complete treatment/return for follow-up were considered treatment failures.

Results N = 313 (152 arm-1, 162 arm-2 with similar baseline characteristics). Median age 25. Lower abdo-pain 95%, discharge 64%, dyspareunia 53%. Baseline pain-score median 8/36 (range 1–26); day 14–21 0/36 (range 0–18). Considering women who failed to complete therapy/return for follow-up as failures, the proportion with 70% pain reduction was 46.7% for arm-1; 42.2% for arm-2 (p = 0.49, difference in proportions (arm-2 minus arm-1) −4.5% (95% CI −15.5%, 6.5%)). For those women completing therapy the proportion with a 70% pain reduction was 68.9% for arm-1; 57.6% for arm-2 (p = 0.11, difference in proportions −11.3% (95% CI −23.9%, −1.3%). There were no significant differences in reported side effects except diarrhoea: 33.6% arm-1 vs 78.1% arm-2 (p = 0.0001).

Discussion/conclusion In terms of pain reduction we could not demonstrate that the shorter azithromycin course was non-inferior to the standard-of-care. Patients also experienced significantly more diarrhoea. This study highlights the importance of using evidence-based treatment regimens.

O007 DIGITAL HEALTH AND REMOTE DIGITAL CONSULTATIONS: VIEWS AND EXPERIENCES IN SEXUAL HEALTH CLINIC ATTENDEES

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10.1136/sextrans-2016-052718.7

Background/introduction Digital health is becoming increasingly important in the NHS. Use of apps and remote digital consultations (RDC) may improve patient access and satisfaction, but more data on attitudes in sexual health clinic attendees are needed.

Aim(s)/objectives Assess the views of using digital health in sexual health clinic attendees.

Methods Patient-directed questionnaires were completed by patients attending a sexual health service. Demographic data were collected, along with acceptability and use of apps, websites and RDC.

Results 231 surveys were returned. 85% (175/206) of participants would be happy to use a website for sexual health; 39% (82/208) find using an app acceptable. Education to A-level or above significantly improved acceptability of using digital health for RDC (see Table 1). A previous STI versus no STI in the last 12 months significantly improved acceptability of using an app for sexual health (22/40 versus 58/165, p = 0.02) and consenting for a recording of their RDC in clinic notes (17/38 versus 44/164, p = 0.02).

Abstract O007 Table 1 Digital health

	Overall	Educated to GCSE level or less	Educated to A-level or higher	p-value
Currently have a device for video consultation (i.e. Skype or FaceTime)	**84% (173/207)**	67% (31/46)	90% (137/152)	0.001
Give consent for face to face remote digital consultation	**51% (105/207)**	37% (17/46)	56% (85/152)	0.01
Find web cam use acceptable for remote appointments	**40% (81/202)**	26% (12/46)	46% (68/147)	0.02

Discussion/conclusion Most participants find using a website acceptable, however the use of apps less so. RDC are acceptable for only one in two of all sexual health attendees, and less so for patients with lower educational attainment. Only four in ten would allow a recording of a digital consultation, with confidentiality stated as the main concern. Fewer responses were received from patients with a lower educational attainment, which may affect generalisability of these data. We should be mindful that a mixture of digital and traditional health is needed to accommodate all service users.

O008 TRIAGE REVIEW: SHOULD THEY STAY, OR SHOULD THEY GO?

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10.1136/sextrans-2016-052718.8

Background BASHH guidance for GUM services advises access within 48 hours for all and on the day review for emergencies. GU services have varying policies for when capacity is reached, ranging from 'closed door' policies to triaging all, however, there are concerns that patients with significant infections may be turned away. Since 2010 our inner city clinic has used triage forms.

Aims To investigate the burden of STIs in individuals who were turned away after triage, and assess the efficacy of our triage system

Methods Review of all triaged patients between 5/1/15–24/3/15.

Results 698 patients triaged: 359M; 336F; 3 unknown. Median age 23 years (range 16–86). 488 (70%) were turned away: 255M; 230F; 3 unknown; median age 23 years (range 16–73). Warts/lumps/bumps (15%), urinary symptoms (15%) and

abnormal discharge (15%) were the most common presenting symptoms and most likely to be turned away.

Abstract O008 Table 1 Triage review

Diagnosis of all accepted and turned away re-attenders	Number diagnosed	Number initially turned away
Chlamydia	33	16 (49%)
Gonorrhoea	19	8 (42%)
Primary Syphilis	2	1 (50%)
PID/epididymitis	26	9 (35%)
Non-specific genital infection	34	17 (50%)

224 (46%) of those turned away, never returned.

Conclusions Turned away patients who re-attended had a significant number of STIs and BASHH concerns are justified. Patients who never return heighten these concerns. Management of excess demand in the current financial climate is challenging, but closer links between clinics in a region, central booking systems and social media could help to direct individuals to clinics with availability.

O009 EVALUATION OF A PILOT OF INTERNET REQUESTED CHLAMYDIA TEST KITS IN 25 TO 34 YEAR OLDS

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10.1136/sextrans-2016-052718.9

Background In the UK, Chlamydia is most prevalent in those aged 16–24 years. However, 1.5% of women and 1.0% of men aged 25–34 years are estimated to be infected. Attending healthcare venues may be challenging in rural settings and internet-requested tests may help individuals to access testing. We report results from a pilot of internet-requested testing among 25 to 34 year-olds resident in a rural region of England.
Aim(s) To evaluate the pilot of internet-requested chlamydia test kits in 25 to 34 year-olds.
Methods Internet-requested test kits were made available to those aged 25 to 34 years through a dedicated website from 1st April to 31st December 2015. Number of test kit requests, returns, positivity (positive tests/number tested) and cost data were reviewed for those aged 15 to 24 and 25 to 34 years.
Results The proportion of kits that were returned was significantly higher among the older age group (Table 1). Positivity was similar in the two age groups. The average cost per test and per positive was £22.58 and £244.47, respectively, in the younger group and £22.08 and £303.45 for the older group.
Discussion The pilot shows that chlamydia internet tests were accessed by an older group who were at significant risk of infection as evidenced by the positivity in that group. Return rates were high. Provision of internet tests to older age groups may represent an attractive option for some local commissioners and providers.

O010 USE AND PERCEPTIONS OF THE *ONLINE CHLAMYDIA PATHWAY (OCP)*: FINDINGS FROM QUALITATIVE INTERVIEWS AMONG PEOPLE TREATED FOR CHLAMYDIA

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10.1136/sextrans-2016-052718.10

Introduction Within the *e*STI[2] consortium, we conducted exploratory studies of an innovative *Online Chlamydia Pathway* (*OCP*: results service, automated clinical consultation, electronic prescription via community pharmacy, online partner management, with telephone helpline support). Access to traditional services was facilitated where appropriate.
Objectives To describe patients' use and perceptions of the *OCP*.
Methods In-depth qualitative interviews with 40 purposively-sampled *OCP* users (21/40 female, aged 18–35) analysed thematically.
Results Interviewees chose the *OCP* to obtain treatment rapidly, conveniently and inconspicuously, within busy lifestyles that impeded clinic access. They described completing the online consultation promptly and discreetly, often using smartphones. Many found the online information provided comprehensive, but those who completed the consultation in public locations

Abstract O009 Table 1 Test requests, returns, tests and positivity by age group

	15 to 24 years		25 to 34 years		Unadjusted OR (95%CI)	*p* value
	N	%	n	%		
Kits requested	2,203		571			
Total test kits returned	1,548	70.3%	426	75%	1.24 (1.01 to 1.53)	0.042
Suitable specimen returned for testing						
Total specimens	1,508		411			
Specimens from women	1,062		252			
Specimens from men	446		159			
Test positive for chlamydia						
Total	139/1508	9.2%	31/411	7.5%	0.80 (0.54 to 1.21)	0.29
Women	84/1062	7.9%	14/252	5.6%	0.68 (0.38 to 1.23)	0.20
Men	55/446	12.3%	17/159	10.7%	0.85 (0.49 to 1.52)	0.58