

were more likely to use online services than clinic services. Females were more likely to use online services than clinic services when compared to males (OR = 1.55, $p \leq 0.001$). When compared to residents of white ethnicity, residents who identified as Asian (OR = 0.74, $p = 0.04$), Black (OR = 0.43, $p \leq 0.001$) or Other (OR = 0.48, $p \leq 0.001$) were less likely to use online services than clinic services. When compared with heterosexuals, homosexuals (OR = 1.46, $p \leq 0.001$) and bisexuals (OR = 3.10, $p \leq 0.001$) were more likely to use online services than clinic services.

Conclusion There are demographic differences between residents that access online services and those that access clinic services. These data and more up to date data will be presented at the conference.

Abstract P072 Table 1 Online STI sampling

Demographic variable	Clinic users n (%)	Online users n (%)	Total n	p value (χ^2)
Ethnicity				
White	3,285 (62.88)	1,939 (37.12)	5,224	<0.001
Mixed	369 (59.23)	254 (40.77)	623	
Asian	172 (71.07)	70 (28.93)	242	
Black	1,991 (81.83)	442 (18.17)	2,433	
Other	360 (79.30)	94 (20.70)	454	
Not Known	516 (100.00)	0 (0.00)	516	
Age group				
16–20	717 (80.02)	179 (19.98)	896	<0.001
21–25	1,664 (66.06)	855 (33.94)	2,519	
26–30	1,726 (63.29)	1,001 (36.71)	2,727	
31–35	1,067 (72.34)	408 (27.66)	1,475	
36+	1,523 (81.05)	356 (18.95)	1,879	
Gender				
Male	3,107 (74.99)	1,036 (25.01)	4,143	<0.001
Female	3,590 (67.07)	1,763 (32.93)	5,353	
Sexual orientation				
Heterosexual	5,439 (70.57)	2,268 (29.43)	7,707	<0.001
Homosexual	927 (70.28)	392 (29.72)	1,319	
Bisexual	109 (43.95)	139 (56.05)	248	
Unknown	222 (100.00)	0 (0.00)	222	
Total	6,697 (70.52)	2,799 (29.48)	9,496	

P073 IF HIV-PrEP IS MADE AVAILABLE IN ENGLAND, WHAT ARE THE RESOURCE IMPLICATIONS FOR GUM CLINIC SERVICE PROVIDERS?

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Background Under plausible assumptions, HIV-pre-exposure prophylaxis (HIV-PrEP) is cost-effective for high-risk MSM in England. There is consensus that HIV-PrEP should be delivered via quarterly GUM clinic attendances. BASHH recommends quarterly STI screening for high-risk MSM. An HIV-PrEP policy would have direct (extra consultation time and renal function tests) and indirect (additional STI/HIV screening) GUM clinic resource implications, as well as drug costs.

Aims To explore clinic costs if HIV-PrEP is introduced.

Methods Indirect clinic costs per person per year (PPPY) used the draft 2016/17 National Tariff (£104/follow-up GUM visit). Direct HIV-PrEP-specific clinic costs were estimated by micro-costing. Direct tenofovir/emtricitabine costs used BNF prices (£12/tablet), assuming 50%/50% daily/intermittent dosing. GUMCADv2 provided numbers of eligible MSM and likely additional clinic attendances.

Results MSM, clinically assessed as high-risk, currently attend GUM services twice/year (median); for those given PrEP, two additional attendances would be required annually with indirect costs of £208 PPPY. In year one, the direct cost of starting HIV-PrEP would be £176 PPPY, including an additional month-1 follow-up. Clinical risk-assessment should result in offering HIV-PrEP to 8,000 high-risk MSM annually. There is considerable turnover in this group, with <10% remaining high-risk after two years. Assuming steady increases in coverage (from 2,000 in year one to 5,000 by year four), direct and indirect clinic costs would be £0.8M–£2M/year and drug costs £8M–£20M/year.

Discussion A national HIV-PrEP programme is likely to incur large drug costs but limited clinic costs. A substantially reduced drug price will be needed to enable wide coverage and maximise population impact.

P074 BARRIERS ASSOCIATED WITH THE IMPLEMENTATION OF PROGRAMS FOR THE PREVENTION OF VERTICAL TRANSMISSION OF HIV

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Background Implementation of programs for the Prevention of Vertical Transmission of HIV(PVTHIV)/PMTCT faces higher degree of barriers and challenges at different levels.

Objective This pilot study is to examine the potential barriers that might affect the acceptability of interventions for in rural estate health care settings in Sri Lanka.

Methodology This is a cross-sectional study conducted among pregnant women in tea plantations where there are no programs for PVTHIV.

Results Of the 404 participants, 81% (324/404) were tea estate workers, while 80 (19%) were from nearby villages. Literacy rate among the respondents was high (88%). Only 16% knew about HIV/AIDS, 381 (95%) did not know that a mother with HIV can pass the virus to her child and 390 (97%) did not aware that HIV can transmit through breast milk. More than 95% of participants agreed that they have enough access to basic antenatal care, including institutional delivery plan but none were aware of PMTCT services. Acceptability of a HIV test was high with 87% (337/404). Out of the women living with their marital partners (398/404,98%), 68% (264/398) preferred to

consult their partners before having an HIV test. Availability and accessibility of PMTCT service facilities, associated stigma, shame and fear, confidentiality of reports and concerns over risk to the foetus due to lack of knowledge are some of the potential barriers identified with future PMTCT programs.

Conclusion Lack of knowledge, stigma and fear and confidentiality issues need to be overcome with extensive universal awareness programs on HIV/AIDS and PMTCT.

P075

DISCRIMINATORY ATTITUDES TOWARDS PEOPLE LIVING WITH HIV/AIDS, A POPULATION BASED STUDY IN SRI LANKA

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Background People living with HIV/AIDS (PLWHA) are vulnerable to discrimination because of the stigma associated with the disease.

Aim(s)/objectives To examine the level of disease awareness, discriminatory attitudes towards PLWHA and factors in association with such attitudes.

Methods A cross sectional survey was conducted by using a semi-structured validated telephone questionnaire of a random sample from the Sri Lankan telephone directory. The questionnaire consisted questions regarding awareness of the modes of transmission and questions to assess the attitude toward PLWHA.

Results Around 92% (120/130) of the respondents reported discriminatory attitudes in at least five out of the 20 relevant items, about 98% would avoid making physical contact with PLWHA, hesitating to sit next in the public transport (98%), divorcing the infected spouse (85%) and dismissing a HIV positive maid (100%). A sizeable proportion of the respondents exhibit negative perceptions; PLWHA are merely receiving the punishment they deserve (92%) and believe that they are purposefully infect others (94%). Also 89% concluded that the majority of PLWHA are promiscuous. Multiple regression analysis found that age, HIV related knowledge, above mentioned negative perceptions about PLWHA and fear associated with AIDS are independent predictors of discriminatory attitudes towards PLWHA. About 90% would give PLWHA the lowest priority in resource allocation among five groups of chronic diseases.

Conclusion Stigma among this study sample of general public was mostly due to fear of contracting the HIV/AIDS. Therefore, steps need to take increase public awareness and dissemination of information regarding HIV/AIDS to reduce the stigma associated with HIV.

P076

THE CHARLIE SHEEN AFFAIR: HIV NARRATIVES IN THE UK MEDIA IN 2015 – DOES REPORTING MEET THE NATIONAL AIDS TRUST STANDARDS?

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Background/introduction Despite media guidance from the National Aids Trust (NAT), there is evidence to suggest the UK media are continuing to portray HIV infection in a negative fashion. The “Charlie Sheen effect” has been described with a reported 400% increase in Google related HIV searches just after Charlie Sheen’s diagnosis.

Aim(s)/objectives Our aim was to identify themes of discussion about HIV in the media following the publication of Charlie Sheen’s diagnosis, focussing specifically on language used.

Methods Articles were selected using the term “Charlie Sheen HIV” in Google search engine. Fourteen articles dating from 17th November 2015 to 27th November 2015 were reviewed and common themes identified. We compared the language used to NAT guidelines.

Results 9/14 articles were negative in their overall discussion about HIV and three contained factually incorrect information. There were a large number of sensationalist headlines and quotes including “HIV monster”. 6/7 articles from 17th November referred to Sheen’s drug use, wealth and sexual preferences. Three speculated about sexual contact with “prostitutes” and transgender men. Two articles commented on racism and domestic violence despite no association with article content.

Discussion/conclusion The media continue to associate HIV infection with negative personality traits, which have no impact on HIV transmission. The media has a key role in reducing stigma associated with HIV. With a quarter of people living with HIV in the UK unaware of their status, it is imperative that barriers to testing and treatment (including pervasive stigma) are tackled urgently.

P077

MANAGING AN OUTBREAK OF INFECTIOUS SYPHILIS AMONG UNIVERSITY STUDENTS

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Background/introduction In November 2015 we were surprised by 5 cases of infectious syphilis among university students, including two bisexual males and one female. Mindful of the potential for onward transmission bridging both homosexual and heterosexual networks in this atypical group, we alerted Public Health to a potential outbreak.

Aim(s)/objectives To report on management of an outbreak.

Methods A pre-existing Outbreak Control Team (OCT) liaised by telephone to discuss preliminary control strategies. Student Health services were alerted immediately by telephone and email. Partner notification (PN) for syphilis cases was prioritised and intensified: additional information was collected (descriptions, where/how met, where studying); provider referral was encouraged, and home visits undertaken to reach contacts before the Christmas vacation. Targeted screening and on-line health promotion via student bulletins and social network sites was introduced.

Results From November 2015 – January 2016, a linked network of 37 individuals was identified, of whom 29 (78%) attended. Most contacts attended following provider referral (25/29; 86%). Repeated efforts were required to secure the attendance of several contacts. In all, 7 student cases of infectious syphilis were identified (1 female; 2 heterosexual males, 2 bisexual males, 2 MSM). The last 2 cases, identified in January, had initially tested negative 2–3 weeks after exposure.