

substantial minority of women attending SH clinics. In particular observed associations between binge-drinking, cigarette smoking and multiple partnerships may point towards broader lifestyle choices that could be addressed concomitantly in SH clinics to help reduce sexual risk behaviour.

### 035 SPATIAL AND TEMPORAL ASSOCIATIONS BETWEEN SEXUALLY TRANSMITTED AND RECENT CONGENITAL SYPHILIS CASES IN ENGLAND

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**Introduction** Four infants with congenital syphilis (CS) born to UK-born mothers who screened syphilis negative at first trimester antenatal screen were identified in England between March 2016–January 2017. Simulation modelling using historic data suggested the probability of observing these events was about 1%. We assessed whether these recent CS cases were associated with underlying epidemiology of infectious syphilis (IS).

**Methods** Data from 01/2011–09/2016 were obtained from GUMCADv2, the national STI surveillance system in England. We defined three syphilis epidemiological areas (SEAs): wider incident areas (WIAs; the affected and immediate surrounding counties); endemic areas (established epidemics in men who have sex with men-MSM); non-incident/non-endemic areas (NINEAs). IS rates/100,000 population were derived and associations between IS characteristics and SEAs were assessed using bivariate analyses. Mothers of CS cases were excluded from analyses.

**Results** From 2011–2016, IS rates/100,000 in WIAs rose in heterosexual women (1.5–2.5, 67% increase) and MSM (9.0–13.7, 52% increase) but fell in heterosexual men (4.3–2.7, 37% decrease). In NINEAs, rates rose in heterosexual women (1.6–1.9, 19% increase), MSM (5.0–11.9, 138% increase) and heterosexual men (2.7–3.2, 18% increase). In 2016, the proportion of UK-born heterosexual women with IS was greater in WIAs (82%) than in NINEAs (81%) and endemic areas (35%;  $p < 0.001$ ). The proportion of MSM identifying as bisexual was greater in WIAs (14%) compared with NINEAs (9%) and endemic areas (5%;  $p < 0.001$ ).

**Discussion** Increased syphilis transmission among MSM in WIAs may have created opportunities for IS acquisition in women. Health promotion to raise awareness of potential risks of acquiring syphilis during pregnancy is needed.

### 036 MANAGEMENT OF ACUTE EPIDIDYMO-ORCHITIS – SUPPORTING TWO SERVICES

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**Introduction** The mismanagement of acute epididymo-orchitis (EO) can have significant sequelae. Guidelines exist for the management of EO and we audited practice across two departments (Urology and Genito-Urinary Medicine [GUM]) within a District General Hospital.

**Methods** Case notes of patients attending with acute EO between June 2015 – June 2016 were analysed retrospectively. **Results** 152 men were seen; 85 by Urology, 67 by GUM. Mean age at presentation was 49 years (range 17–89). A full sexual history was documented in 15.3% of Urology patients, compared with 100% of those seen by GUM. Conversely, a full urological history was documented in 25.9% of Urology patients, compared with 2% of GUM patients. The differences in investigations requested are shown in Table 1.

Of the urine samples sent for culture by Urology, 36.4% were positive, and 50% had antibiotic resistance.

As well as failing to test for STIs, none of the patients seen by Urology were given advice regarding sexual abstinence and contact tracing. These recommendations were made by the GUM team in 93% and 88% cases, respectively.

In GUM 94% of patients were prescribed recommended first or second line antibiotic therapy, compared with 11% in Urology who had a wide variation of antibiotic use.

**Abstract 036 Table 1** Urology v GUM

Investigation	Urology (%) of patients tested	GUM (%) of patients tested
Urine dipstick	29.4	57.6
Mid-stream urine	51.8	28.4
<i>Chlamydia/gonorrhoea</i> -NAAT	0.0	97.0
Test for urethritis	0.0	36.0
Inflammatory markers	72.0	0.0
Serology for Blood-borne viruses	0.0	90.6

**Discussion** All patients in this audit were treated by teams with expertise in the management of EO. Our data shows despite well published guidelines being available, investigation and management could be improved. A combined clinical pathway for patients with acute EO could facilitate inter-speciality working and improve patient outcomes.

### 037 GENITAL DERMATOLOGY IS A HIGH PROPORTION OF THE CASE LOAD PRESENTING TO WALK-IN SEXUAL HEALTH SERVICES ACROSS THE UNITED KINGDOM

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**Introduction** Patients with genital dermatology (GD) conditions frequently present to sexual health services. Following service tendering, there are reports of contracts excluding provision of specialist GD services within sexual health. We aimed to review the case load of GD conditions presenting to walk-in sexual health clinics, to reach an understanding of the demand for these services within our specialty.

**Methods** Members of the BASHH GD Specialist Interest Group collected data on the first 30 to 50 new symptomatic

patients presenting to their sexual health walk-in service on 5<sup>th</sup> September.

**Results** 382 patients presented to 9 services across England and Scotland. Of these, 164 (43%) presented with a GD condition. GD STI diagnoses (e.g. warts, herpes simplex) were excluded. 75 patients (20%) presented with non-STI GD conditions.

Of these, 59% were male, 91% heterosexual. The modal age range and ethnicity were 18–25 year olds (36%) and white British (67%).

GD diagnoses included: candida/tinea 17%, normal variant 11%, eczema 8%, non-specific balanitis 8%, irritant dermatitis 7%, vulvodynia 5%, lichen sclerosus 5%, lichen planus 3%, psoriasis 3%. 17% of cases required senior review. 33% had follow up: 32% by a Genitourinary Medicine consultant; 12% in a Genitourinary Medicine specialist clinic. 4% required skin biopsy.

**Discussion** Our study demonstrates that non-STI GD conditions constitute a high proportion of clinical presentations to walk-in sexual health services. Many cases require in-house senior input. Commissioners must recognise the burden of GD on services and the expertise required to ensure optimal management of GD within sexual health.

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#### THE CONTRACEPTION CHOICES INTERACTIVE DECISION-AID: DEVELOPMENT, CONTENT AND DESIGN

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**Introduction** Women have many concerns about contraception which can put them off using reliable methods, and their worries may not surface in consultations with health professionals. An online intervention can offer convenient help with decisions. We describe the design and development of the Contraception Choices website which addresses myths and misconceptions about contraception, and provides tailored recommendations for contraceptive methods.

**Methods** We gathered several sources of evidence: 1) A qualitative synthesis of systematic reviews of factors influencing contraceptive choice; 2) Views on contraception expressed on YouTube (35 videos); 3) A meta-analysis of randomised controlled trials of interactive digital interventions for contraceptive decision-making; 4) A narrative synthesis of reviews of interventions for contraceptive decision-making; 5) Seven focus groups with 75 women aged 15 to 30 recruited in clinical settings, to explore beliefs and concerns about contraception and suggestions for website content.

YouTube videos and qualitative data were analysed thematically. Themes from the qualitative field work and findings from the evidence reviews were tabulated, and implications for the design of the Contraception Choices website were debated.

**Results** The most common myths and misconceptions about contraception were worries about hormones being unnatural, weight gain, altered bleeding patterns, cancer and future infertility. The Contraception Choices website addresses women's concerns through videos, information which highlights contraception benefits, and an interactive tool which gives tailored suggestions for contraceptive methods.

**Discussion** The role of digital decision-aids for contraception will be discussed. The website will be tested in a pilot randomised controlled trial starting in March 2017.

039

#### IMPROVING THE EVIDENCE-BASE TO UNDERSTAND STI RISK REDUCTION CAPACITY: THE FEASIBILITY AND ACCEPTABILITY OF LINKING ONLINE BEHAVIOURAL SURVEY DATA TO GENITOURINARY MEDICINE CLINIC RECORDS

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**Introduction** Behavioural surveys provide insight into the context associated with STI risk, but interpretation is hampered by using self-reported STI history. We aimed to determine the feasibility and acceptability of linking patients' online survey data on STI risk factors with the national surveillance dataset on STI diagnoses (GUMCADv2).

**Methods** Between May-September 2016, attendees at 16 GUM clinics across England were invited to complete an online survey on knowledge, attitudes, and behaviours around STI risk, using a clinic tablet or personal device. Clinic staff recorded respondents' patient IDs, which we used to link surveys to GUMCADv2 (as well as age, gender, and clinic attendance date). We examined recruitment and linkage success and used Z-test for proportions to assess selection bias.

**Results** 6283 attendees agreed to participate, and 73.6% (4626) did so, with survey completion higher in those who completed the survey in clinic vs. those who did so at home (87.3% vs 16.8%). 95.9% (4437) of survey respondents were eligible, which was 59.2% of our recruitment target. 91.2% (4046/4437) of participants consented to data linkage, and of these 88.9% (3596) were linked to GUMCADv2. Consent did not differ by age or gender but was higher among MSM than heterosexual men (95.5% vs. 88.4%;  $p < 0.01$ ), and lower among black Caribbean than white participants (87.1% vs 93.8%;  $p < 0.01$ ).

**Discussion** Online behavioural surveys distributed in GUM clinics with linkage to GUMCADv2 are both highly acceptable to attendees and technically feasible. Staff should encourage survey completion on clinic tablets to maximise recruitment and linkage success.

040

#### ON BECOMING 'NORMALISED': HOW ARE PATIENTS COPING WITH THE TRANSFORMATION OF HIV INTO A 'CHRONIC DISEASE LIKE ANY OTHER'?

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**Introduction** The widespread use of modern ARVs has increased self-management in HIV patients and reduced their contact with HIV services. We explored how patients adjusted to the changing model of care.