

In 2008 we introduced an email service whereby patients are seen once a year with interim results checked and emailed to them. We report on a review of the Connect email service.

Methods Individuals who had ever registered with the email service and their current status were identified from our prospective clinical database. Reasons for 'exiting' or 'pausing' the service were identified by a case notes review. A service evaluation was carried out via staff and patient surveys.

Results Since October 2008, 888 individuals have registered with our email service: 89.8% male (n=797); median age 48 (range 22–84). At the time of review (Oct 2016) 550 (550/2370 = 23% of total cohort) were under active email follow-up. In eight years, 171 (19.3%) have 'exited' the email service - reasons included: co-morbidities (46.2%); ARV switch/start (18.7%); patient choice (12.9%) and non-attendance/adherence (11.1%). A further 167 (18.8%) has been 'paused', mainly due to co-morbidities (58.1%); ARV switch/start (20.4%) and research (16.2%). Non-attendance/adherence was more common in younger patients while co-morbidities predominated among older patients (aged >50). In the staff survey, barriers for enrolling patients on Connect included 'difficulty letting go' of regular appointments, email access and confidentiality concerns.

Discussion As the email service is an integral part of HIV care in our unit, understanding why patients leave Connect and barriers to enrolment will enable continued effectiveness of the service.

UG4 THE PREDICTIVE VALUE OF TRIAGE QUESTIONNAIRES IN A SEXUAL HEALTH CLINIC

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10.1136/sextrans-2017-053232.44

Introduction To assess the effectiveness of self-completed triage forms in eliciting symptomatic status and predicting subsequent diagnoses.

Methods Consecutive patients attending a GUM clinic 3/10/16–7/10/16. Data from self-completed patient triage forms were extracted and correlated with clinician findings documented in electronic patient records at the visit. Fisher's Exact was used to calculate association.

Results 339 patients were included of whom 56.6% were female. Median age was 29 years (14–84) and 86.4% identified as heterosexual (n=293). 54.6% of patients (n=185) indicated symptoms on the triage forms c.f. 58.7% (n=199) documented as symptomatic by clinicians. Clinicians and patients agreed on symptomatic status in 85.3% (289/339) of cases. 57.7% (n=71) of symptomatic women reported lower abdominal pain (LAP), inter-menstrual/post-coital bleeding (IMB/PCB) or dyspareunia on triage forms which were subsequently documented by clinicians on 66.2% (41/71) of occasions. These symptoms were not significantly associated with a diagnosis of PID, or other infections, when documented by clinicians or patients (p<0.05). Patient and clinician documented 'change in vaginal discharge', 'lumps on genitals' and 'genital blisters or sores' were significantly associated with candidiasis and bacterial vaginosis (p<0.05), genital warts (p<0.05), and genital herpes (p<0.05) respectively. Patient and clinician reported dysuria was significantly associated with NSU in men and UTI in women (p<0.05).

Discussion There was a high level of concordance between patients and clinicians regarding symptomatic status. Specific symptoms, when included in triage, are effective predictors of associated diagnoses with the exception of LAP, IMB/PCB and dyspareunia which appear to be non-specific.

UG5 DESIGNING, DELIVERING AND EVALUATING A TEACHING TOOLKIT FOR PRE-EXPOSURE PROPHYLAXIS IN MEN WHO HAVE SEX WITH MEN

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10.1136/sextrans-2017-053232.45

Introduction Research on the knowledge of PrEP in healthcare workers including third sector workers is limited, and their knowledge will be vital to future national rollout. The aim of this study was to design and evaluate a teaching toolkit on PrEP to educate healthcare professionals and third-sector workers.

Methods A 20 minute powerpoint teaching toolkit was designed and delivered to sexual health workers, third sector workers and medical students. A questionnaire was used to evaluate the toolkit, including perceived knowledge pre-toolkit, immediate post-toolkit, and >1-week post-toolkit.

Results 42 participants took part in teaching sessions. There was a 36% increase in mean perceived participant knowledge scores (maximum = 25) immediately after teaching (23.69), and a 26% increase >1-week after teaching (21.93) – when both are compared with a prior mean score of 17.45. This change in perceived knowledge increased significantly both immediately post and >1-week post when compared with pre-toolkit (Z = -5.351, p = <0.001; Z = -3.189, p = 0.001). Immediately after, 42/42 (100%) participants agreed they had some knowledge of the monitoring and tests for PrEP in comparison to 21/42 (50%) pre-teaching (Z = -4.753, p = <0.001). Overall 39/42 (93%) of participants strongly agreed it provided a good overview of PrEP, with 35/42 (84%) thinking it would help them to provide answers to those seeking to use PrEP.

Discussion Perceived knowledge of PrEP increased following toolkit use and importantly was sustained >1-week post-toolkit when compared with prior knowledge. Toolkits such as this can help educate future PrEP advocates.

UG6 A RETROSPECTIVE COHORT STUDY OF TREATMENT OUTCOMES AMONG HIV POSITIVE INDIVIDUALS WITH EARLY SYPHILIS AT A SINGLE HIV CLINIC

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10.1136/sextrans-2017-053232.46

Introduction Guidelines for the treatment of early syphilis recommend benzathine penicillin G (BPG) for all patients regardless of HIV status. Concerns of HIV-positive patients developing asymptomatic neurosyphilis have prompted some to prescribe a neuropaenetrative regimen of procaine penicillin (PP) with probenecid. There is heterogeneity in prescribing and the debate surrounding this issue is amplified by the global probenecid shortage. One centre in the UK has