overall cost per Syphilis diagnosis £5,653. PN initiated testing was estimated to reduce the cost per syphilis diagnosis by £3,288.
Discussion PN services reduce the cost to diagnose Syphilis and support case finding. More work is required to target testing and improve PN.

P197 AN INTERPRETATIVE PHENOMENOLOGICAL ANALYSIS TO EXPLORE THE EXPERIENCES OF PATIENTS AFTER SPEAKING WITH A HEALTH ADVISER ABOUT PARTNER NOTIFICATION

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Introduction Partner notification (PN) is pivotal in controlling spread of sexually transmitted infections (STI) by reducing onward transmission and preventing reinfection. We explored the experiences of patients undergoing PN after being diagnosed with a STI.
Methods 259 patients diagnosed with a STI over a 3 week period were invited to complete a PN survey comprising quantitative and qualitative questions. Qualitative data was analysed using Interpretative Phenomenological Analysis (IPA).
Results 76 patients, 20 female and 24 male responded (not all questions were answered). Mean age was 31 (range 16-58). 21 identified as single and 16 partnered. 29% said this was their first clinic attendance, 65% said this was their first ever STI diagnosis and 36% said they attended as a STI contact. Eight main themes were identified: (1) infection source; (2) how to contact partners; (3) difficult information to discuss 'specific sexual acts performed with every one of them'; (4) uncertainty of partner testing and treatment; (5) concern of providing partner details; (6) future expectations; (7) use of social media; and (8) Health Adviser (HA) qualities. Patients understand PN, but face barriers due to partnership dynamics and lack the skills required for PN. Further partners were contacted following consultation with a HA. Evidence of alternative PN being offered (i.e. provider referral) was limited.
Discussion In line with BASHH guidelines, the importance of specialist staff in delivering PN was evident. Novel ways to facilitate sexual history taking and methods to contact partners (i.e. social media) are preferred and should be explored further.

P198 CHEMSEX AND ANTIRETROVIRAL THERAPY NON-ADHERENCE IN HIV-POSITIVE MEN WHO HAVE SEX WITH MEN: A SYSTEMATIC REVIEW

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Introduction Chemsex is associated with ART non-adherence and may therefore negatively influence HIV disease progression. However, there is no systematic examination of evidence for this association. Our objective was to summarise the extent of ART non-adherence among chemsex drug-using HIV-positive MSM worldwide and to quantify the effect that chemsex has on ART non-adherence by comparing chemsex drug-users to non-chemsex drug-users.
Methods Pubmed and Embase were searched from inception to 25.06.15. Prevalence and analytical studies were included. Bias was assessed using a risk-of-bias assessment tool. Assessment of heterogeneity was conducted using I2 and Cochran-Q Chi2 statistics. Metaanalyses were conducted using fixed or random-effects methods. Metaregression assessed for formal statistical evidence of heterogeneity.
Results 3288 published and unpublished records were screened. Prevalence of ART non-adherence among chemsex drug-users (10 studies) ranged from 6% to 81%. 7 studies provided 10 effect measures for the association between chemsex drug-use and ART non-adherence. Chemsex drug-users had 23% higher odds of being ART non-adherent compared with non-chemsex drug-users (OR 1.23, 95%CI 1.10–1.38, I2 0%, p=0.372). Studies that used less specific definitions of chemsex drug-use found weak statistical evidence for an association (OR 1.96, 95%CI 0.52–7.31, I2 78.9%, p=0.009). Meta-regression failed to provide statistical evidence of why the effect varied between studies.
Discussion In HIV-positive MSM, the prevalence of ART non-adherence among chemsex drug-users varied widely. There was evidence of an association between chemsex drug-use and ART non-adherence. Paucity of studies and substantial heterogeneity between studies limited interpretation of results. Further well-conducted studies in a variety of settings are needed.

P199 ARE WE TESTING IN THE RIGHT LOCATIONS? USE OF PUBLIC HEALTH MAPPING TO INVESTIGATE YOUNG PEOPLE, CHLAMYDIA AND SOCIOECONOMIC STATUS

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Introduction Chlamydia testing is universal and routine in all local sexual health clinics. Projected local population increases and expansion of the university sector necessitate the appraisal of current services and future planning to meet population need.
Objective To investigate whether the current locations of Chlamydia testing services match areas of high need.
Method We obtained data from the Sexual Health in Wales Surveillance Scheme (SWS) on Chlamydia diagnoses in integrated sexual health clinics by middle super output area (MSOA) of residence for patients living in our local area. Mapping software is used to overlay Chlamydia testing behaviour and positivity against locations of FE colleges, STI testing clinics, areas of high deprivation and areas with a high proportion of young residents.
Results Between 2012 and 2016, 3,450 chlamydia diagnoses were recorded in Cardiff and Vale residents. The maps suggest that Chlamydia diagnoses were most common in areas usually habited by students. Furthermore, mapping fifths of deprivation suggested lower rates of Chlamydia in the more deprived areas, despite more testing venues.
Discussion The maps suggest University students are frequent testers and have a high positivity for Chlamydia whereas those from more deprived areas have lower rates for Chlamydia. This descriptive analysis suggests that local chlamydia testing services may not be mapped to populations at greatest need.