

(63.6%) with subsequently positive syphilis serology. Of 32 (73%) asymptomatic patients 25 (78%) received treatment. All 25 reported ongoing sexual contact with the index partner or others within the window period (WP) and serology was consistent with active infection in 5 (20%). Of the 7 (21.9%) that didn't receive epidemiological treatment 5 were outside the WP and tested negative; 1 declined treatment and tested negative at 12w; 1 contact of late latent syphilis tested negative within the WP but failed to attend 12w follow up. There were 8 (18%) with other STIs at presentation.

**Discussion** While penicillin-resistant syphilis is not an immediate concern, contacts may have other infections that could be partially treated with penicillin based or tetracycline antibiotics potentiating resistance. Over half our patients were at risk of re-infecting or transmitting to partners supporting the basis for epidemiological treatment but should we consider the option of treating symptomatics at presentation and abstinence advice pending results?

#### P209 WHAT MAKES EXPEDITED PARTNER THERAPY (EPT) AND ACCELERATED PARTNER THERAPY (APT) WORK FOR PARTNER NOTIFICATION FOR BACTERIAL STIS? A SYSTEMATIC REVIEW OF INTERVENTIONS

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**Introduction** Expedited Partner Therapy (EPT) treats the sex partners of persons with STIs without prior clinical evaluation. These interventions have been shown to reduce rates of re-infection and treat a higher proportion of sex partners. EPT which includes remote medical assessment of sexual partners is known as Accelerated Partner Therapy (APT) and meets UK prescribing guidance. Understanding the sequential active behaviour change components of such partner notification (PN) interventions and their use of theory, enables their optimisation and translation to the UK health context.

**Methods** We searched eight databases for studies detailing EPT and APT interventions for STIs implemented in high-income countries which included process and outcome data. Abstracts were screened and full-text articles analysed. Data were extracted relating to population, context, intervention components and associated behaviour change techniques (BCTs).

**Results** We included 15 of 723 studies covering interventions implemented between 1996–2013 in the UK and USA. EPT interventions are composed of complex sequences of diverse components, representing heterogeneous 'relay' behaviour change interventions. They involve diverse behavioural targets and target populations (index patient, partners, healthcare professionals). However they employ a broadly consistent range of behaviour change techniques including: 'how to perform a behaviour' and 'information about health consequences.'

**Discussion** EPT interventions are atheoretical, developed in response to patient and provider needs. Systematically identifying the key behaviour components and processes involved in EPT/APT may help explain intervention effectiveness.

Developing an explicit theoretical framework using identified BCTs will help in training healthcare professionals to deliver EPT/APT, improving generalisability of interventions and PN outcomes.

#### P210 A CLUSTER OF INFECTIOUS SYPHILIS CASES

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**Introduction** In 2016 the Field Epidemiology Service (FES) noted an increase in cases of infectious syphilis reported to the Enhanced Syphilis Surveillance Scheme (ESSS) from our clinic. From 01 January 2016 to 31 December 2016, 55 cases were reported to ESSS; compared with 12 cases from January to December 2015.

**Methods** Data was extracted from GUMCAD and the ESSS. FES collated and analysed the data using appropriate measures of disease frequency, central tendency and spread in order to describe the epidemiological characteristics of the cluster.

#### Results

**All cases were male** The median age was 37 years (range 16 to 74). 75% were men who have sex with men (MSM), 18% heterosexual and 7% bisexual. 89% were of white British ethnicity. 64% were HIV negative. 18% reported chem-sex.

38% were diagnosed as primary syphilis, 36% secondary syphilis and 27% early latent syphilis.

Venue and/or web application information was recorded for 71% of cases. GRINDR was the most commonly mentioned application (48% of cases mentioning use).

**Discussion** In order to reduce syphilis transmission it is vital that new cases are identified and treated and strategies put in place to target populations at higher risk. Incident Management Team meetings were held in 2016 including representatives from Public Health England, GUM, sexual health promotion team and commissioners. Education and awareness programmes have been implemented focussing on specific websites, apps and venues such as bars and clubs popular among MSM. We continue to monitor cases of infectious syphilis on a monthly basis.

#### P211 TEENS AND SEXTING – A PUBLIC HEALTH CONCERN?

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**Introduction** Sexual messaging (sexting) has become a norm of peer-to-peer communication among young people. There are concerns about the negative impact sexting has on young people's health and wellbeing. However, little is known about the nature of public health messages currently being provided on sexting. This study sought to understand the nature of information and advice on sexting available online for children, young people and adults.

**Methods** A document analysis explored online resources from national agencies involved in promoting the welfare of children and young people. Thirty-eight documents were identified which included audio-visual files. The nature of information was analysed thematically.

**Results** Definitions of sexting, the scope of the problem and the role of technology were key themes across the documents. Safeguarding prioritised the welfare of young people with advice and scenarios on legal issues. Immediate and longer-term consequences considered peer pressure, coercion, bullying and control, psycho-social distress, reputation damage and internet related crime. Advice focused on how to say 'no', minimising risk, dealing with the problem, relationship advice, safety and harm reduction including how to use social media.

**Discussion** Sexting may play an important part in normative sexual development and sexual enquiry. Online digital relationships also create concern for some children and young people. This research found that there was a wealth of information and advice available and the nature of it is consistent across agencies. Harm reduction could be strengthened through a multi-agency commitment to promote inclusive, cross-curricular online safety and healthy peer relationship messages.

#### P212 THE CLAP TRAP: THE EFFECTIVENESS OF PARTNER NOTIFICATION FOR GONORRHOEA IN MSM IN AN LGBT COMMUNITY SEXUAL HEALTH CLINIC

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**Introduction** High rates of partner change, multiple casual partners, and complex sexual networks are thought to contribute to outbreaks of *Neisseria gonorrhoea* (GC) in men who have sex with men (MSM), who account for 42% of diagnoses in the UK. Prompt, appropriate treatment and effective partner notification are key to reducing transmission. We audited partner notification for GC in MSM attending an LGBT community sexual health clinic.

**Methods** A retrospective audit over 12 months (2015–16). A total of 33 episodes of GC were diagnosed in 31 patients. Data was recorded on a spreadsheet for analysis.

**Results** 25(76%) were asymptomatic. 29(88%) underwent triple site testing and 4(12%) dual site. Gonorrhoea was detected in the pharynx in 23(70%), urethra in 7(21%), and rectum in 14(42%). 7(21%) had dual and 2(6%) triple site infection. 29/33(88%) were informed of the diagnosis within 10 days (target 95%). 28/33(85%) were treated within 2 weeks. 6 attended as contacts of GC and were treated on the day they attended. A total of 109 contacts were given. 50 (46%) were untraceable. Of the traceable contacts, 31/59 (53%) were confirmed as treated, 23 at the same clinic. A total of 0.9 contacts were treated per index case (target 0.6).

**Discussion** The high frequency of unknown casual partners in MSM with GC means there is often inadequate information to trace partners. Nevertheless, this audit has shown good outcomes for partner notification in a community LGBT sexual health clinic. This should contribute to reducing onward transmission in a high risk MSM population.

#### P213 THE EPIDEMIOLOGICAL FEATURES OF HERPES SIMPLEX VIRUS CASES IN A CORK STI CLINIC

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**Introduction** Herpes simplex virus (HSV) is the leading cause of genital lesions worldwide. The transmission of sexually transmitted infections (STI's) and human behaviour are intrinsically linked. A clear understanding of the characteristics that increase the risk of acquiring these infections is vital for STI control. European evidence lists large intracountry and intercountry differences in the epidemiology of genital herpes across Europe

**Methods** Retrospective chart review, examining demographic, behavioural and diagnostic data of patients who attended a Cork STI clinic from 2011 to 2015 inclusive. Multivariate logistic regression models were used to study the epidemiological features of patients with a genital HSV infection (n=296) in comparison to a control group of patients with negative screen (n=307).

#### Results

**Females** (OR 3.942, P<0.001) and those aged between 25 to 30 years (OR: 8.397, P<0.001) had increased odds of acquiring genital HSV. Subjects of non-Irish ethnicity (P=0.032) and females who engaged in sexual intercourse younger than 17 years of age were more likely to present with the infection (OR: 7.427, P<0.01). Alcohol and drug use were not significant predicting factors of HSV infection. High number of sexual partners was not associated with increased risk of the infection. Consistent condom use was very low in all subjects.

**Discussion** Public health campaigns directed at young people, especially those engaging in sexual activity at a young age and non-Irish ethnic groups, may be beneficial. Increased distribution of condoms to at risk age groups should be considered. It is relevant to public policy design that classic risk taking behaviours were not associated with increased risk of genital HSV infection.

#### P214 THE USE OF ANABOLIC STEROIDS IN MALES ATTENDING A SEXUAL HEALTH CLINIC

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**Introduction** A 2013 study by Public Health England stated 'Men who inject anabolic steroids (AS) and tanning drugs are at higher risk of HIV and viral hepatitis'. Injectors of AS are now the biggest client group at many needle and syringe programmes in the UK. The British Crime Survey on AS use among 16–59 year olds in England and Wales found in 2009/2010 0.7% had ever used and 0.2% had used in the last year. There have been no studies looking specifically at prevalence in sexual health clinic attendees and we wondered whether this might represent a different population.

**Methods** All male attendees to the sexual health clinic were invited to participate in the survey by self-completing an anonymous questionnaire about use of anabolic steroids, basic demographic details and details of known pre-existing blood borne virus infections.

**Results** 96 respondents. Age range: 3% <18, 55% 18–25, 42% >25. 82% self-identified as heterosexual. Only 1 patient admitted to having known HIV infection, none to hepatitis and 5 individuals opted not to answer this question. 4.1% admitted previous use of anabolic steroids. All were heterosexual, had injected and had used within the last year.