

guidance for final year registrars, and opening the scheme to them prior to commencement of their substantive posts, we anticipate that these changes will bring further benefits to those in the mentoring programme.

**P190 BAREBACKING: OPINIONS OF HIV NEGATIVE MEN WHO HAVE SEX WITH MEN**

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**Background** Men who have sex with men (MSM) remain disproportionately affected by HIV and sexual infections. 2010 saw the highest number of new UK HIV diagnoses, acquired predominately through condomless anal sex (CAS) with an estimated 67% acquired in relationships. To reduce risk taking behaviour, a deeper understanding of what influences MSM not to use condoms is required.

**Aim** To explore the opinions and rationales for CAS in HIV negative MSM.

**Methods** MSM were targeted, via gay press and leafleting, to complete an online questionnaire exploring issues around CAS. Data were collected from November 2010 to October 2011 following ethical approval. Responses from HIV negative MSM were reviewed and themed to quantify opinions and motivations for CAS in this cohort.

**Results** Data are drawn from a larger study. A total of 158 males met the criteria; 73.4% (n=116) did not identify themselves as a barebacker, the remainder did. There was a mean age of 35.4 (range 18–72), with the majority being White British (48.7%, n=77). All participants had engaged in unprotected anal sex. Barebacking was identified as contextual (eg, only in relationship) by 36 or behavioural (eg, I bareback) by 28 respondents. Relationships (79, 50%), trust (44, 27.8%) and infection screening (42, 26.6%) featured most frequently as personal reasons for engaging in CAS. Alcohol (63, 39.9%), physical sensation (58, 36.7%) and the thrill of the risk (53, 33.5%) were the most common opinions on why others had unprotected sex.

**Conclusions** CAS remains a complex issue and the definition of “barebacker” varies. Perceptions why others engaged in CAS have more negative connotations, however individual rationales for engaging in CAS predominantly focussed around love and relationships. Given the significant number of MSM that acquire HIV in relationships there is a clear need to maintain safer sex messages that are contextualised for those in relationships to observe the principles of negotiated safety.

**P191 DEMONSTRATING PERFORMANCE OF A LOW-COST ULTRA-RAPID PCR ASSAY FOR TRICHOMONAS VAGINALIS WITH POINT-OF-CARE APPLICATIONS**

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**Objectives** We have developed a novel Point-of-Care (PoC) system, Velox, comprising an assay-specific cartridge and instrument with a turnaround time of 25 min. The system has been developed for *Chlamydia trachomatis* and *Chlamydia/Gonorrhoea*. We have now developed a *Trichomonas vaginalis* (TV) test suitable for integration onto the cartridge. The assay utilises a novel electrochemical

detection method to demonstrate low copy number amplification and detection of TV in <25 min.

**Methods** The method employs prototype PCR cartridges in conjunction with an ultra-rapid thermocycler. All reagents necessary to perform the extraction, amplification and detection are deposited into the cards and air dried at the point of manufacture. A sample is added to the card and DNA extracted from the sample. The resulting eluate reconstitutes dried PCR reagents and PCR is performed using rapid thermocycling. Amplified target is detected using electrochemically-labelled TV target-specific probes and a double-stranded DNA-specific exonuclease to release the electrochemical label. Released label is read by applying a voltage to a screen printed carbon electrode and at a known oxidation potential the label is oxidised producing a measurable current.

**Results** Analytical sensitivity of the TV assay was evaluated by testing dilutions of the organism in the presence of Internal Control (IC) DNA. The results show a TV limit of detection of 50 copies when co-extracted, amplified in duplex and detected electrochemically with the IC DNA. Tests on the reagents dried into the device showed stability for 18 months when stored at ambient temperature (20–25°C).

**Conclusions** The results show that in conjunction with the instrument, the TV assay could be used to perform ultra-rapid PCR with no user intervention after sample addition. This allows minimally-trained staff to carry out the assay in <25 min, meeting the needs of a PoC device.

**P192 WHAT CAREER CHOICES DO TRAINEES MAKE AFTER ATTENDING THE GU MEDICINE TASTER?**

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**Background** The GUM taster (running annually in London since 2009) is a 2-day educational programme for junior doctors before they apply for specialist training. It is popular and over-subscribed, receiving excellent feedback. We sought to investigate the career choices made by trainees who had attended previous GUM tasters.

**Methods** All trainees who had attended one of three previous GUM tasters were contacted about their career progression. Four questions were asked, covering: (1) current specialty, (2) current year of training, (3) career choices/plan, (4) reasons for choice of specialty.

**Results** Trainees were contacted by email and telephone, response rate 86% (90/105). Trainees currently in specialty or GP training (52%, 47/90) are listed below: The remaining trainees (43/90) were in: non-training clinical posts/working abroad (21), still in F2/CT1/CT2 (19), clinical fellowships (2) or had left medicine (1). Of these, 37% (16/43) planned to apply to GUM as their first choice specialty; with 26% (11/43) planning to apply for GP training. 71% (15/21) of trainees planning a career as a GP wanted to continue with GU as a specialist interest. Reasons given for choosing GU medicine included interest, work-life balance, opportunities for research/work abroad, lively colleagues, diverse patients and avoiding general medicine (see abstract P192 table 1).

**Discussion** 37% (33/90) of those attending our GU Tasters were either already in GU training or considering applying for GU as their first choice specialty. In 2011, the Taster was successfully organised in London and in the Midlands (for the first time). The course has allowed trainees to be better informed about the specialty and has highlighted GU medicine as a popular alternative or additional career option for many.

## Abstract P192 Table 1 Delegates choosing GUM as a speciality following taster day

| Speciality   | Number of trainees (% choosing speciality) |
|--|--|
| GUM  | 17 (36)                                    |
| GP   | 10 (21)                                    |
| Microbiology/radiology                                       | 3 each (6)                                 |
| ID/Public health/Surgery/O&G                                 | 2 each (4)                                 |
| Dermatology/oncology/geriatrics/rheumatology/ACCS/psychiatry | 1 each (2)                                 |
| Total  | 47   |

P193 **A MIXED-METHOD STUDY OF HOW TO INCREASE STI SCREENING AMONG YOUNG PEOPLE**

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**Background** STIs are a considerable problem, with diagnoses concentrated among young people. Although the Theory of Planned Behaviour (TPB) predicts many health behaviours, there is a lack of research into how well it explains STI testing. The original TPB emphasised the importance of intentions as the ultimate influence on behaviour. Subsequent research focuses on implementation intentions—people who make explicit plans for how to implement their intentions are more likely to do so. Although some studies have analysed barriers and facilitators in STI testing, no published research has examined what impact developing implementation plans has. This study was designed to address this knowledge gap.

**Objectives** To assess an extended TPB and implementation intention interventions on STI testing; to carry out a qualitative study of barriers and facilitators in those who intend to test.

**Methods** 371 participants completed an online baseline questionnaire and were randomly allocated to a control, information or implementation plan condition to examine differential effects on intentions to undergo STI testing. 172 completed a 6-week follow-up questionnaire to assess actual testing behaviour. In-depth interviews were conducted with a purposive selection of the sample and analysed using interpretative phenomenological analysis.

**Results** Multivariate analysis revealed that TPB variables explained 20% of the variance in past testing behaviour ( $p < 0.01$ ) and 17% of variance in intention ( $p < 0.01$ ). No significant difference between intervention arms was found ( $p = 0.90$ ) (the intervention did not significantly strengthen intentions). Qualitative analysis revealed multiple perceived barriers to STI testing.

**Conclusion** Results provide support for the utility of an extended TPB in predicting past behaviour and intentions to undergo STI testing. Although the implementation plan intervention was ineffective, qualitative data helped explain why a significant intervention effect was not found.

P194 **THE USE OF CAPTURE RE-CAPTURE TO ASSESS COMPLETENESS OF REPORTING OF SYPHILIS CASES AND TO GUIDE INTERVENTIONS FOR IMPROVEMENT**

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**Background** Two North East Syphilis outbreaks underlined the need for complete reporting of cases. Completeness was assessed by comparing GUMCAD with regional Enhanced Syphilis Surveillance. Capture–recapture studies were undertaken at yearly intervals to

estimate the true number of cases and put forward recommendations to improve reporting completeness.

**Objectives** The objectives were to assess completeness of reporting of Syphilis cases in two surveillance systems, estimate the true number of cases, and provide recommendations for improving Syphilis reporting.

**Methods** Completeness of reporting was assessed for the period January 2010–June 2010 using capture–recapture methodology to estimate the true number of cases. Intervention A (clinic visits discussing findings) was performed and the effect measured by repeating the process. Follow-up studies were undertaken covering January 2010 to Jun 2011 to measure the effect and a different intervention B (linelists sent to clinics) was performed.

**Results** In the initial audit neither system included more than 73% of the estimated true burden of cases, although the aggregate figures suggested they were similar. After intervention A this increased to 94% in GUMCAD. The second audit showed a decreasing trend of reporting completeness after June 2010 to an average of 84% in January 2010–June 2011. After intervention B this improved to 96%. Causes of incompleteness in GUMCAD included incorrect coding and failure to record cases identified during screening leading to under-matching and overestimation of the total burden.

**Discussion** Completeness of reporting before intervention was 84% in GUMCAD suggesting the true number of syphilis cases was 19% higher than reported by official statistics. Completeness increased after intervention A but subsequently declined and a further intervention was required to maintain data quality. Regular feedback of case lists to clinics to check for missing cases can enhance completeness of Syphilis surveillance.

P195 **ASKING ABOUT SEX IN GENERAL HEALTH SURVEYS: IT CAN BE DONE! COMPARING DATA COLLECTED BY THE 2010 HEALTH SURVEY FOR ENGLAND WITH NATSAL**

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**Objectives** The HSE is administered annually to a probability sample of people in England. In 2010, the HSE included, for the first time, questions about sexual health, which previously were considered too sensitive for a general health survey. This paper compares the reporting of sexual behaviours by people aged 16–44 in HSE2010 with Natsal-2, Britain's national probability survey of sexual behaviour.

**Methods** HSE2010 interviewed 8420 people aged 16–69, of whom 2911 were 16–44. Natsal-2 interviewed 12 110 people aged 16–44 in 1999/2001. HSE2010 used pen-and-paper self-completion questionnaires for the sexual health questions, while Natsal-2 used computer-assisted self-interviews for the more sensitive questions.

**Results** Collecting sexual behaviour data were acceptable to HSE2010 participants with low item non-response (5%–10%), albeit slightly higher than in Natsal-2 (<5%). Reported age at 1st intercourse was comparable in the two surveys: medians of 17 (men) and 16 (women) aged 16–24. However, for some very sensitive questions there were lower levels of reporting in HSE2010 than in Natsal-2: while the proportion reporting same-sex in the last 5 years was similar (2%–3%), reporting of ever having same-sex was lower in HSE2010 for men (2% vs 5% in Natsal-2). Similarly, the mean number of opposite-sex partners reported in HSE2010 was a little lower than in Natsal-2, particularly for men: 9.5 vs 12.7, respectively; (5.4 vs 6.5 for women, respectively). Men were also slightly less likely to report STI diagnoses in HSE2010 vs Natsal-2: 8.7% vs 11.1%, respectively; but this was reported by similar proportions of women (12%).

**Discussion** Sexual behaviour data can be successfully collected by the HSE, albeit in less detail than in Natsal. HSE2010 has