

increasing reports of clinics overrunning and patients not waiting to be seen. Verbal complaints from patients rose as they felt the impact on the service. Over time as the EPR became established these concerns and complaints lessened.

Aim To identify whether or not the EPR has significantly impacted on the footfall of patients attending a level three sexual health service.

Methods Comparison data was extracted from IT system and inserted in to data sheets from a service analysis in 2010.

Results

Abstract P56 Table 1 Patient footfall

Year	New	Follow up	DNA
2010	10375	2628	1222
2014	10234	2156	835

Discussion The observed difference both for New and FU patients in 2010 and 2014 is small despite staff feeling there has been a negative effect on patient attendance. There has been active encouragement to decrease the number of FU patients to improve DNA rates, which has reduced by 32% (2010–2014). Overall in the year 2014 there is little evidence that the IT system has significantly impacted on the footfall of patients attending a level 3 service, despite clinics being minimised and appointments decreased to manage attendance levels.

Category: Epidemiology and partner notification

P57 TO DISCLOSE OR NOT TO DISCLOSE. AN EXPLORATION OF THE MULTI-DISCIPLINARY TEAM'S ROLE IN ADVISING PATIENTS ABOUT DISCLOSURE WHEN DIAGNOSED WITH GENITAL HERPES SIMPLEX VIRUS (HSV)

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Background HSV is the leading cause of genital ulcerative disease worldwide. Medical experts condemned the first UK prosecution for genital herpes transmission in 2011. There is a lack of research investigating what patients are being advised by the multidisciplinary team regarding disclosure.

Aim To explore the nature of advice given to patients by the multidisciplinary team regarding HSV disclosure to partners.

Methods A qualitative descriptive study. Ten semi-structured interviews were conducted. Participants: two sexual health advisors, three nurses, three consultants and two specialty doctors. The interviews were transcribed verbatim and analysed using Burnard's Thematic Content Analysis.

Results Four key themes emerged: (1) '*HSV – The Facts*', explored the medical aspects of the infection; (2) '*Stigma and Psychological Aspects of HSV*', explored participant's experiences of the emotional aspects of HSV; (3) '*The Challenge of Disclosure*', explored participant's views and experiences of discussing disclosure; (4) '*The Legal Case – Revenge not Justice*', explored participant's views on the legal prosecution.

Discussion/conclusion Participants believed disclosure to be the patient's choice. There was a general consensus that disclosure was not required due to the prevalence of HSV. Notably, participants had not altered their practice to advise disclosure to all partners in accordance with local protocol. An aspect found within the findings but not in the previous literature was the normalisation of HSV. Participants used the prevalence of HSV in an attempt to normalise and de-stigmatise the infection. This study disputed a key finding from the literature review that healthcare providers were providing inaccurate information about HSV.

P58 A REVIEW OF HEPATITIS C TESTING IN A DISTRICT GENERAL HOSPITAL – A CASE FOR TESTING COCAINE USERS AND SEXUAL CONTACTS OF HIV NEGATIVE HEPATITIS C PATIENTS?

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Background/introduction Hepatitis C has significant public health consequences and substantial morbidity and mortality. Timely identification and treatment is needed to avert the rising prevalence of Hepatitis C related chronic liver disease. There is currently an inconsistency in the guidance for which groups to screen, with BASHH and Public Health UK recommending slightly differing protocols.

Aim(s)/objectives The aim of this project was to audit Hepatitis C testing in the Rotherham GU medicine clinic against the standards set out by the Public Health England Migrant Health Policy. **Methods** All hepatitis C antibody positive diagnoses between January 2010 and May 2014 were identified. A retrospective case note review was undertaken to ascertain the indication for hepatitis C testing.

Results 25/27 of the hepatitis C positive patients were tested for a reason recommended by the Public Health England guidelines:

Abstract P58 Table 1 Hepatitis C testing

Rationale for testing	Percentage	Percentage of testing in line with Public Health UK Guidance
Intravenous drug use	88.9%	92.6%
Born outside of Western Europe	3.7%	
Intranasal cocaine use	3.7%	
Sexual contact of Hepatitis C	3.7%	

Discussion/conclusion Two of the patients were tested for reasons other than those listed by Public Health England and BASHH guidance. The issue of hepatitis C testing in cocaine users and HIV negative heterosexual contacts is currently under scrutiny by Public Health England and NICE, however neither advocates testing based upon these. Our audit data suggests that hepatitis C testing may be advisable in intranasal cocaine users

and sexual contacts of hepatitis C. There are epidemiological studies to support these findings.

P59 A SYSTEMATIC REVIEW OF ASSOCIATIONS BETWEEN SUBSTANCE USE AND SEXUAL RISK BEHAVIOUR, STIS AND UNPLANNED PREGNANCY IN WOMEN

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Background/introduction Associations between substance use and sexual risk among general populations of women may be helpful in the development of a sexual risk assessment tool for community health settings.

Aim(s)/objectives To review the evidence for whether smoking, alcohol and drug use variables are associated with reporting of unprotected sexual intercourse, multiple partnerships, STI diagnoses and unplanned pregnancy in women aged 16–44 years.

Methods Seven electronic databases were searched for probability population surveys published between 31/1/1994 and 31/1/2014 that reported on at least one of the outcomes above. Studies were included on women aged 16–44 years in the European Union, Australia, New Zealand, USA or Canada. An independent reviewer screened 10% of title and abstract exclusions and all full-text papers.

Results Three papers were identified. Current smoking was associated with unplanned pregnancy in the last year (Wellings 2013) and with current non-use of contraception among women (Xaverius 2009). Reporting ever smoking daily was also associated with reporting larger numbers of lifetime sexual partners (Cavazos-Rehg, 2011). Drug use in the last year (excepting cannabis) was associated with unplanned pregnancy (Wellings 2013). Cavazos-Rehg, 2011 found a dose response between lifetime partner numbers and heaviness of marijuana and alcohol use. Conversely Xaverius, 2009 found alcohol use was lower among those reporting current non-use of contraception.

Discussion/conclusion No clear direction emerged for the association with alcohol use, in contrast to drug use and smoking. Further research is needed to establish if alcohol has utility in a women's sexual risk assessment tool for community use.

P60 ASSOCIATIONS BETWEEN SUBSTANCE USE AND SEXUAL RISK BEHAVIOUR AMONG WOMEN AGED 16–44 YEARS: EVIDENCE FROM BRITAIN'S THIRD NATIONAL SURVEY OF SEXUAL ATTITUDES AND LIFESTYLES (NATSAL-3)

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Background/introduction Taking account of substance use may be important when developing a sexual risk assessment tool for use with women in community health settings.

Aim(s)/objectives To examine whether different measures of substance use have different associations with key sexual risk behaviours among women in the British general population (rather than women attending sexual health clinics who typically report higher risk behaviour).

Methods We analysed data from 4,911 female participants aged 16–44 in Natsal-3, a national probability sample survey undertaken 2010–2012, using multivariable regression to examine the associations between substance use variables and reporting: multiple (2+) partners in the last year; non-use of condoms with multiple partners in the last year; non-use of condoms at first sex with most recent partner.

Results Reporting multiple partners was associated with current smoking (OR 1.59, 95% CI 1.30–1.93), weekly binge drinking (OR 2.47, 95% CI 1.97–3.10), and drug use ever (OR 1.45, 95% CI 1.20–1.75). Similarly, reporting non-use of condoms with multiple partners was also associated with current smoking (OR 1.39, 95% CI 1.09–1.78), weekly binge drinking (OR 2.47, 95% CI 1.90–3.21) and drug use ever (OR 1.48, 95% CI 1.17–1.88). Non-use of condoms at first sex with most recent partner was only associated with current smoking (OR 1.47 95% CI 1.25–1.73) and weekly binge drinking (OR 1.41 95% CI 1.14–1.73).

Discussion/conclusion Differences were found to exist in how substance use variables are associated with the sexual risk behaviours studied. Different substance use questions may therefore be useful in identifying and distinguishing different sexual risk behaviours profiles in community settings.

P61 PSYCHOSOCIAL DETERMINANTS OF HIV DISCLOSURE TO CONFIDANTS WITH DIFFERENT HIV STATUS

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Background/introduction Informing HIV-negative people by people living with HIV (PLWH) about their status might probably have great HIV preventive effect. That is why it's important to study the factors of HIV disclosure to confidants with different HIV status.

Aim(s)/objectives The goal of the study was to reveal the psychosocial determinants of HIV disclosure to confidants with different HIV status.

Methods In 2013 we surveyed 418 PLWH in Saint Petersburg, Russia. We employed Internalised AIDS-Related Stigma Scale (IA-RSS), SF-36 Health Status Survey, Multidimensional Scale of Perceived Social Support (MPSS), the Lubben Social Network Scale (LSNS). The interview guide also contained the question about HIV status of those people, who were informed about respondents' HIV status by respondents themselves.

Results The sample was 58% of male (mean age = 34.3 years). An average time of identification of HIV was 6.3 years before the study. Logistic regression model explaining HIV disclosure to people with positive or/and negative HIV status included the