

This association is difficult to measure without a robust statistical test and more analysis is needed to quantify the association. Alternative testing paradigms outside clinic settings could help manage demand on clinical services.

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# JUST GOOGLE IT! IMPACT OF MEDIA COVERAGE OF AN OUTBREAK OF HIGH-LEVEL AZITHROMYCIN RESISTANT GONORRHOEA ON ATTENDANCES, AND GONORRHOEA TESTING AND DIAGNOSES AT LOCAL SEXUAL HEALTH CLINICS IN ENGLAND

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**Introduction** We investigated whether media coverage of an outbreak of high-level azithromycin resistant gonorrhoea in England, dubbed 'super gonorrhoea', affected online searches nationally, and attendances and gonorrhoea testing and diagnoses at sexual health clinics (SHCs) in affected areas.

**Methods** Google Trends was used to determine Relative Search Interest (RSI) for 'gonorrh\*' and 'super gonorrh\*' in England from 2015 – 2016. Using data from England's national STI surveillance system, an interrupted time series analysis was performed to compare the sex-stratified, weekly rates of attendances, and gonorrhoea testing and diagnoses at 6 SHCs in Leeds and in five other affected areas. The analysis compared rates of events 6 weeks before and after initial media coverage of the outbreak in September 2015.

**Results** The RSI peaked during initial media coverage in September 2015 with smaller peaks coinciding with subsequent coverage. The number of SHC attendances by women in Leeds rose after initial coverage ( $p < 0.01$ ) by 36% (from 320 to 435/week), but there was only a 4% increase in attendances (from 326 to 340/week) by men ( $p = 0.70$ ). There was no change in rates of gonorrhoea tests or diagnoses in women ( $p = 0.87$  and  $0.23$ ) or men ( $p = 0.51$  and  $p = 1.00$ ). There were no significant increases in event rates in five other areas with a high RSI.

**Discussion** We demonstrate that media coverage can impact health-seeking behaviours during high-profile outbreaks. Further research is needed to inform how best to target these messages to those most likely to benefit from attending and being tested in SHCs.

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# HOW CAN SEXUAL HISTORY TAKING FOR SEXUALLY TRANSMITTED INFECTION PARTNER NOTIFICATION BE IMPROVED?

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**Introduction** National guidelines, standards and policies help health care professionals to elicit information during sexual history taking as part of partner notification (PN) for sexually transmitted infections (STI). Accurate information about sexual

partners and sexual behaviours is vital to prevent onward transmission. This study focuses on patients' experiences on how sexual history questions for the purpose of PN could be improved.

**Methods** We conducted 12 focus groups with members of the public and patients at sexual health clinics in Glasgow and London. All patient participants had been diagnosed with a (non-HIV) STI in the past six months. Data were analysed using thematic analysis.

**Results** Analysis revealed a number of interrelated themes arising from participants' experiences and perceptions. Shared beliefs about sensitivity and reflexivity of questions regarding the frequency, riskiness and contactability of sexual partners influenced the way in which patients experienced and responded in sexual health consultations. Congruence in language and clinician-led consideration of the context of individual sexual behaviour contributed to the extent to which information was shared.

**Discussion** Sexual history taking for PN is embedded within a complex interaction between clinicians and patients. The need to accurately identify all partners is balanced against acknowledging that questions asked must be sensitive yet unambiguous. This study suggests that establishing congruence in language and investing time to examine contextual factors within the patient's sexual behaviours can lead to active collaboration within a time-efficient window, and enhancing the accuracy of information shared thereby enabling health professionals to offer appropriate options for PN.

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# INCREASE IN DIAGNOSES OF EARLY INFECTIOUS SYPHILIS: LOCAL OUTBREAK OR FOLLOWING THE NATIONAL TREND?

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**Introduction** There has been a substantial increase in the incidence of early infectious syphilis (EIS) in our large city clinic, apparent since reconfiguration of services in July 2015.

**Methods** A retrospective case note review of electronic patient records was undertaken to investigate whether this was due to a local outbreak or in keeping with recent national trend. A database search for primary, secondary & early latent syphilis identified 78 and 116 cases in 2015 and 2016 respectively. These records were assessed using BASHH audit standards and reviewed for various lifestyle risk factors. We worked with Public Health England to address concerns regarding a possible local syphilis outbreak.

**Results** Of 168 patients, 85% were MSM: 34% and 28% were HIV positive in 2015 and 2016 respectively. Of the patients with known HIV, 64% were diagnosed as part of their HIV care. Partner notification reached 0.56 contacts per index case. Of the 89 contacts, over 50% were positive for syphilis. Retrospective analysis of surveillance data identified a breakpoint in July 2014 associated with a monthly increase in cases since then with no observable change in patient demographics.

**Discussion** Service reconfiguration focussed on MSM risk groups, coincided with increased EIS diagnoses within 1 year. However, epidemiological analyses indicate a continuum from