Objective To control an outbreak of HIV among IVDUs
Interventions A multidisciplinary outbreak control team was convened in 2008 and 2010 with representation from the Health Protection Unit, the Drug and Alcohol Action Team, Genitourinary Medicine, Infectious Diseases, and Virology to develop a control strategy. Traditional partner notification was supplemented by cluster testing among associates in housing projects and drop in centres used by IVDUs. Opportunistic screening of IVDUs attending health services was promoted. Laboratory investigations included phylogenetic analysis and the recent infection testing algorithm.
Outcomes A further 6 cases were identified in 2010: two through hospital screening and four through partner notification. Cluster testing did not yield any further cases among associates (0/29), but presented an opportunity to raise awareness of local HIV risk among IVDUs. Joint working between services was a feature of all interventions. All 8 cases 2008–2010 are the same strain, and 7/8 are linked to at least one other case. Despite extended surveillance at centres providing treatment for substance misuse, no further new cases have been identified since September 2010.
Conclusion An HIV outbreak among a hard-to-reach population has been successfully controlled by a prompt and close collaboration between services to deliver a range of complementary control strategies. We remain vigilant to the possibility of further cases since the source of one case has not been identified.

P36 EVALUATION TO ASSESS PATIENTS' PERCEPTIONS OF RECEIVING THE RECENT INFECTION TESTING ALGORITHM [RITA] RESULT

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[1]V Gilbart, [2]E Anderson,* [3]N Garrett, [4]S Perera, [5]M Rayment, [6]H Williams, [1]J H Tosswill, [1]V Delpech. [1]*The Health Protection Agency;* [2]*Royal Liverpool University Hospital, Liverpool, UK;* [3]*Barts and the London NHS Trust, London, UK;* [4]*Brighton and Sussex University Hospitals NHS Trust, Brighton, UK;* [5]*Chelsea and Westminster NHS Foundation Trust, London, UK;* [6]*Guy's and St Thomas' NHS Foundation Trust, London, UK*

Background In the UK the primary objective of RITA has been to measure HIV incidence. The UK is the first country to routinely return results to patients and with over 7000 tests returned to clinicians so far, RITA is now seen as part of baseline HIV clinical care in participating centres.
Objectives To evaluate patients' experience of receiving a RITA result, including effects on identifying likely timing of infection, partner notification and relationships.
Methods Five HIV centres in England asked their patients to complete a questionnaire on their experience of receiving a "recently infected" RITA result soon after their HIV diagnosis.
Results Forty patients with newly diagnosed HIV and a "recent" RITA result completed the questionnaire (93% MSM). The majority (30/40, 75%) said that receiving the recent RITA result was helpful; 10 were unsure how helpful it was, and no participants found it unhelpful. 24 patients (60%) reported RITA helped identify partners who may be at risk of HIV and 24 (62%) felt it helped them to better understand how they may have been infected. Most (35, 88%) either felt neutral or "not more upset" when they learnt that they were likely recently infected. Of those in a relationship 33/37 (89%) reported RITA testing had not caused any relationship problems.
Conclusion The majority of patients receiving recent RITA results found this information helpful and no-one found it unhelpful. The result was felt to be useful in increasing an understanding of the likely timing of infection and for identifying "at risk" partners.

P37 SEX, DRUGS, RISK TAKING AND STIS

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[1]F E Keane, [1]E Thomas, [2]A Picton, [1]J Palmer, [1]L Haddon.* [1]*Royal Cornwall Hospital, Cornwall, UK;* [2]*Peninsula college of Medicine and Dentistry, Plymouth, UK*

Background Hazardous alcohol consumption (HAC) and recreational drug (RD) use are associated with risky sexual behaviour but there is little hard evidence about actual sexually transmitted infection (STI) acquisition in these cohorts.
Aim To investigate the association between HAC, RD use, risky sexual behaviour and STI acquisition.
Methods Patients self-completed the Fast Alcohol Screening Test (FAST), a validated screening tool to identify HAC, and questions on RD use. Markers of sexual risk-taking and STI diagnoses were obtained from patient records. Three cohorts: those with/without HAC (ie FAST positive/ negative respectively), RD use ever/never and recent/no recent RD use were analysed. Statistical significance ($p<0.05$) was calculated using Pearson's χ^2 test.
Results Convenience sampling identified 221 new/re-book patients, 21 were excluded due to administrative errors. Respondents included 70 (35%) men and 130 (65%) women (age range, 15–69 years; median 25. 105 (53.6%) and 91(46.4) identified as FAST positive and FAST negative, 85 (43.6%) and 110 (56.4%) reported RD use ever and never and 33 (16.8%) and 163 (83.2%) reported RD use and no RD use in the last 1/12 respectively. 67/102 FAST positives reported a new sexual partner in the previous 3/12 compared to 29/88 FAST negatives ($p<0.001$). Recent RD users were also more likely to report partner change (23/32 compared to those with no recent RD (75/159, $p=0.011$). There was an increase in STI diagnoses in FAST positive compared to FAST negative patients (34/105 and 17/91 $p=0.029$), no difference was observed in the other cohorts.
Discussion HAC is very common among our patients and appears to be linked to increased STI acquisition. Recent RD use is not uncommon. Our findings support the recommendations of the recent Alcohol and Sexual Health Working Party that identification of hazardous drinkers and brief interventions may improve sexual health outcomes.

P38 QUANTIFYING THE PUBLIC HEALTH VALUE OF PROVIDER-LED PARTNER NOTIFICATION USING AN EVIDENCE-BASED ALGORITHM WITH ROUTINELY-COLLECTED DATA

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[1]C Mercer,* [2]G Bell, [3]N Low, [4]C S Estcourt, [5]G Brook, [6]J A Cassell. [1]*University College London, London, UK;* [2]*Royal Hallamshire Hospital, Sheffield, UK;* [3]*University of Bern, Bern, Switzerland;* [4]*Queen Mary, University of London, London, UK;* [5]*Central Middlesex Hospital, London, UK;* [6]*Brighton and Sussex Medical School, Brighton, UK*

Objectives To assess (i) the public health benefit of provider-led partner notification (PN) and (ii) the importance of taking into account the number and types of partners when assessing the cost-benefit of provider-led PN.
Method We used data on 346 partners reported by 220 chlamydia index patients (n=127 men) seen by a PN professional at one GUM clinic, April–June 2011. We used a published, evidence-based algorithm to quantify PN impact, including the measure the "Number Needed to Treat to Interrupt Transmission" (NNTIT), defined as the number of partners who need to be treated to interrupt 1 onward (secondary) transmission. A lower NNTIT indicates less PN effort is required to prevent onward transmission.
Results Men reported 216/346 partners and women 130/346. Men more often described partners as casual (56% vs 28%), while women more often reported regular (40% vs 30%) and ex-partners (23% vs