

18 years and under, offering them quality time to address risk behaviour, sexual activity, detection, treatment and prevention of sexually transmitted infections (STI's). The legal age of consent in Ireland is 17 years, however many attendees are under this age or report prior sexual activity under the age of consent. As a result healthcare providers often find themselves operating in a legislative vacuum. This prospective study, performed between January and April 2012 examines presentations to the YPC, including age of coitarche, number of partners, prevalence of STI's and satisfaction of parents.

Results A total of 110 patients attended the YPC, 71% (N78) female, 29% (N = 32) male. Clinical details were analysed. 45% (N = 50) were asymptomatic. A total of 98% (N108) underwent HIV testing of whom were HIV negative. 16.36% (N = 18) were diagnosed with Chlamydia Trachomatis, 17% (N = 19) with Genital Warts, 3.6% (N = 4) with primary Herpes Simples.

18% (N = 20) had sex for the first time at 14 years of age, 5.5% (N = 6) admitted to having had at least 20 partners.

A total of 30% (N = 33) were unaccompanied. Of those accompanied 31.1% (N = 24) were accompanied by mother, 5.1% (N = 4) father, 16.8% (N = 13) careworker and other relatives 5.1% (N = 4). The remaining 49.1% (N = 55) by either partner or friends.

A total of 45 parent satisfaction surveys were completed. While 6% (N = 3) expressed concerns about their child attending the service without their knowledge, overall they were very impressed and 100% stated they would recommend the service to others.

Conclusion This study demonstrates that within our YPC cohort there was a high prevalence of sexual activity below the age of consent. With several having multiple partners, risky sexual behaviours and consequently a wide spectrum of STI's

P2.161 EXPLORING THE ACCEPTABILITY OF ONLINE STI TESTING FOR RURAL YOUNG PEOPLE IN VICTORIA

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Background Rural young people living in Australia experience disadvantage in service access for STI testing and treatment. As such, innovative programmes using telemedicine have been developed but results show relatively low usage. Websites offering free online STI testing address issues of access; however acceptability of these services to rural young people is unknown.

Method Participants were recruited from small country towns in Victoria and grouped by gender and age. During focus groups participants were asked to discuss their access to local sexual health services (what services they used, when, why and how) and then shown a website and asked to provide feedback about online STI testing.

Results Fifty participants from two small rural towns in Victoria were interviewed via seven focus groups. Both towns have GP services but no specialist sexual health services. Six main themes emerged in relation to acceptability of online STI testing. These were (1) readiness to seek sexual health services (2) credibility of the website, (3) using the mail during online STI testing, (4) getting the test results, (5) cost of the online service and (6) using the local GP versus using online testing. The participants identified a number of factors that may influence the use online services including the availability and acceptability of existing local services and whether the website looks credible, is confidential and free. In general the participants described some concerns about accessing sexual health services locally. This was less discussion about availability of services and more about privacy, trust, reliability and using generalist health care providers for sexual health needs.

Conclusion Free online testing services address issues of access for rural young people. While barriers external to rural sexual health services may remain, free online STI testing services are acceptable to these rural young people.

P2.162 HEALTH-RELATED QUALITY OF LIFE AND BIOLOGICAL TEST RESULTS AS PREDICTORS OF ADVERSE ADOLESCENT PELVIC INFLAMMATORY DISEASE OUTCOMES

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Background Adolescents who experience pelvic inflammatory disease (PID) are highly likely to experience adverse reproductive health outcomes. Some adolescents might benefit from intensive clinical services to prevent recurrent disease and/or associated sequelae such as chronic pelvic pain (CPP). The objective of this study is to explore the relationship between health-related quality of life (HRQL) and baseline biological outcomes with subsequent reproductive health outcomes.

Methods We conducted secondary analysis of longitudinal data from the 386 young women \leq 21 years of age enrolled in the Pelvic Inflammatory Disease Clinical Evaluation and Health (PEACH) Trial. Demographic and reproductive health histories, SF-12 HRQL assessments, and biological samples for sexually transmitted infection (STI) testing (Chlamydia trachomatis (CT) and Neisseria gonorrhoeae (GC)) were provided at baseline and follow-up research visits. Stepwise linear regression analyses were conducted to assess differences in HRQL over time, baseline HRQL and reproductive health outcomes, and baseline STI status and 32-month HRQL outcomes.

Results There were significant improvements in mean physical health (PH) and mental health (MH) HRQL scores from 5-days to 32 months (PH: 61.7 vs. 79.4, MH: 58.3 vs. 68.6, $p < 0.001$). While the 5-day HRQL was not predictive of CPP at 32 months, women who had recurrent STI/PID over 32 months had lower 5-day mental health composite and physical functioning subscale scores. Women with non-GC/CT PID at baseline had lower 32-month HRQL composite scores for physical and mental functioning than those with GC/CT positivity at baseline.

Conclusions Lower baseline HRQL scores are associated with recurrent STI/PID and non-GC/CT PID is associated with lower HRQL at 32 months. Additional work exploring the potential use of baseline biological STI outcomes and HRQL to enhance risk delineation during service delivery for vulnerable young women with mild-moderate PID is warranted.

P2.163 DO "IN-CLINIC" MOLECULAR AND NON-MOLECULAR RAPID TESTS IMPROVE PATIENT MANAGEMENT?

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Background Excluding HIV testing, point-of-care tests (POCTs) for STIs are not routinely available in UK sexual health clinics, apart from microscopy which has limited sensitivity, is observer dependent and often only allows for imprecise syndromic treatment. From sample-to-result for routine *Chlamydia trachomatis* (CT) and *Neisseria gonorrhoeae* (NG) molecular tests usually takes several