

^{1,2}P Y Chiou, ³C C Wang, ⁴P Chuang, ³M Y Yen, ¹C L Chang. ¹Mackay Medicine, Nursing and Management College, Taipei, Taiwan; ²National Yang Ming University, Department of Nursing, Taipei, Taiwan; ³Taipei City Hospital, KunMing Branch, Taipei, Taiwan; ⁴Administration Center, Taipei City Hospital, KunMing Branch, Taipei, Taiwan

Purpose This study investigated the difference of effects between advanced partner notification (APN) and traditional partner notification (TPN).

Methods The subjects who had Western bolt test or newly diagnosed with HIV were recruited. All subjects were randomly assigned into experimental and control group, 30 subjects in each group. Advanced Partner Notification was therefore developed based on the self-efficacy concept of Bandura. The process of APN includes advanced interaction model, comprehensive assessment model for partner information, and promoting self-efficacy of partner notification model. In control group, 30 subjects accepted the process of TPN.

Results Sixty participants were men who have sex with men and unmarried. The mean age was 28.3 years (SD = 4.64). The results revealed that the index cases of APN were significantly better than the group of TPNM in provided more contactable partner of 107 cases ($t = 2.16$, $p = 0.037$), succeeded notified more partner of 73 cases ($t = 2.25$, $p = 0.029$), receiving HIV test more partner of 25 cases ($t = 2.05$, $p = 0.046$). There were 22 partners whose HIV test were positive in APN group (HIV positive rate was 41.51%) and 7 partners whose HIV test were positive in TPN group (HIV positive rate was 25.0%). The HIV positive partners in APN group were 15 cases ($t = 2.64$, $p = 0.01$) more than those in TPN group. In addition, the mean difference in safer sexual knowledge, number of sexual partners, frequency of unsafe sexual behaviours, frequency of safer sexual behaviours, frequency of resource referral numbers, and process evaluation of PN were significantly better than those in TPN group.

Conclusion The process of APN is better than the process of TPN in many aspects. The result can improve the quality of current partner notification policy and practise.

P5.002 PARTNER NOTIFICATION OUTCOMES FOR MSM AND HETEROSEXUALS WITH STI/HIV: CHALLENGES AT DIFFERENT STAGES

doi:10.1136/sextrans-2013-051184.1049

¹F van Aar, ¹Y van Weert, ²R Spijker, ³H Götz, ¹E Op de Coul, Partner Notification group. ¹National Institute for Public Health and the Environment, Bilthoven, The Netherlands; ²STI AIDS The Netherlands, Amsterdam, The Netherlands; ³Municipal Public Health Service Rotterdam-Rijnmond, Rotterdam, The Netherlands

Background Partner notification (PN) is seen as a vital tool to break HIV/STI transmission chains. In the Netherlands, studies assessing PN effectiveness were lacking. Here, we evaluated effectiveness of current PN practises in STI clinics to provide recommendations to further enhance PN.

Methods PN outcomes were collected through a newly developed registration system from index patients with HIV, syphilis, and gonorrhoea visiting five STI centres in 2010–2011. PN outcomes for men who have sex with men (MSM) and heterosexuals included partners: at risk, notifiable, notified, tested and diagnosed with STI/HIV.

Results Of all index patients newly diagnosed with HIV/STI (N = 388) for whom PN was indicated, 312 MSM, 35 heterosexual men and 41 women reported respectively 2042, 126 and 82 partners at risk (6.5, 3.6 and 2.0 partners per index). Proportions of notifiable partners differed significantly by sexual preference (MSM: 46%, heterosexual men: 63%, women: 87%, $p < 0.001$). Proportions of notified partners (of those notifiable) were lowest for heterosexual men (77% versus 92% for MSM and 83% for women, $p < 0.001$). STI positivity rates among partners were high for all groups: 33%–50%.

Conclusions The major challenge in PN among MSM remains the large proportion of unnotifiable (anonymous) partners, whereas among heterosexuals a higher percentage partners were lost during the actual notification process. Therefore, newly developed interventions, e.g. anonymous internet-based PN or PN training, should be tailored to specific risk-groups.

P5.003 ACCEPTANCE OF AN ONLINE PARTNER NOTIFICATION TOOL FOR STI, CALLED SUGGEST-A-TEST

doi:10.1136/sextrans-2013-051184.1050

¹M S van Rooijen, ²P Vriens, ^{2,3}H Gotz, ¹T Heijman, ^{2,3}H Voeten, ¹R Koekenbier. ¹Cluster of Infectious Disease, Municipal Public Health Service Amsterdam, Amsterdam, The Netherlands; ²Department Infectious Disease Control, Public Health Service Rotterdam-Rijnmond, Rotterdam, The Netherlands; ³Department of Public Health, Erasmus MC, Rotterdam, The Netherlands

Background Partner notification (PN) is effective in early detection and treatment of STI. After counselling internet-based PN might be an additional tool in stimulating STI positive clients to notify partners. In this study we evaluate the acceptance of an internet-based application, Suggestatest.nl (SAT).

Methods To notify, an index has to login using a nurse-generated code. Notifications to the partner can be sent by email, text message, postal letter or gay dating site. The partner receives a message with a unique code and has to login on the site to see the notified infection. Based on this message including code, the client is tested and treated at the STI clinic.

SAT was piloted in STI clinics in Rotterdam and Amsterdam, the Netherlands. Questionnaire data were collected online for index clients and on paper at the STI clinics for partners notified through SAT.

Results In 8 months 55 index clients completed the questionnaire (16.9%). Using internet for PN is experienced as confidential and safe by 67% (37/55); 87.3% (48/55) of clients find online PN easy. 85% (47/55) find SAT an acceptable tool to notify for STI, compared to only 45% (25/55) for HIV. 82% (45/55) would like being notified themselves by SAT.

43 of the 1,123 partners who were notified by SAT completed a questionnaire (3.8%) upon presenting at the clinic. 91% (39/43) find it useful and 88% (38/43) find it acceptable that the STI clinic offers SAT. 88% (38/43) and 53% (23/43) find it acceptable to use SAT to notify for STI and HIV, respectively.

Discussion These preliminary data show that index patients and partners find it acceptable to use SAT to notify for STI, but they are less favourable to use SAT to notify for HIV.

Data collection is still ongoing; updated data will be presented at the ISSTD.

P5.004 INITIAL UPTAKE OF STI PARTNER NOTIFICATION WEBSITE SO THEY CAN KNOW

doi:10.1136/sextrans-2013-051184.1051

¹J H Ladd, ¹J McManus, ²M Rushanan, ³L Barclay, ⁴S Adelson, ^{1,5}C Gaydos. ¹Sexual Health Innovations, San Francisco, CA, United States; ²Information Security Institute, Johns Hopkins University, Baltimore, MD, United States; ³American Sexual Health Association, Research Triangle Park, NC, United States; ⁴Adelson Consulting, Chelsea, MA, United States; ⁵Division of Infectious Diseases, Johns Hopkins University, Baltimore, MD, United States

Background So They Can Know (STCK) is a partner notification website developed from extensive formative research conducted with the target population and health care providers. STCK allows patients in the United States to send informative anonymous notification emails for curable STIs to their partners. STCK captures self-reported reasons for sending emails, a unique aspect of the website.

Methods Website metrics data were analysed for each unique user to determine geographic location and referral to the site. Information on the number of emails sent, for which STIs, and self-reported reasons for sending were collected from users who sent emails.

Results Launched in September 2012 without promotion, STCK has had 3,972 unique visitors. Most (77.5%) visitors have been from the United States, almost half from California (29.6%) and Washington DC (17.7%). Most (62.3%) first-time visitors found the website by typing its URL, 25.5% through Google, and less than 4% through any other single source. 30 visitors have sent anonymous emails to a total of 56 recipients. Most emails (76.9%) were sent for unknown reasons, 10.6% were sent by users to themselves, 8.9% to partners, 1.3% as misuse, and 1.3% to a friend who was thought to be at risk for STIs. Most emails (57.9%) were sent for more than one STI, 26.3% for chlamydia alone, and 15.8% for gonorrhoea alone.

Conclusion Without active promotion through clinics or online search optimization, very few visitors to STCK have used the website for anonymous partner notification or for misuse. Anonymous partner notification websites cannot assume that all emails sent through their service are for partner notification purposes. The uptake of STCK among clinic populations or following search engine optimization remains to be seen in the ongoing programme. Active promotion will be studied in the future.

P5.005 STABLE RELATIONSHIP: BARRIER TO PARTNER MANAGEMENT OF SEXUALLY TRANSMITTED INFECTIONS

doi:10.1136/sextrans-2013-051184.1052

T Agyarko-Poku, ²Y Adu Sarkodie, ³L Atakorah-Yeboah, ⁴S Wambugu. ¹Suntreso Government Hospital, Ghana Health Services, Kumasi, Ghana; ²School of Medical Sciences, Kwame Nkrumah University of Science and Technology, Kumasi, Ghana; ³Catholic University College, Fiapre Ghana, Sunyani, Ghana; ⁴FHI360 Ghana, Accra, Ghana

Background Effective partner involvement in management of sexually transmitted infections (STIs) remains one of the major pillars of efficient management of STIs. In clinical practise in Ghana, this has not been very easy to achieve as it behoves on the index patient to bring partners in to the health service provider. This is compounded by the fact that there are no laws to compel practitioner to enforce partner notification and reporting. This study investigates the relationship between the success of partner notification and marital status among patients attending Suntreso STI clinic in Kumasi, Ghana.

Methods Clinical records of Two thousand seven hundred and forty six (2,746; Male- 37.2%, 1022/2746; Female- 62.8%, 1724/2746) patients who sought STI treatment between January 2010 and December 2011 were reviewed. Marital status, gender, notice of notification, response of partner of index patient and diagnosis were recorded. Data was analysed using SPSS

Results Of the 2,746 patients, 34.7% were married, 35.3% were single, 17.1% cohabitating and 12.9% separated/divorced. Partners of 61.3% (1683/2746: Male- 29.0%, 488/1683; Female-71.0%, 1,195) of the index patients responded to the call. Those who responded, were made up of 19.1% (182/953) of the married persons, 58.9% (571/696) of single, 71.1% (334/470) cohabitating and 44.6% (157/354) separated/divorced.

Conclusion Married couples in relatively stable relationships had lower partner reporting rate (19.1%) compared with those in other relations. Married males were more reluctant to report than female counterparts. Misunderstanding and possibility of mistrust among partners may have contributed to lower rates of partner reporting. Higher reporting rate among partners in cohabitating relationships may relate to the feeling of freedom and the ability to easily disengage from the relationship should strife arise

P5.006 ROLE OF THE COCHRANE REVIEW GROUP OF SEXUALLY TRANSMITTED INFECTIONS AND THE GLOBAL PARTICIPATION IN THE DEVELOPMENT OF SYSTEMATIC REVIEWS

doi:10.1136/sextrans-2013-051184.1053

¹M Torres, ²M Diaz, ³C Farquhar, ⁴H Gaitán Duarte. ¹Managing Editor. STI Cochrane Review Group, Bogota, Colombia; ²STI Cochrane Review Group, Bogota, Colombia; ³Department of Obstetrics and Gynecology, University of Auckland, Auckland, New Zealand; ⁴Clinical Research Institute, Universidad Nacional de Colombia, Bogota, Colombia

Sexually transmitted infections are a substantial cause of morbidity across the world, and as a WHO report showed in 2005, are particularly common in adolescents. Untreated, or under-treated STIs can lead to complications such as infertility, stillbirths and chronic pelvic infection.

It is therefore no surprise that identifying and treating STIs are a priority for all health systems. Ensuring that available treatments, both those prescribed and those available without prescription are subject to a rigorous analysis of their benefits and harms, and that this information is made widely available is essential for informed decision making. Cochrane Systematic Reviews bring together all the evidence, analyse it in a consistent rigorous and structured manner and give the evidence in a summarised way to clinicians, policy makers and consumers.

The Cochrane Database of Systematic Review (CDSR) forms the main part of The Cochrane Library. It now has over 5000 reviews. Its impact factor for 2011 is 5.715. Globally, more than 50% of health professionals enjoy one click access, free at the point of use, and every 4 seconds someone views the full text of a Cochrane Review.

The STI Cochrane Review Group has been re-registered in the year 2011 and since 2012 we undertake the task of providing evidence about the effectiveness and safety of interventions which seek to modify behaviours that increase the risk of STI acquisition, to prevent STI, to guide the treatment of STI of the etiological approach or under the syndromic approach.

We want to show the recent work of the STI Group, our network of more than 100 contributors from around the world and invite anyone interested in the development of new reviews, new protocols or review updates to be part of the group as well as to participate in the role of consumers and peer referees. www.sticr.cochrane.org

P5.007 ANNUAL CHLAMYDIA TRACHOMATIS AND NEISSERIA GONORRHOEA TESTING IN AN ENDEMIC SETTING: THE ROLE OF CLIENT AND HEALTH CENTRE CHARACTERISTICS

doi:10.1136/sextrans-2013-051184.1054

¹B Hengel, ²J Ward, ³H Wand, ⁴A Rumbold, ²J Kaldor, ²R Guy, on behalf of the STRIVE InvestigatorOperational Group. ¹Apunipima Cape York Health Council, Bungalow, Queensland, Australia; ²Kirby Institute, University of New South UK, Sydney, Australia; ³Baker IDI Heart and Diabetes Institute, Alice Springs, Australia; ⁴Menzies School of Health Research, Darwin, Australia; ⁵University of Adelaide, Adelaide, Australia

Background *Chlamydia trachomatis* (CT) and *Neisseria gonorrhoea* (NG) are endemic in many remote Australian Aboriginal communities. Clinical guidelines in remote areas recommend annual sexual health testing generally in 15 – 35 year olds, yet little is known about the extent of annual testing in remote health services or factors that predict it.

Methods We used baseline 2009–2010 laboratory data from 67 remote Aboriginal communities in four regions participating in a cluster randomised trial aiming to improve sexual health service delivery. We defined and calculated annual testing as the percentage of individuals with an initial negative CT/NG test that had a repeat test at 12 months, +/- 3 months. Using logistic regression we determined client and health service factors associated with an annual test.