Results Total sample size was 2,331 and 2,282 in Rounds 1 and 2, respectively. In Round 1, syphilis (6.1%), HIV (9.5%) and HSV-2 (31.3%) was highest among clients soliciting FSWs from brothels. CT/GC (6.6%) was highest among clients of FSWs based in lodges. In Round 2, syphilis (3.2%), HIV (6.9%) and HSV-2 (20.5%) were highest amongst clients soliciting in lodges, brothels and public places, respectively. Statistical significance was reached for HIV ($p = 0.003$) and CT/GC ($p = 0.011$) by site in Round 1 only. Differences by solicitation site in Round 1 remained significant when adjusted for district. Between rounds, prevalence decreased in all solicitation sites, with the exception of syphilis (2.0% to 3.2%) and HIV (0.6% to 1.1%) among clients frequenting lodges.
Conclusions Clients frequenting brothels had the highest HIV prevalence. Further study of the increasing prevalence of syphilis and HIV among clients frequenting lodges is warranted. Approaches focussing on where clients solicit FSWs, rather than identifying clients per se can help inform programming activities.

P6.005 MULTIDISCIPLINARY APPROACH TO MANAGING A SYPHILIS OUTBREAK IN SOUTHEND-ON-SEA, ESSEX UK

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Background In 2012 the Essex Health Protection Unit of the Health Protection Agency(HPA) was alerted to a significant rise in syphilis in Southend. 27 cases were diagnosed in 2011 and 15 in the first half of 2012, compared to just 10 in 2010, indicating a greater than 50% rise. All were in men who have sex with men. In England as a whole, in 2011, 2915 syphilis cases were diagnosed, reflecting a less modest 10% rise compared to 2010.

Importantly, Southend is a high prevalence UK area of HIV, with a population prevalence of 2.76 per 1000. 6 of 27 individuals diagnosed with syphilis in Southend in 2011 were HIV-infected.
Aim A multidisciplinary incident management team (MDT) was established to investigate and establish measures to control the outbreak. The MDT includes members of the local health authority, public health department, HPA and genitourinary medicine(GUM) department. The MDT agreed to monitor GUM and diagnostic laboratory activity to inform testing and prevention strategies.
Interventions Local media press releases alerting the public of the syphilis outbreak were produced. Such information advised on sexual health promotion, irrespective of age or perceived risk. The Gay Essex Men's Support Group, Terrence Higgins Trust, and local contraception services were also alerted and encouraged to use existing networks to raise awareness.

Annual use of one of 6 pharmacy campaigns to raise STI awareness was implemented. Dissemination (verbally and written-intranet) of information on STI trends and management was well received by local general practitioners.
Conclusions Firstly, local accurate reporting confirmed the increase in syphilis diagnoses, and enabled timely review and public health action. Secondly, good interagency and multidisciplinary working resulted in productive collaborative responses. And finally, the use of existing sexual health and MSM social/support networks enabled access to 'harder to reach' populations with regards to STI health promotion.

P6.006 COUNTING THE PENNIES: RATIONAL PRESCRIBING WITHIN THE CONTEXT OF THE NATIONAL CHLAMYDIA SCREENING PROGRAMME

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Background In 2010/11 the National Chlamydia Screening Programme diagnosed over 90,000 cases of chlamydia in England. The current BASHH guidelines recommend either Azithromycin or doxycycline. Concerns have been raised questioning the efficacy of Azithromycin in routine practise.
Aims The aim of our study was to analyse whether current prescribing is in line with the criteria for rational prescribing and to estimate the cost and efficacy implications of a change in prescribing practise.
Methods We searched for published data on clinical effectiveness (both in randomised controlled trials and in practise), cost, compliance, universal use, acceptability, antimicrobial resistance and safety profiles.

We developed a simple costing tool to estimate the potential cost implications of prescribing practise and clinical effectiveness on the total treatment cost and the cost per infection treated.
Findings Until 2012, Azithromycin cost £9.65 per 4-tab 250mg pack in comparison with £1.70 per 28 capsule 50mg pack (BNF 2011–12). The cost of Azithromycin is now £1.50. The most recent findings in practise have suggested that the clinical effectiveness of Doxycycline may be superior to Azithromycin.

Interpretation

In health economic terms, if Doxycycline is clinically superior and costs less than Azithromycin, then Doxycycline regimens dominate. This could have saved significant costs in 2011/12 (up to £500,000). Now the costs are broadly equivalent, providing that the cheaper form of Azithromycin is prescribed. Doxycycline is also a valid choice of therapy, and extended regimens of Azithromycin could now also be considered without being prohibitively expensive.

Policy recommendation

Within the context of treatment of asymptomatic, uncomplicated chlamydia diagnosed through screening, Azithromycin is likely to continue to be the drug of choice. The process for implementing changes to prescription should be made more streamlined and transparent, so that evidence can be more rapidly translated into cost-savings.

P6.007 ADDRESSING ENDEMIC RATES OF STI IN REMOTE ABORIGINAL COMMUNITIES IN AUSTRALIA USING QUALITY IMPROVEMENT AS A KEY STRATEGY: THE STRIVE STUDY

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Background Remote Aboriginal communities in Australia have substantially higher rates of chlamydia (CT), gonorrhoea (NG) and trichomoniasis (TV) diagnosis compared with non-Indigenous people, despite many years of programme and policy aimed at reducing disparity.
Methods 'STRIVE' is a stepped wedge cluster randomised controlled trial, underway in 68 remote Aboriginal communities. The primary objective is to assess if a sexual health quality improvement programme within primary care clinics improves STI management and in turn reduces STI prevalence. Data is extracted from both patient management systems and from laboratories. To evaluate the impact of the trial, the largest STI prevalence study in Aboriginal people has been undertaken twice.
Results In the first year of the trial, testing rates have improved overall by 27% at 21 sites and by 50% or more at 11 sites. In 2011, baseline prevalences for CT and NG ($n = 2483$) and TV ($n = 1848$) among 16–34 year olds were 9%, 7% and 13% respectively. Highest