Significant Benefit of a Targeted HIV Testing Module on Medical Students’ Knowledge and Confidence

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Background/introductionDespite national guidelines for HIV testing, this issue can be overlooked by medical school curricula. With one quarter of HIV in the UK remaining undiagnosed, it is important the next generation of clinicians are informed appropriately.

Aim(s)/objectivesEvaluate the efficacy of a TTT session introduced at a medical school.

MethodsA short survey assessing knowledge of HIV testing guidelines, confidence to offer testing and outcomes of TTT was developed and distributed to fifth year medical students. Results were compared for students who had completed GU/HIV modules (GU+) and those who had not (GU-) and chi-squared testing was performed.

Results100 and 119 questionnaires were returned by GU+ and GU- students (a response rate of 92.6% and 97.5%) respectively. For the 3 knowledge-based questions, GU+ students were significantly more likely to provide correct answers for 2 (p < 0.001). For the confidence questions GU+ students were significantly more likely to feel confident in offering HIV testing (p < 0.001). After TTT 92%, 98% and 62% felt more confident about when to test, how to discuss testing and more knowledgeable about testing, respectively. Most students said they would be happy to offer HIV testing in a variety of medical settings; significantly fewer reported this for an acute admissions unit (AAU) compared with antenatal clinic (79% vs 96%).

Discussion/conclusionGU+ students scored significantly better for 2 of 3 knowledge questions and for both confidence questions. Most students felt more confident and knowledgeable about HIV testing after TTT. Although most students were happy to offer and conduct testing, significantly fewer were confident in AAU compared with an antenatal clinic (where opt-out testing is well-established). This may warrant further exploration and consideration of context-based teaching.

Factors Contributing to Repeat PEPSE in MSM

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Background/introductionPEPSE is a significant tool for preventing HIV transmission among MSM. Further understanding is required on the extent and risk factors for repeat PEPSE (rPEPSE) presentations.

Aims/objectivesThis study aimed to determine the rate of repeat PEPSE and identify factors involved in rPEPSE presentations.

MethodsMSM attending for PEPSE in Brighton, May 2009–May 2014 were included. Information was collected retrospectively on demographics, number of rPEPSE prescriptions, recreational drug and alcohol use, type of sexual exposure, condom use, mental health (MH), continued risk taking while on PEPSE, partner factors, PEPSE regime and risk reduction interventions. Data were analysed using Excel functions (Spearman’s rank correlation coefficient).

Results929 MSM accessed PEPSE – 110 (11.5%) had repeat PEPSE prescriptions (48.2% twice, 25.5% 3×, 9.1% 4×, 7.3% 5×, 6.4% 6×, 1.8% 7×, 1.8% 8× and 0.9% 9×). rPEPSE prescriptions were associated with low condom use (25.2% used condoms), MH problems (43.9% had at least one recorded) and alcohol/recreational drug use, type of sexual exposure, condom use, mental health (MH), continued risk taking while on PEPSE, partner factors, PEPSE regime and risk reduction interventions. Those with > 4 episodes rPEPSE reported more recreational drug use (significant association: p = 0.04). Lower numbers of rPEPSE prescriptions (2/3) were associated with alcohol use (p = 0.07). 6.4% of those accessing PEPSE became HIV positive.

Discussion/conclusionThis study identified an 11.5% rate of rPEPSE among MSM in this area and highlights contributory factors to rPEPSE and could help inform behavioural and risk reduction interventions at a local level.