

average time passed since identification of HIV (OR = 0.989;  $p \leq 0.01$ ); self-stigma (IA-RSS) score (OR = 1.336;  $p \leq 0.01$ ); general health (SF-36) score (OR = 0.977;  $p \leq 0.05$ ), perceived social support provided by friends (MPSS) (OR = 1.323;  $p \leq 0.05$ ), family (OR = 1.217;  $p \leq 0.01$ ) and friendship network sizes (LSNS) (OR = 0.825;  $p \leq 0.01$ ).

**Discussion/conclusion** Our data suggest that HIV disclosure to confidants with different HIV status is determined by the objective and subjective characteristics of interaction with the other people, as well as the quality of life and maybe disease progress. The study was supported by the Fogarty International Centre at the US NIH, grant No. D43TW001028.

### P62 SHARING WEBSITE PAGES TO SUPPORT DISEASE AND PARTNER NOTIFICATION

Anatole Menon-Johansson\*. *SXT Health CIC (Www.sxt.org.uk), London, UK*

10.1136/sextrans-2015-052126.105

**Background/introduction** Disease and partner notification (PN) are two key roles for a sexual health service; however, there is no simple way to deliver these services. The challenge is amplified when patients and partners are not local to the clinic.

**Aim(s)/objectives** We therefore tested if enabling a sign posting and information website to share pages by email or text would have utility.

**Methods** The database of shared pages from 01/08/2013 to 31/01/2015 was reviewed and the most popular identified. The IP address was used to determine the number of unique computers/mobile devices used for this purpose.

**Results** 109 unique devices shared a total of 662 pages over 542 days of analysis. The biggest users were the result teams of two sexual and reproductive health clinics.

**Discussion/conclusion** Sharing pages has been used successfully to communicate with patients about infections, clinic locations and contraception. The decision by NHS mail to stop their text

services in April 2015 creates a real need to develop this functionality further to effectively communicate with patients.

### P63 FIFTEEN YEAR TRENDS IN HIV DIAGNOSES AMONG MEN WHO HAVE SEX WITH MEN IN THE UNITED KINGDOM: 1999–2013

Sarika Desai\*, Sara Croxford, Alison Brown, Holly Mitchell, Gwenda Hughes, Valerie Delpach. *Public Health England, London, UK*

10.1136/sextrans-2015-052126.106

**Background/introduction** As in many other western countries, men who have sex with men (MSM) are most affected by HIV in the UK.

**Aim(s)/objectives** To describe 15-year trends in HIV among MSM to inform prevention strategies.

**Methods** National HIV surveillance data were linked to national register deaths and HIV testing data from sexually transmitted infection (STI) clinics. Multivariable analyses revealed predictors of late diagnosis (<350 copies/mL) and mortality.

**Results** Between 1999–2013, 37,560 MSM (aged  $\geq 15$ ) were diagnosed with HIV; diagnoses increased from 1,440 (1999) to 3,250 (2013). The majority of men were white (85%) and UK-born (68%). Probable UK-acquisition was high (81%) including among those born abroad (66%). Median CD4 count rose, 350 cells/mm<sup>3</sup> to 463 cells/mm<sup>3</sup>. Despite a decline in late diagnosis (50% to 31%), >800 men have been diagnosed late annually since 2004. HIV testing in STI clinics in England increased, 10,900 to 102,600. One-year death rates among new diagnoses declined (4.6% to 0.9%) due to fewer deaths among late presenters (4.4% to 1.8%). Older age (>50) and living outside London were predictors of late presentation, while older age and late presentation were predictors of one-year mortality.

**Discussion/conclusion** In its third decade, the HIV epidemic among UK MSM has continued to diversify. Increases in new diagnoses reflect both increased testing and ongoing transmission. Despite improvements in patient outcomes, >800 men present late each year; death rates remain high and preventable. Culturally appropriate prevention and testing strategies require strengthening to reduce HIV transmission and late diagnosis.

### P64 EXPERIENCES OF MEN WHO HAVE SEX WITH MEN (MSM) WHEN ENGAGING IN THE PARTNER NOTIFICATION PROCESS THREE MONTHS FOLLOWING A HIV DIAGNOSIS

<sup>1</sup>Jonathan Roberts\*, <sup>1</sup>Eileen Nixon, <sup>1</sup>Nicky Perry, <sup>2</sup>Nigel Sheriff, <sup>1</sup>Daniel Richardson. <sup>1</sup>Brighton and Sussex University Hospitals NHS Trust, Brighton, UK; <sup>2</sup>University of Brighton, Brighton, UK

10.1136/sextrans-2015-052126.107

**Background/introduction** Partner Notification (PN) can be used as a tool for detecting undiagnosed HIV, but fear of stigma around disclosure and concerns about lack of confidentiality are potential barriers and may deter newly diagnosed individuals from engaging in this activity.

Abstract P62 Table 1

Number of shares	Page description
146	Clinic A page for address and transport
85	Chlamydia
35	Gonorrhoea
40	Sexually Transmitted Infections
23	Home page
20	Implant
16	Clinic B page for address and transport
15	Combined contraceptive pill
15	Intrauterine system
15	Herpes
14	Clinic C page for address and transport
8	Syphilis
8	Trichomonas vaginalis
5	Progestogen only pill
5	Non-specific urethritis

**Aim(s)/objectives** To identify facilitating or prohibiting factors for HIV infected MSM when undertaking partner notification following HIV diagnosis.

**Methods** Semi structured interviews with ten newly diagnosed HIV MSM. All were recruited from a local NHS HIV outpatient service. Interviews were recorded verbatim and framework analysis was used to analyse the data.

**Results** Facilitating factors: There was a general acceptance and an awareness of necessity to initiate PN with immediacy, given the potential risk of onward transmission. Most participants expressed a “social responsibility” “to inform partners of their HIV status if contactable, with a preference for disclosure through face to face contact if regular partner/s, but acknowledged that provider referral would be a useful option for non-regular or casual partners. Through “self-assessment of risk” most were able to identify the potential source of acquisition, and partners that could be “at risk” or infected. Prohibiting factors: Concerns about stigmatisation and criminalisation around disclosure of status remain key concerns, but participants particularly valued the support received from HCPs around addressing all aspects of PN.

**Discussion/conclusion** Important themes were identified that should be considered when supporting individuals in disclosing their HIV status to partners, providing a deeper understanding of the PN process from a patient’s perspective and generating ideas that should be considered in future service provision and HIV PN studies.

#### P65 SEXUAL BEHAVIOUR IN THE TIME PERIOD BETWEEN BEING TESTED FOR CHLAMYDIA AND RECEIVING TEST RESULT AND TREATMENT

<sup>1</sup>Emma Harding-Esch\*, <sup>1</sup>Ellie Sherrard-Smith, <sup>1</sup>Sebastian Suarez Fuller, <sup>1</sup>Ana Harb, <sup>1</sup>Martina Furegato, <sup>2</sup>Catherine Mercer, <sup>3</sup>S Tariq Sadiq, <sup>4</sup>Rebecca Howell-Jones, <sup>1</sup>Anthony Nardone, <sup>5</sup>Pam Gates, <sup>10</sup>Amy Pearce, <sup>10</sup>Frances Keane, <sup>6</sup>Helen Colver, <sup>7</sup>Achyuta Nori, <sup>8</sup>Claire Dewsnap, <sup>8</sup>Rebecca Schatzberger, <sup>9</sup>Claudia Estcourt, <sup>9</sup>Suba Dakshina, <sup>1</sup>Catherine Dakshina, <sup>1</sup>Catherine Lowndes. <sup>1</sup>Public Health England, London, UK; <sup>2</sup>University College London, London, UK; <sup>3</sup>St George’s, University of London, London, UK; <sup>4</sup>Oxford School of Public Health, Oxford, UK; <sup>5</sup>Royal Cornwall Hospital NHS Trust, Cornwall, UK; <sup>6</sup>University Hospitals of Leicester NHS Trust, Leicester, UK; <sup>7</sup>St George’s Healthcare NHS Trust, London, UK; <sup>8</sup>Sheffield Teaching Hospitals NHS Trust, London, UK; <sup>9</sup>Barts Health NHS Trust, London, UK; <sup>10</sup>Cornwall Sexual Health Service RCHT Clinic Team, Cornwall, UK

10.1136/sextrans-2015-052126.108

**Background/introduction** There is a lack of data on the sexual behaviour of patients between being tested for chlamydia, receiving the test result, and being treated. This time-period may be important in the transmission of chlamydia, as infection could continue to be spread to sexual partners whilst awaiting the test result and treatment.

**Aim(s)/objectives** To investigate the sexual behaviours of patients between the time of being tested for chlamydia and receiving test result and treatment in order to investigate the benefits that a point-of-care test (POCT) might bring to clinical practice.

**Methods** We conducted a cross-sectional clinical audit of GUM clinic attendees. Clinic staff conducted a notes review of patients returning for chlamydia treatment following a positive chlamydia test result, and of age- and sex-matched chlamydia negatives. The data also served as an audit for the GUM clinics, following BASHH guidelines.

**Results** Five of nine GUM clinics approached participated, in July–December 2014. Data from 775 patients were included in

analyses, 365 of whom were chlamydia-positive. Males with 2–4 partners, and those who reported never using a condom, were more likely to be chlamydia positive. For 21/143 (14.7%) positive patients who provided data, last new sexual contact was in the period between test and treatment. Data were missing on condom use (22%) and recent new partners (81%).

**Discussion/conclusion** Patients continue to form new sexual partnerships whilst awaiting chlamydia test results, allowing for the possibility of infecting new sexual partners. POCTs which remove the test to treatment delay could prevent this onward transmission.

#### Category: HIV prevention, PEPSE and PREP

#### P66 BASHH REGIONAL AUDIT OF PEPSE PROVISION IN THE NORTH-WEST OF ENGLAND

<sup>1</sup>Jonathan Shaw\*, <sup>1</sup>Susanna Currie, <sup>2</sup>Cara Saxon, <sup>1</sup>Ashish Sukthankar. <sup>1</sup>Manchester Centre for Sexual Health, Manchester, UK; <sup>2</sup>University Hospitals of South Manchester, Manchester, UK

10.1136/sextrans-2015-052126.109

**Introduction** Post-exposure prophylaxis following sexual exposure (PEPSE) to HIV is an established method of reducing HIV transmission.

**Aims** Review of the provision of PEPSE in North-West England against BASHH national auditable standards.

**Methods** Retrospective case note review of patients attending 15 genitourinary medicine clinics in the North-West England for PEPSE between 1st January 2013 and 31st December 2013. A maximum of 30 cases per centre were reviewed.

**Results** Of 203 cases reviewed 140 (67.0%) were male, of whom 118 were MSM. Mean age was 31.5 years (range 15–75 years); 168 (82.8%) were White British. HIV testing within 5 days of PEPSE initiation was recorded for 185 (91.1%). Genitourinary departments starting PEPSE provided HIV testing for 103/112 (92.0%) at baseline. Other departments starting PEPSE tested 10/91 (11.0%). PEPSE was initiated for recommended indications in 187 cases (92.1%) and 185 (91.1%) were started within 72 h of exposure. Twenty-eight days of PEPSE was completed by 123 (60.6%); 21 (10.3%) discontinued early; 59 (29.1%) did not have their treatment duration documented. STI screening was documented and accepted by 163 (80.3%). A total of 98 (48.3%) were HIV tested at 12 weeks post-PEPSE; all were negative. For those documented as completing PEPSE 76/123 (61.8%) were HIV tested at 12 weeks post-PEPSE. At 6 months post-PEPSE 3 patients tested HIV-positive.

**Conclusion** PEPSE provision in the North-West met recommended standards for treatment initiation. However standards for PEPSE completion follow up and STI testing were not met. Documentation during follow up significantly impaired results and needs improvement.

#### P67 PEP AWARENESS AMONGST A HIV-POSITIVE COHORT: WHO KNEW?

Jonathan Shaw\*, John Sweeney. Blackpool Sexual Health Services, Blackpool, UK

10.1136/sextrans-2015-052126.110