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

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.

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 ≥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$^3$ to 463 cells/mm$^3$. 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.

### Abstract P62 Table 1

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

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


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 ≥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$^3$ to 463 cells/mm$^3$. 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.

### Abstract P64

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

1Jonathan Roberts*, 1Eileen Nixon, 1Nicky Penny, 1Nigel Sheriff, 1Daniel Richardson.
2Brighton and Sussex University Hospitals NHS Trust, Brighton, UK; 3University 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.
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.

### Category: HIV prevention, PEPSE and PREP

**P66**

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

1Jonathan Shaw*, 4Cara Saxon, 4Ashish Sukthankar. 1Manchester Centre for Sexual Health, Manchester, UK; 2University Hospitals of South Manchester, Manchester, UK

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.

**P65**

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

1Emma Harding-Esch*, 3Elle Sherrard-Smith, 5Sebastian Suarez Fuller, 1Ana Habib, 1Marina Furgato, 2Catherine Mercey, 3Tarig Sadiq, 4Rebecca Howell-Jones, 5Anthony Nardone, 6Pam Gates, 7Amy Pearce, 8Frances Keane, 1Pamela McGuire, 9Catherine Turner, 10Amy Pearce, 10Frances Keane, 6Helen Colver, 11Jonathan Shaw*, 11Susanna Currie, 2Cara Saxon, 11Ashish Sukthankar. 1Manchester Centre for Sexual Health, Manchester, UK; 2University Hospitals of South Manchester, Manchester, UK; 3University of Sheffield, Sheffield, UK; 4Oxford School of Public Health, Oxford, UK; 5Royal Cornwall Hospital NHS Trust, Cornwall, UK; 6University Hospitals of North Staffordshire NHS Trust, North Staffordshire, UK; 7Public Health England, London, UK; 8Cornwall Sexual Health Service RCHT Clinic Team, Cornwall, UK; 9Cornwall Sexual Health Service RCHT Clinic Team, Cornwall, UK; 10Cornwall Sexual Health Service RCHT Clinic Team, Cornwall, UK

Introduction 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.