

**P207** **SYPHILIS: SIGNIFICANT INCREASE IN MEN WHO HAVE SEX WITH MEN (MSM) SINCE NOVEMBER 2013**

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**Background** High rates of infectious syphilis have been reported in MSM. Locally 1:10 of the population are estimated MSM and high rates of HIV and sexually transmitted infections are seen.

**Methods** We identified cases of infectious syphilis in MSM per month from February-2013 to June-2014 attending sexual health services. Age, ethnicity, HIV status and syphilis re-infection were noted. The total number of MSM seen in sexual health was used as a denominator for incidence calculations and rates were compared using Chi-square and Mann-Whitney test.

**Results** 207 new cases of infectious syphilis were identified over the study period. The median age was 36 years (19–60), 96/207 (46.4%) were HIV+ and 3/207 (1.4%) had syphilis re-infection. The median incidence of syphilis from February to October 2013 was 8.6/1000 MSM; this increased significantly to 25.9/1000 MSM from November–June 2014 [chi-square 67.447 ( $p < 0.0001$ ). There was no significant difference in the percentage co-infected with HIV between these time points (February–October = 57%, November–June = 46% [Mann-Whitney = 16.5,  $p = 0.0581$ ).

**Conclusion** We describe a significant increase in the incidence of infectious syphilis in MSM from November 2013. This rise is likely attributable to changes in sexual behaviour among MSM: increased accessibility to sex driven by social media, increased anonymous and group sex and growing use of party drugs. Locally we are working with the Terrence Higgins Trust and public health teams to increase awareness among MSM and primary care.

**P208** **MEN'S BEHAVIOUR CHANGE FOLLOWING A POSITIVE AND NEGATIVE DIAGNOSIS FOR CHLAMYDIA**

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**Background/introduction** Young men aged 20 to 24 years who are screened through the National Chlamydia Screening Programme have a high rate of infection. The majority of them choose to self-request screening via anonymous postal testing as opposed to seeking alternative health service provision.

**Aim(s)/objectives** To explore the complex factors involved in men's sexual health decision making following a request for an internet test for chlamydia.

**Methods** Ten young men who had requested a test for chlamydia via the internet were recruited through the North of Tyne Chlamydia Screening Programme. Data were collected through in-depth interviews, follow-up interviews at 12 months and patients' NHS health records.

**Results** Decisions about sexual partners and sexual practice were based on men's perceptions and belief about women, categorising them as 'risky' with a sexually transmitted infection or 'clean' with no infection. Factors influencing decisions to seek testing were triggered by unprotected sex with casual partners, strengthened by catalytic influences including media campaigns.

The findings suggest a negative chlamydia test result gave respondents a clean bill of health allowing them to engage in further unprotected sex. A positive diagnosis resulted in short-term behaviour change and modified sexual practice. After follow up interviews, behaviour change was not maintained and many became re-infected within 6 months.

**Discussion/conclusion** This has implications for the transmission of chlamydia infection in terms of infection spreading, re-infection of partners and complications to their own health. Further work is required around interventions for chlamydia screening which focus on behaviour change as opposed to screening volume.

**P209** **'THE GRAND SLAM': SURVEYING THE LOCAL LANDSCAPE OF 'CHEMSEX' DRUG USE AMONGST MSMs IN A COMMUNITY OUTREACH SEXUAL HEALTH CLINIC**

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**Background** 'Chemsex' is the use of recreational drugs before and/or during sex by men who have sex with men (MSM). Concern exists among health professionals about this practice particularly in relation to transmission of HIV and sexually transmitted infections (STIs). There is little data about use of Chemsex outside London.

**Aims/objectives** To generate a profile of Chemsex use amongst MSM accessing a community outreach sexual health clinic.

**Methods** In 2014 a local code was introduced to identify reported use of Chemsex. A retrospective case note audit was undertaken of patients identified during 2014.

**Results** 636 patients attended for STI screening in 2014. Overall 24% had an STI. There were 46 attendances in 40 MSM where Chemsex was reported. The average age was 35 (19–62). 24/40 (60%) were single. 39/40 (98%) reported oral sex, 30/40 (75%) insertive and 27/40 (68%) receptive anal sex with only 6 (15%) reporting consistent condom use. Mephedrone (MCAT) was the most commonly used drug, reported by 33/40 (83%). Gammabutyrolactone (G) was used by 10/40 (25%). Crystal Meth (Meth) was used by 7/40 (18%). 9/40 (23%) used MCAT combined with G. 2/40 (5%) used all three drugs. 35/40 (88%) were asymptomatic. 23/40 (58%) had previously had an STI. 6/40 (15%) were HIV positive. 16/40 (40%) patients were diagnosed with an STI (13 gonorrhoea (3 dual site site) and 6 chlamydia (all single site) and 3 both chlamydia and gonorrhoea.

**Discussion/conclusions** Introduction of a local code has given insight into Chemsex use amongst MSM. We have updated the clinic history proforma to identify high risk behaviour, allowing targeted intervention to facilitate positive behavioural change.

**P210** **UPTAKE AND ACCEPTANCE OF COMBINED HIV POCT AND STI SCREENING FOR MSM IN COMMUNITY SETTINGS DURING NATIONAL HIV TESTING WEEK**

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