Background Patient-initiated partner notification (PN) is a cornerstone of STD control in resource-limited public health systems. We conducted a randomised, controlled trial of two new tools to support PN among MSM: anonymous, internet-based notification systems and patient-delivered partner referral cards.

Methods We screened 1,625 MSM for syphilis in Lima, Peru between 2012–2014. Enrollment was limited to MSM with symptomatic primary or secondary syphilis (n = 133) and/or latent syphilis diagnosed by RPR/TPPA (n = 406; Seroprevalence: 25.0%). After enrolling all recent partners and providing details of their three most recent partners, 370 participants were randomly assigned to four intervention arms: 1) Standard PN Counselling (Control) [n = 94]; 2) Counselling and Referral to Internet PN (www.inspot.org) [n = 93]; 3) Counselling and Provision of 5 Partner Referral Cards [n = 97]; or 4) Counselling with both Internet PN and Partner Referral Cards [n = 84]. Self-reported notification of recent sexual partners was assessed by CASI among the 354 participants who returned for 14-day follow-up.

Results The median age of participants enrolled was 27 (IQR: 23–34), with a median of 3 partners (IQR: 1–5) in the past month and a baseline HIV seroprevalence of 64.1%. Participants referred to internet PN (Arms 2 and 4) or provided with printed partner referral cards (Arms 3 and 4) were more likely to have notified ≥1 partners at 14-day follow-up than participants who received only PN counselling (OR: 2.16 [95% CI: 1.33, 3.48]) and 1.87 [95% CI: 1.13, 3.05], respectively). The fraction of all recent partners notified was significantly greater in the Internet PN (66.5%, p < 0.001) and Referral Card (50.8%, p = 0.006) arms than the Control arm (35.3%).

Conclusions Internet notification systems and printed partner referral cards provide inexpensive, effective tools to support patient-directed PN, significantly improving notification by Peruvian MSM with syphilis. Additional research is needed to optimise use of different PN technologies in specific partnership contexts.

007.3 DETECTION OF HEPATITIS C VIRUS (HCV) IN SEMEN FROM HIV-INFECTED MEN WHO HAVE SEX WITH MEN (MSM) DURING ACUTE HCV INFECTION

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Introduction The mechanism(s) and bodily fluid(s) involved in the recently identified epidemic of sexually transmitted HCV in HIV-infected MSM are unclear. HCV is present only intermittently and at low levels in semen from men with chronic HCV infection, however little is known of the dynamics of seminal HCV during acute HCV-infection.

Methods HIV-infected MSM with acute and chronic HCV-infection were prospectively enrolled into an IRB-approved study. Three paired semen and blood specimens were collected at 2-week intervals. HCV viral load (VL) was quantified using an automated RT-PCR assay platform (Abbott).

Results Paired semen and blood specimens were obtained from 33 HIV-infected MSM (21 with acute-HCV and 12 with chronic-HCV). Sixteen (27%) of 59 semen specimens had detectable HCV VL, with 11 (33%) men having at least one