

abnormal discharge (15%) were the most common presenting symptoms and most likely to be turned away.

Abstract 0008 Table 1 Triage review

Diagnosis of all accepted and turned away re-attenders	Number diagnosed	Number initially turned away
Chlamydia	33	16 (49%)
Gonorrhoea	19	8 (42%)
Primary Syphilis	2	1 (50%)
PID/epididymitis	26	9 (35%)
Non-specific genital infection	34	17 (50%)
224 (46%) of those turned away, never returned.		

Conclusions Turned away patients who re-attended had a significant number of STIs and BASHH concerns are justified. Patients who never return heighten these concerns. Management of excess demand in the current financial climate is challenging, but closer links between clinics in a region, central booking systems and social media could help to direct individuals to clinics with availability.

0009 EVALUATION OF A PILOT OF INTERNET REQUESTED CHLAMYDIA TEST KITS IN 25 TO 34 YEAR OLDS

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Background In the UK, Chlamydia is most prevalent in those aged 16–24 years. However, 1.5% of women and 1.0% of men aged 25–34 years are estimated to be infected. Attending health-care venues may be challenging in rural settings and internet-requested tests may help individuals to access testing. We report results from a pilot of internet-requested testing among 25 to 34 year-olds resident in a rural region of England.

Aim(s) To evaluate the pilot of internet-requested chlamydia test kits in 25 to 34 year-olds.

Methods Internet-requested test kits were made available to those aged 25 to 34 years through a dedicated website from 1st

April to 31st December 2015. Number of test kit requests, returns, positivity (positive tests/number tested) and cost data were reviewed for those aged 15 to 24 and 25 to 34 years.

Results The proportion of kits that were returned was significantly higher among the older age group (Table 1). Positivity was similar in the two age groups. The average cost per test and per positive was £22.58 and £244.47, respectively, in the younger group and £22.08 and £303.45 for the older group.

Discussion The pilot shows that chlamydia internet tests were accessed by an older group who were at significant risk of infection as evidenced by the positivity in that group. Return rates were high. Provision of internet tests to older age groups may represent an attractive option for some local commissioners and providers.

0010 USE AND PERCEPTIONS OF THE *ONLINE CHLAMYDIA PATHWAY (OCP)*: FINDINGS FROM QUALITATIVE INTERVIEWS AMONG PEOPLE TREATED FOR CHLAMYDIA

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Introduction Within the eSTI² consortium, we conducted exploratory studies of an innovative *Online Chlamydia Pathway (OCP)*: results service, automated clinical consultation, electronic prescription via community pharmacy, online partner management, with telephone helpline support). Access to traditional services was facilitated where appropriate.

Objectives To describe patients' use and perceptions of the *OCP*.

Methods In-depth qualitative interviews with 40 purposively-sampled *OCP* users (21/40 female, aged 18–35) analysed thematically.

Results Interviewees chose the *OCP* to obtain treatment rapidly, conveniently and inconspicuously, within busy lifestyles that impeded clinic access. They described completing the online consultation promptly and discreetly, often using smartphones. Many found the online information provided comprehensive, but those who completed the consultation in public locations

Abstract 0009 Table 1 Test requests, returns, tests and positivity by age group

	15 to 24 years		25 to 34 years		Unadjusted OR (95%CI)	p value
	N	%	n	%		
Kits requested	2,203		571			
Total test kits returned	1,548	70.3%	426	75%	1.24 (1.01 to 1.53)	0.042
Suitable specimen returned for testing						
Total specimens	1,508		411			
Specimens from women	1,062		252			
Specimens from men	446		159			
Test positive for chlamydia						
Total	139/1508	9.2%	31/411	7.5%	0.80 (0.54 to 1.21)	0.29
Women	84/1062	7.9%	14/252	5.6%	0.68 (0.38 to 1.23)	0.20
Men	55/446	12.3%	17/159	10.7%	0.85 (0.49 to 1.52)	0.58

and proceeded immediately to the pharmacy, described lacking information (which they apparently overlooked). Treatment collection from pharmacies was acceptable, but sometimes pharmacy staff lacked knowledge of the OCP (despite training), causing delays and conversations which threatened patients' privacy – undermining the OCP's perceived benefits. For those routed to clinic (as opposed to choosing to attend), the OCP's anticipated benefits were also compromised. They described annoyance, anxiety, and did not always understand why a clinic visit was needed. The helpline was valued; users found it reassuring and informative.

Conclusion The OCP is a promising adjunct to traditional care, particularly when integrated into sexual health services. Critical points in users' journeys include the interface with pharmacies and clinics. Implementation issues in pharmacies need addressing. Management of users' expectations and tailored information may improve the experience when routed to clinic.

0011 HITTING THE BULL'S-EYE: PARTNER NOTIFICATION REAL-TIME METRICS

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Introduction Partner notification (PN) is a key but challenging service to deliver. The gold standard for PN confirmation is health care worker (HCW) verification. A cloud-based anonymous tool was developed to inform partners, support them to find a testing service and record when the HCW uses a unique code to reveal the sexually transmitted infection (STI), timing of PN initiation and closing the PN loop.

Objective To test the impact of the new tool on PN delivery.

Methods A live pilot commenced on 27th January 2016 and analysis of all index patients using the PN tool over 49 days was performed using spreadsheet pivot tables and formulas.

Results A total of 259 index patients across nine providers with nine different STIs were analysed. These index patients declared 421 contactable contacts and 162 (38%) were informed using the tool. A total of 96 (59%) partners contacted opened the link embedded in their text message or email and 30 (31%) were seen and tested by a HCW. A total of 13 STI testing centres received partners and the median (range) distance & time from PN initiation to HCW verification was 2.1 (0.0–12.3) kilometres & 63.8 (1–189.5) hours respectively

Discussion The PN tool has demonstrated that it is able to support partners to find a service and get tested expeditiously. The limited number of partners being informed is the rate limiting step and more work is required to develop strategies to enable effective PN initiation.

0013 UNDERSTANDING THE SEXUAL APPETITES OF MEN WHO HAVE SEX WITH MEN (MSM) TAKING PART IN A SEXUAL RISK REDUCTION INTERVENTION AFTER BEING PRESCRIBED POST EXPOSURE PROPHYLAXIS FOR HIV AFTER SEXUAL EXPOSURE (PEPSE)

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Background/introduction Risky sexual behaviours remain the drivers behind new HIV infections within MSM in the UK. Understanding reasons behind risk behaviour could inform HIV prevention strategies.

Aim(s)/objectives To document sexual appetite/libido among MSM taking PEPSE, and to examine the relations between libido and risk behaviours.

Methods Data were collected at enrolment, as part of an ongoing RCT evaluating a behavioural intervention to reduce HIV risk behaviour. Within this study, a 10-item measure of libido was included (possible range of scores 10–40). This assessed how much thoughts and feelings about sex were considered disruptive.

Results 171 MSM responded (mean age 34.5, SD 9.1, range 19–66 yrs). Mean (SD) libido score was 20.4 (7.7); median was 19 (range 30). Those with higher libido reported a higher number of sexual partners, both insertive ($r_s = 0.298$; $p \leq 0.001$; $n = 162$) and receptive ($r_s = 0.329$; $p \leq 0.001$; $n = 164$), and inconsistent condom use, both insertive ($r_s = 0.185$; $p = 0.042$; $n = 121$) and receptive ($r_s = 0.227$; $p = 0.009$; $n = 132$). Higher libido was associated with higher levels of loneliness ($r_s = 0.401$; $p \leq 0.001$; $n = 165$); reduced self-efficacy ($r_s = -0.230$; $p = 0.003$; $n = 165$), action planning ($r_s = -0.182$; $p = 0.019$; $n = 164$), intentions ($r_s = -0.163$; $p = 0.036$; $n = 165$) and behavioural likelihood ($r_s = -0.228$; $p = 0.003$; $n = 165$) of performing safer sex strategies. Loneliness was related to inconsistent condom use, both insertive ($r_s = 0.191$; $p = 0.021$; $n = 147$) and receptive ($r_s = 0.165$; $p = 0.036$; $n = 162$), and a high number of sexual partners (receptive) ($r_s = 0.164$; $p = 0.033$; $n = 171$).

Discussion/conclusion Risky behaviours are related to stronger sexual appetites/libido and loneliness within this sample. The potential importance of libido and loneliness should be recognised within the context of future HIV prevention efforts.

0014 INVESTIGATING ATTITUDES TOWARDS HIV PRE-EXPOSURE PROPHYLAXIS (PREP). A QUESTIONNAIRE STUDY IN MEN WHO HAVE SEX WITH MEN ATTENDING SEXUAL HEALTH CLINICS

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Background/introduction With the efficacy of HIV pre-exposure prophylaxis (PrEP) proven, provision of PrEP is currently being evaluated by commissioners. The question of who would wish to access PrEP, and where, is important in informing this process.

Aim(s)/objectives To establish potential users' attitudes towards, and experiences of, PrEP.

Methods Ethical approval was obtained to conduct a multi-centre, prospective, anonymised questionnaire study of 1000 HIV negative MSM accessing sexual health clinics. Sexual behaviour, drug use, STI history and previous post exposure prophylaxis (PEP) use were collected. Opinions and attitudes towards PrEP and PrEP availability were assessed.

Results Of 386 analysed questionnaires the majority were British-born (203, 53%), white (300, 78%) men. 345 (89%) reported anal sex within the last month with 168 (43%) and 139 (36%) reporting unprotected insertive and receptive anal intercourse, respectively (103, (26%) and 64, (17%) with