

Introduction Previous work has shown that HIV-negative MSM with the following characteristics attending our service have approximately a 10% chance of acquiring HIV in the following 12 months: rectal bacterial STI, early syphilis infection, previous PEP use. In May 2016, we introduced a web-based support package, PRIME, targeting such high-risk MSM to reduce their HIV risk and encourage more frequent STI testing with the aim of reducing their risk of HIV acquisition to below 5% per year.

Methods Notes review of the first 50 MSM recruited to PRIME between 19th May 2016 and 7th June 2016.

Results By the end of 2016, 1531 eligible MSM had joined PRIME. No one had left the service. Of the first 50 PRIME recruits, median age was 32 years. Median number of partners in the preceding 3 months was 5. Indication for joining PRIME was documented in 45 (39 PEP, syphilis 2, bacterial rectal STI 1, 2+ indications, 3). In the preceding 12 months 15 had been diagnosed with chlamydia and 10 with gonorrhoea. To 31st January 2017, there is 18.8 person-year follow up for these individuals. The average frequency of STI screens per recruit increased from 2.7 to 7.1 per person-year follow-up. During follow-up the number of infections was: 7 chlamydia, 4 gonorrhoea. One individual tested positive for new HIV infection, 10 weeks after joining PRIME.

Discussion The results show it is feasible to engage significant numbers of high risk MSM clinic attendees using online interventions such as PRIME. Early data suggests that the intervention has successfully increased STI screening in this group. Further follow up is required to see if the initiative has achieved its aim of reducing HIV seroconversion to below 5% per year.

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CUTTING THE TIME TO TREATMENT OF CHLAMYDIA TRACHOMATIS (CT) AND NEISSERIA GONORRHOEA (NG) WITH NEAR-PATIENT MOLECULAR DIAGNOSTICS: THE UTILITY OF THE CEPHEID GENEXPERT SYSTEM

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Introduction The Cepheid GeneXpert[®] provides near-patient molecular detection of CT/NG, with results available in 90 minutes. Previous studies have illustrated the benefits to asymptomatic individuals and their partners in reducing time to treatment.

Methods A case-control study was undertaken to investigate the impact of introducing GeneXpert to a Level 3 symptomatic service. 100 patients diagnosed with CT+/-NG before and after introduction were identified. Time from attendance to treatment was measured. Using self-report over the previous three months and assuming that rate of new sexual partners remained the same and spaced equally in time, we modelled the number of partners spared exposure due to earlier treatment of CT/NG.

Results Characteristics of the study populations, and of the time to treatment and partners spared analyses are shown in the table:

Abstract P101 Table 1 Time to treatment

	Pre-implementation of GeneXpert (n=100)	Post-implementation of GeneXpert (n=100)
Male (%)	40	61
Age (median [range])	28.1 [15–69]	30.6 [14–70]
MSM/MSW (%)	33/0	37/1
Symptomatic (%)	50	28
Time to treatment (days (mean) [SD])	9.5 [13.23]	3.3 [4.94]
Sexual partners in preceding 3 months (mean [SD])	2.1 [1.71]	4.0 [10.48]
Partners exposed in interval between test and treatment/100 index cases	19.9	9.12

The time from testing to treatment was reduced by 6.2 days. The number of partners exposed/100 index patients was 19.9 pre-GeneXpert and 9.12 post-GeneXpert.

Discussion Use of GeneXpert reduced time to treatment by 66%, and 54% fewer partners were exposed to CT/NG. This study supports the personal and public health benefits of innovative, near-patient molecular diagnostics coupled with effective recall mechanisms.

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INTEGRATION OF CLINIC SERVICES WITH ONLINE SEXUALLY TRANSMITTED INFECTION (STI) TESTING (SH:24) IN CAMBERWELL, SE LONDON: IMPACT OF ACTIVE REFERRAL OF ASYMPTOMATIC TESTING ONLINE IN 2016

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Introduction An online service was implemented in an area with high burden of sexually transmitted infections and poor sexual health outcomes. The aim was to improve access and availability of sexual health, fully integrated within NHS services. This study looks at the impact of a change in management, whereby asymptomatic patients seeking STI testing in the GUM clinic were directed to the online service.

Methods We compared clinic attendance in 2016 before (quarter 2, Q2) and after (quarter 3, Q3) the change in clinical practice. Individual level clinic attendance data were collated and summarised as simple STI test performed (chlamydia, gonorrhoea, HIV, syphilis) or complex service required. We also compared service use by age, ethnicity and sexual orientation. Changes in pattern of clinic attendance between the quarters were analysed using a Chi² test.