

overall cost per Syphilis diagnosis £5,653. PN initiated testing was estimated to reduce the cost per syphilis diagnosis by £3,288.

**Discussion** PN services reduce the cost to diagnose Syphilis and support case finding. More work is required to target testing and improve PN.

**P197 AN INTERPRETATIVE PHENOMENOLOGICAL ANALYSIS TO EXPLORE THE EXPERIENCES OF PATIENTS AFTER SPEAKING WITH A HEALTH ADVISER ABOUT PARTNER NOTIFICATION**

<sup>1</sup>Laura Tickle\*, <sup>1</sup>Merle Symonds, <sup>2</sup>Lorna Sutcliffe. <sup>1</sup>Barts Sexual Health Centre, London, UK; <sup>2</sup>Centre for Immunobiology, Queen Mary University, London, UK

10.1136/sextrans-2017-053232.239

**Introduction** Partner notification (PN) is pivotal in controlling spread of sexually transmitted infections (STI) by reducing onward transmission and preventing reinfection. We explored the experiences of patients undergoing PN after being diagnosed with a STI.

**Methods** 259 patients diagnosed with a STI over a 3 week period were invited to complete a PN survey comprising quantitative and qualitative questions. Qualitative data was analysed using Interpretative Phenomenological Analysis (IPA).

**Results** 76 patients, 20 female and 24 male responded (not all questions were answered). Mean age was 31 (range 16-58). 21 identified as single and 16 partnered. 29% said this was their first clinic attendance, 65% said this was their first ever STI diagnosis and 36% said they attended as a STI contact. Eight main themes were identified: (1) infection source; (2) how to contact partners; (3) difficult information to discuss 'specific sexual acts performed with every one of them'; (4) uncertainty of partner testing and treatment; (5) concern of providing partner details; (6) future expectations; (7) use of social media; and (8) Health Adviser (HA) qualities. Patients understand PN, but face barriers due to partnership dynamics and lack the skills required for PN. Further partners were contacted following consultation with a HA. Evidence of alternative PN being offered (i.e. provider referral) was limited.

**Discussion** In line with BASHH guidelines, the importance of specialist staff in delivering PN was evident. Novel ways to facilitate sexual history taking and methods to contact partners (i.e. social media) are preferred and should be explored further.

**P198 CHEMSEX AND ANTIRETROVIRAL THERAPY NON-ADHERENCE IN HIV-POSITIVE MEN WHO HAVE SEX WITH MEN: A SYSTEMATIC REVIEW**

Sean Perera\*, Adam H Bourne, Sara Thomas. London School of Hygiene and Tropical Medicine, London, UK

10.1136/sextrans-2017-053232.240

**Introduction** Chemsex is associated with ART non-adherence and may therefore negatively influence HIV disease progression. However, there is no systematic examination of evidence for this association. Our objective was to summarise the extent of ART non-adherence among chemsex drug-using HIV-positive MSM worldwide and to quantify the effect that

chemsex has on ART non-adherence by comparing chemsex drug-users to non-chemsex drug-users.

**Methods** Pubmed and Embase were searched from inception to 25.06.15. Prevalence and analytical studies were included. Bias was assessed using a risk-of-bias assessment tool. Assessment of heterogeneity was conducted using I<sup>2</sup> and Cochran-Q Chi<sup>2</sup> statistics. Metaanalyses were conducted using fixed or random-effects methods. Metaregression assessed for formal statistical evidence of heterogeneity.

**Results** 3288 published and unpublished records were screened. Prevalence of ART non-adherence among chemsex drug-users (10 studies) ranged from 6% to 81%. 7 studies provided 10 effect measures for the association between chemsex drug-use and ART non-adherence. Chemsex drug-users had 23% higher odds of being ART non-adherent compared with non-chemsex drug-users (OR 1.23, 95%CI 1.10-1.38, I<sup>2</sup> 0%, p=0.372). Studies that used less specific definitions of chemsex drug-use found weak statistical evidence for an association (OR 1.96, 95%CI 0.52-7.31, I<sup>2</sup> 78.9%, p=0.009). Meta-regression failed to provide statistical evidence of why the effect varied between studies.

**Discussion** In HIV-positive MSM, the prevalence of ART non-adherence among chemsex drug-users varied widely. There was evidence of an association between chemsex drug-use and ART non-adherence. Paucity of studies and substantial heterogeneity between studies limited interpretation of results. Further well-conducted studies in a variety of settings are needed.

**P199 ARE WE TESTING IN THE RIGHT LOCATIONS? USE OF PUBLIC HEALTH MAPPING TO INVESTIGATE YOUNG PEOPLE, CHLAMYDIA AND SOCIOECONOMIC STATUS**

<sup>1</sup>Darren Cousins\*, <sup>2</sup>Grace Jefferies, <sup>2</sup>Rhys Gibbon, <sup>3</sup>Laia Fina, <sup>3</sup>Amy Phillips, <sup>3</sup>Daniel Thomas. <sup>1</sup>Cardiff Royal Infirmary, Cardiff, UK; <sup>2</sup>Public Health Wales Observatory, Cardiff, UK; <sup>3</sup>Public Health Wales Communicable Disease Surveillance Centre, Cardiff, UK

10.1136/sextrans-2017-053232.241

**Introduction** Chlamydia testing is universal and routine in all local sexual health clinics. Projected local population increases and expansion of the university sector necessitate the appraisal of current services and future planning to meet population need.

**Objective** To investigate whether the current locations of Chlamydia testing services match areas of high need.

**Method** We obtained data from the Sexual Health in Wales Surveillance Scheme (SWS) on Chlamydia diagnoses in integrated sexual health clinics by middle super output area (MSOA) of residence for patients living in our local area. Mapping software is used to overlay Chlamydia testing behaviour and positivity against locations of FE colleges, STI testing clinics, areas of high deprivation and areas with a high proportion of young residents.

**Results** Between 2012 and 2016, 3,450 chlamydia diagnoses were recorded in Cardiff and Vale residents. The maps suggest that Chlamydia diagnoses were most common in areas usually habited by students. Furthermore, mapping fifths of deprivation suggested lower rates of Chlamydia in the more deprived areas, despite more testing venues.

**Discussion** The maps suggest University students are frequent testers and have a high positivity for Chlamydia whereas those from more deprived areas have lower rates for Chlamydia. This descriptive analysis suggests that local chlamydia testing services may not be mapped to populations at greatest need.

This association is difficult to measure without a robust statistical test and more analysis is needed to quantify the association. Alternative testing paradigms outside clinic settings could help manage demand on clinical services.

P200

# JUST GOOGLE IT! IMPACT OF MEDIA COVERAGE OF AN OUTBREAK OF HIGH-LEVEL AZITHROMYCIN RESISTANT GONORRHOEA ON ATTENDANCES, AND GONORRHOEA TESTING AND DIAGNOSES AT LOCAL SEXUAL HEALTH CLINICS IN ENGLAND

<sup>1</sup>Christa Smolarchuk\*, <sup>1</sup>Martina Furegato, <sup>1</sup>Hamish Mohammed, <sup>1</sup>Katy Town, <sup>1</sup>Helen Fifer, <sup>2,3</sup>Janet Wilson, <sup>1</sup>Anthony Nardone, <sup>1</sup>Gwenda Hughes. <sup>1</sup>National Infection Service, Public Health England, London, UK; <sup>2</sup>Leeds Teaching Hospitals NHS Trust, Leeds, UK; <sup>3</sup>Leeds Sexual Health, Leeds, UK

10.1136/sextrans-2017-053232.242

**Introduction** We investigated whether media coverage of an outbreak of high-level azithromycin resistant gonorrhoea in England, dubbed 'super gonorrhoea', affected online searches nationally, and attendances and gonorrhoea testing and diagnoses at sexual health clinics (SHCs) in affected areas.

**Methods** Google Trends was used to determine Relative Search Interest (RSI) for 'gonorrh\*' and 'super gonorrh\*' in England from 2015 – 2016. Using data from England's national STI surveillance system, an interrupted time series analysis was performed to compare the sex-stratified, weekly rates of attendances, and gonorrhoea testing and diagnoses at 6 SHCs in Leeds and in five other affected areas. The analysis compared rates of events 6 weeks before and after initial media coverage of the outbreak in September 2015.

**Results** The RSI peaked during initial media coverage in September 2015 with smaller peaks coinciding with subsequent coverage. The number of SHC attendances by women in Leeds rose after initial coverage ( $p < 0.01$ ) by 36% (from 320 to 435/week), but there was only a 4% increase in attendances (from 326 to 340/week) by men ( $p = 0.70$ ). There was no change in rates of gonorrhoea tests or diagnoses in women ( $p = 0.87$  and  $0.23$ ) or men ( $p = 0.51$  and  $p = 1.00$ ). There were no significant increases in event rates in five other areas with a high RSI.

**Discussion** We demonstrate that media coverage can impact health-seeking behaviours during high-profile outbreaks. Further research is needed to inform how best to target these messages to those most likely to benefit from attending and being tested in SHCs.

P201

# HOW CAN SEXUAL HISTORY TAKING FOR SEXUALLY TRANSMITTED INFECTION PARTNER NOTIFICATION BE IMPROVED?

<sup>1</sup>Gabriele Vojt\*, <sup>1</sup>Maria Pothoulaki, <sup>1</sup>Claudia Estcourt, <sup>1</sup>Paul Flowers, <sup>2</sup>Fiona Mapp, <sup>2</sup>Melvina Woode-Owusu, <sup>2</sup>Cath Mercer, <sup>2</sup>John Saunders, <sup>3</sup>Jackie Cassell, <sup>4</sup>Rak Nandwani, <sup>5</sup>Merle Symonds. <sup>1</sup>Glasgow Caledonian University, Glasgow, UK; <sup>2</sup>University College London, London, UK; <sup>3</sup>Brighton and Sussex Medical School; <sup>4</sup>NHS Greater Glasgow and Clyde; <sup>5</sup>Barts Health NHS Trust

10.1136/sextrans-2017-053232.243

**Introduction** National guidelines, standards and policies help health care professionals to elicit information during sexual history taking as part of partner notification (PN) for sexually transmitted infections (STI). Accurate information about sexual

partners and sexual behaviours is vital to prevent onward transmission. This study focuses on patients' experiences on how sexual history questions for the purpose of PN could be improved.

**Methods** We conducted 12 focus groups with members of the public and patients at sexual health clinics in Glasgow and London. All patient participants had been diagnosed with a (non-HIV) STI in the past six months. Data were analysed using thematic analysis.

**Results** Analysis revealed a number of interrelated themes arising from participants' experiences and perceptions. Shared beliefs about sensitivity and reflexivity of questions regarding the frequency, riskiness and contactability of sexual partners influenced the way in which patients experienced and responded in sexual health consultations. Congruence in language and clinician-led consideration of the context of individual sexual behaviour contributed to the extent to which information was shared.

**Discussion** Sexual history taking for PN is embedded within a complex interaction between clinicians and patients. The need to accurately identify all partners is balanced against acknowledging that questions asked must be sensitive yet unambiguous. This study suggests that establishing congruence in language and investing time to examine contextual factors within the patient's sexual behaviours can lead to active collaboration within a time-efficient window, and enhancing the accuracy of information shared thereby enabling health professionals to offer appropriate options for PN.

P202

# INCREASE IN DIAGNOSES OF EARLY INFECTIOUS SYPHILIS: LOCAL OUTBREAK OR FOLLOWING THE NATIONAL TREND?

<sup>1</sup>Deborah Goode\*, <sup>1</sup>Sarah Kennedy, <sup>1</sup>Amy Evans, <sup>1</sup>Angela Talbot, <sup>1</sup>Emma Page, <sup>2</sup>Mary Cronin, <sup>2</sup>Gareth Hughes, <sup>2</sup>Simon Padfield. <sup>1</sup>Department of GU Medicine, Leeds Teaching Hospital Trust/Leeds Sexual Health, Leeds, UK; <sup>2</sup>Field Epidemiology Service, PHE, Yorkshire and The Humber, UK

10.1136/sextrans-2017-053232.244

**Introduction** There has been a substantial increase in the incidence of early infectious syphilis (EIS) in our large city clinic, apparent since reconfiguration of services in July 2015.

**Methods** A retrospective case note review of electronic patient records was undertaken to investigate whether this was due to a local outbreak or in keeping with recent national trend. A database search for primary, secondary & early latent syphilis identified 78 and 116 cases in 2015 and 2016 respectively. These records were assessed using BASHH audit standards and reviewed for various lifestyle risk factors. We worked with Public Health England to address concerns regarding a possible local syphilis outbreak.

**Results** Of 168 patients, 85% were MSM: 34% and 28% were HIV positive in 2015 and 2016 respectively. Of the patients with known HIV, 64% were diagnosed as part of their HIV care. Partner notification reached 0.56 contacts per index case. Of the 89 contacts, over 50% were positive for syphilis. Retrospective analysis of surveillance data identified a breakpoint in July 2014 associated with a monthly increase in cases since then with no observable change in patient demographics.

**Discussion** Service reconfiguration focussed on MSM risk groups, coincided with increased EIS diagnoses within 1 year. However, epidemiological analyses indicate a continuum from