

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.

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#### 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

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**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.

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#### 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

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**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.

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#### 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

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**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

2014 following national trend. Routine syphilis screening in HIV care remains an essential tool for early case finding. As 80% were first syphilis infections we are evaluating syphilis point of care testing alongside capillary blood sampling to increase screening in outreach settings.

**P203 THE 'LEXICON OF LOVE': UNDERSTANDING TYPES OF RELATIONSHIPS AS PRIMARY CONTEXTS OF STI TRANSMISSION**

<sup>1</sup>Maria Pothoulaki\*, <sup>1</sup>Gabriele Vojt, <sup>2</sup>Fiona Mapp, <sup>2</sup>Melvina Woode-Owusu, <sup>1</sup>Paul Flowers, <sup>1</sup>Claudia Estcourt, <sup>2</sup>Cath Mercer, <sup>2</sup>John Saunders, <sup>2</sup>Sonali Wayal, <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

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**Introduction** Social contextual factors are often not taken into account when examining STI transmission. Understanding relationship types is central to targeting sexual health services, such as partner notification. This study examines the public's understandings of the language used to describe different types of partners and sexual relationships.

**Methods** A qualitative study, involving six focus groups was conducted in Scotland and England. Purposive sampling recruited 38 participants, including young heterosexuals (n=22) and gay men and other men who have sex with men (n=16). A semi-structured topic guide was used to facilitate the discussion, which included interactive tasks. An integrative thematic analytic approach was adopted by synthesising both textual data and the data derived from the interactive tasks.

**Results** Findings highlighted the diverse ways that relationships are understood and the fluid nature of partner types. Themes illustrated the importance of a range of contextual factors such as the variable nature of sexual relationships and key differences in their affective elements, the importance of peer context, social identities and developmental trajectories and the role of online communication in developing and shaping sexual networks and partnership formation.

**Discussion** Social identities and people's historical and geographic context 'shape' the way people talk about relationships. Fluidity and contextualisation are two key elements to be taken into consideration in understanding the language and terms used to describe relationships. From a public health perspective, understanding relationship types can unveil pathways to understand transmission patterns of STIs and provide more effective sexual health services.

**P204 A JUNIOR DOCTOR-LED PROGRAMME IS EFFECTIVE IN EDUCATING YOUNG PEOPLE ABOUT SEXUALLY TRANSMITTED INFECTIONS AND THEIR LOCAL SEXUAL HEALTH CLINIC**

Jessica Kearney\*, Kartik Subburaj, Nimlan Shanmugathas, Harish Patel. *East Sussex Healthcare Trust, Hastings, UK*

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**Introduction** It is well recognised that people aged 15–24 have the highest rates of sexually transmitted infections (STIs). In an area failing to meet national targets on chlamydia detection in this age group and overall HIV testing, junior doctors are delivering sessions to educate young people. The project

aims to increase attendance at sexual health clinics and improve sexual health in this high-risk group.

**Methods** Since 2012 junior doctors have been visiting secondary schools locally to deliver a 50-minute teaching session to 14–16 year olds covering condom application, symptoms of STIs and accessing their local sexual health clinics. The sessions have received positive feedback from teachers and students. This year a questionnaire has been introduced to quantify pre and post teaching knowledge.

**Results** 188 children completed the questionnaire. Pre-teaching scores included 25.9% on STI symptoms, 34.9% on where the local clinic is and 27% awareness of what happens there. The post-teaching scores showed an improvement of 49.8%. 89% students reported feeling more comfortable discussing STIs following the session.

**Discussion** We have highlighted that there is a need to provide more information to 14–16 year-olds about the symptoms of STIs and their local sexual health clinic. We have also demonstrated that a junior doctor led programme is an efficacious method of delivering this. Education from a young age could contribute towards increasing screening and reducing STI rates.

**P205 THE FUNCTIONALITY OF DATING APPLICATIONS IN SEXUAL RELATIONSHIPS AND SEXUAL HEALTH**

<sup>1</sup>Gabriele Vojt\*, <sup>1</sup>Matthew Smith, <sup>2</sup>Melvina Woode-Owusu, <sup>2</sup>Fiona Mapp, <sup>1</sup>Paul Flowers, <sup>1</sup>Maria Pothoulaki, <sup>1</sup>Claudia Estcourt, <sup>3</sup>Amir Palermo, <sup>3</sup>Mario Valencia, <sup>3</sup>Oluwatomilayo Ejedanawe, <sup>3</sup>Stephanie Dankyi, <sup>3</sup>Sally-Rae Attah, <sup>2</sup>Noemie Levy, <sup>2</sup>Cath Mercer, <sup>2</sup>John Saunders, <sup>4</sup>Merle Symonds, <sup>2</sup>Sonali Wayal. <sup>1</sup>Glasgow Caledonian University, Glasgow, UK; <sup>2</sup>University College London, London, UK; <sup>3</sup>Queen Mary University, London, UK; <sup>4</sup>Barts Health NHS Trust

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**Introduction** Dating apps are an increasing way people meet each other for sex and relationships. Their functionality captures aspects of contemporary sexual culture and reflects the ways relationships are understood. This study systematically assessed dating app functionality in relation to sexual relationships and sexual health.

**Methods** We examined the top down-loaded 500 dating apps listed on a public platform of dating applications (App Annie). Following screening using inclusion and exclusion criteria, data were systematically extracted from included dating apps (n = 259). Data were collated regarding how the App functionality related to target population, and included links to sexual health interventions. We specifically coded how the Apps defined the kinds of relationship the app-user was in and the kind of relationship the app-user was looking for.

**Results** Forty percent of dating apps were designed for specific user populations defined by nationality, religion or sexual orientation and preference. Dating apps varied greatly in the ways their functionality reflected types of relationships (e.g. it's complicated', 'something long term', 'friends with benefits'). Only a minority of dating apps (4.2%) provided a link to sexual health information, interventions or referral to clinical service options.

**Discussion** This study can help clinicians to better understand the relationships people have, the words used to describe these relationships and the likely impact this has on sexual behaviours, onward transmission and potential partner notification interventions.