P206 PREVALENCE AND RISK FACTORS ASSOCIATED WITH CHLAMYDIA TRACHOMATIS (CT), MYCOPLASMA GENITALIUM (MG) AND NEISSERIA GONORRHOEAE (NG): CROSS-SECTIONAL STUDY IN THREE SEXUAL HEALTH CLINICS

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Introduction *Chlamydia trachomatis* (CT), *Mycoplasma genitalium* (MG), and *Neisseria gonorrhoeae* (NG) infections contribute to major reproductive health sequelae. CT and NG are routinely tested for in sexual health clinics (SHCs), whereas MG is not. Population prevalence estimates for males and females for CT and MG are >1% and <0.1% for NG infection. Risk factor data, which help target control interventions, are limited in men-who-have-sex-with-men (MSM). We assessed prevalence and risk factor data in symptomatic patients accessing SHCs.

Methods Patients aged ≥16 years with symptoms of an STI provided: vulvovaginal swabs (females), first void urine (men-who-have-sex-with-women (MSW) and MSM) and pharyngeal and rectal swabs (MSM). Routine clinic results were obtained and FTD Urethritis Plus kit used to detect MG. Risk factors (RFs) were analysed using univariate (UV) and multivariate (MV) logistic regression.

Results

Abstract P206 Table 1 Prevelance and risk factors associated with STIs

	Females n=305	MSW n=174	MSM		
			Urine n=79	Rectal n=80	Pharynx n=87
CT % (95% CI)	8.20 (5.61–11.82)	20.96 (15.43–27.47)	6.33 (2.73–13.97)	7.50 (3.48–15.40)	1.18 (0.21–26.80)
MG % (95% CI)	7.54 (5.08–11.06)	17.82 (12.84-24.18)	1.27 (0.22–6.83)	8.75 (4.30–16.98)	0.00 (0.00–4.23)
NG % (95% CI)	1.31 (0.51–3.32)	6.32 (3.57-10.96)	13.92 (7.96–23.24)	27.50 (18.92–38.14)	17.44 (10.86–26.80)

The only RFs associated with any organism in MV analyses was in females. Being aged 16–19, a contact of someone with an STI, and not bleeding were associated with CT and being a contact was the only RF for NG.

Discussion CT and MG positivity were highest in MSW compared with other patient groups, whereas NG positivity was highest in MSM, especially rectal samples. In the absence of routine MG testing, NG-positive MSM would be treated with 1 g azithromycin, (combined with 500 mg ceftriaxone) which could result in MG antimicrobial resistance development. From our study population, with no RFs for CT, NG or MG, a targeted test and treat approach would not be beneficial in MSW or MSM.

P207 OUTBREAK OF HEP A AFFECTING MSM: THE LONDON RESPONSE

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Introduction: Outbreaks of hepatitis A virus (HAV) have previously been described in men who have sex with men (MSM). BASHH only recommends HAV vaccination for MSM during outbreaks. A UK cluster of HAV cases was identified and, by 27/2/2017, London had 45 probable and confirmed cases in MSM. London sexual health commissioning is in flux with new arrangements imminent.

Methods: For individual notified cases, Health Protection Teams (HPT) routinely assess source, offer infection control advice to the case and organise vaccination of household and sexual contacts. A London outbreak control team (OCT) comprised epidemiologists, commissioners and providers of immunisation and sexual health services, health promotion partners and communications. The OCT scoped possible additional interventions to control the outbreak.

Results:

The OCT recommended: Awareness raising re risk behaviour: Distribute a nationally commissioned leaflet with safer sex advice to cases and to genitourinary medicine (GUM) clinics, plus relevant content on digital platforms.

Liaison with providers, commissioners: Inform GPs. Survey current practice in GUM for HAV immunisation. Vaccinate MSM opportunistically in GUM clinics (if had a new or casual partner in last 3 months).

Link with existing health promotion networks: Working with gay venues, to get understanding and cooperation.

Set up vaccination clinics near the popular venues

Discussion: It is challenging to set up an immunisation programme in a large city with complex commissioning relationships at short notice. Consideration should be given to vaccination between outbreaks to reduce the proportion susceptible, or 'outbreak ready' plans included in sexual health commissioning arrangements.

P208 IN AN ERA OF ANTIBMICROBIAL STEWARDSHIP IS EPIDEMIOLOGICAL TREATMENT FOR SYPHILIS STILL JUSTIFIED?

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Introduction The BASHH guidelines for syphilis recommend the offer of epidemiological treatment or re-screening at 12 weeks (12w) after exposure for asymptomatic sexual contacts. We reviewed local practice and compliance with guidance in view of the increasing need for antimicrobial stewardship.

Methods We conducted a retrospective case note review of patients coded as syphilis contact (PNS) between January 2015 and July 2016.

Results We identified 44 patients (40 [91%] male; 35 [80%] men who have sex with men) reporting syphilis contact. There were 12 (27%) symptomatic, who were all given treatment; 7

(63.6%) with subsequently positive syphilis serology. Of 32 (73%) asymptomatic patients 25 (78%) received treatment. All 25 reported ongoing sexual contact with the index partner or others within the window period (WP) and serology was consistent with active infection in 5 (20%). Of the 7 (21.9%) that didn't receive epidemiological treatment 5 were outside the WP and tested negative; 1 declined treatment and tested negative at 12w; 1 contact of late latent syphilis tested negative within the WP but failed to attend 12w follow up. There were 8 (18%) with other STIs at presentation.

Discussion While penicillin-resistant syphilis is not an immediate concern, contacts may have other infections that could be partially treated with penicillin based or tetracycline antibiotics potentiating resistance. Over half our patients were at risk of re-infecting or transmitting to partners supporting the basis for epidemiological treatment but should we consider the option of treating symptomatics at presentation and abstinence advice pending results?

P209 WHAT MAKES EXPEDITED PARTNER THERAPY (EPT) AND ACCELERATED PARTNER THERAPY (APT) WORK FOR PARTNER NOTIFICATION FOR BACTERIAL STIS? A SYSTEMATIC REVIEW OF INTERVENTIONS

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Introduction Expedited Partner Therapy (EPT) treats the sex partners of persons with STIs without prior clinical evaluation. These interventions have been shown to reduce rates of re-infection and treat a higher proportion of sex partners. EPT which includes remote medical assessment of sexual partners is known as Accelerated Partner Therapy (APT) and meets UK prescribing guidance. Understanding the sequential active behaviour change components of such partner notification (PN) interventions and their use of theory, enables their optimisation and translation to the UK health context.

Methods We searched eight databases for studies detailing EPT and APT interventions for STIs implemented in high-income countries which included process and outcome data. Abstracts were screened and full-text articles analysed. Data were extracted relating to population, context, intervention components and associated behaviour change techniques (BCTs).

Results We included 15 of 723 studies covering interventions implemented between 1996–2013 in the UK and USA. EPT interventions are composed of complex sequences of diverse components, representing heterogeneous 'relay' behaviour change interventions. They involve diverse behavioural targets and target populations (index patient, partners, healthcare professionals). However they employ a broadly consistent range of behaviour change techniques including: 'how to perform a behaviour' and 'information about health consequences.'

Discussion EPT interventions are atheoretical, developed in response to patient and provider needs. Systematically identifying the key behaviour components and processes involved in EPT/APT may help explain intervention effectiveness. Developing an explicit theoretical framework using identified BCTs will help in training healthcare professionals to deliver EPT/APT, improving generalisability of interventions and PN outcomes.

P210 A CLUSTER OF INFECTIOUS SYPHILIS CASES

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Introduction In 2016 the Field Epidemiology Service (FES) noted an increase in cases of infectious syphilis reported to the Enhanced Syphilis Surveillance Scheme (ESSS) from our clinic. From 01 January 2016 to 31 December 2016, 55 cases were reported to ESSS; compared with 12 cases from January to December 2015.

Methods Data was extracted from GUMCAD and the ESSS. FES collated and analysed the data using appropriate measures of disease frequency, central tendency and spread in order to describe the epidemiological characteristics of the cluster.

Results

All cases were male The median age was 37 years (range 16 to 74). 75% were men who have sex with men (MSM), 18% heterosexual and 7% bisexual. 89% were of white British ethnicity. 64% were HIV negative. 18% reported chem-sex.

38% were diagnosed as primary syphilis, 36% secondary syphilis and 27% early latent syphilis.

Venue and/or web application information was recorded for 71% of cases. GRINDR was the most commonly mentioned application (48% of cases mentioning use).

Discussion In order to reduce syphilis transmission it is vital that new cases are identified and treated and strategies put in place to target populations at higher risk. Incident Management Team meetings were held in 2016 including representatives from Public Health England, GUM, sexual health promotion team and commissioners. Education and awareness programmes have been implemented focussing on specific websites, apps and venues such as bars and clubs popular among MSM. We continue to monitor cases of infectious syphilis on a monthly basis.

P211 TEENS AND SEXTING – A PUBLIC HEALTH CONCERN?

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Introduction Sexual messaging (sexting) has become a norm of peer-to-peer communication among young people. There are concerns about the negative impact sexting has on young people's health and wellbeing. However, little is known about the nature of public health messages currently being provided on sexting. This study sought to understand the nature of information and advice on sexting available online for children, young people and adults.

Methods A document analysis explored online resources from national agencies involved in promoting the welfare of children and young people. Thirty-eight documents were identified which included audio-visual files. The nature of information was analysed thematically.