



2014



**AUSTRALASIAN
SEXUAL HEALTH
CONFERENCE**

Abstract Handbook

CONDOMS & BEYOND, COMPLETING THE SEXUAL HEALTH PICTURE





ashm

Supporting the HIV, Viral Hepatitis
and Sexual Health Workforce

AUSTRALASIAN SEXUAL HEALTH SECRETARIAT

Catherine Pooley

Nicole Robertson

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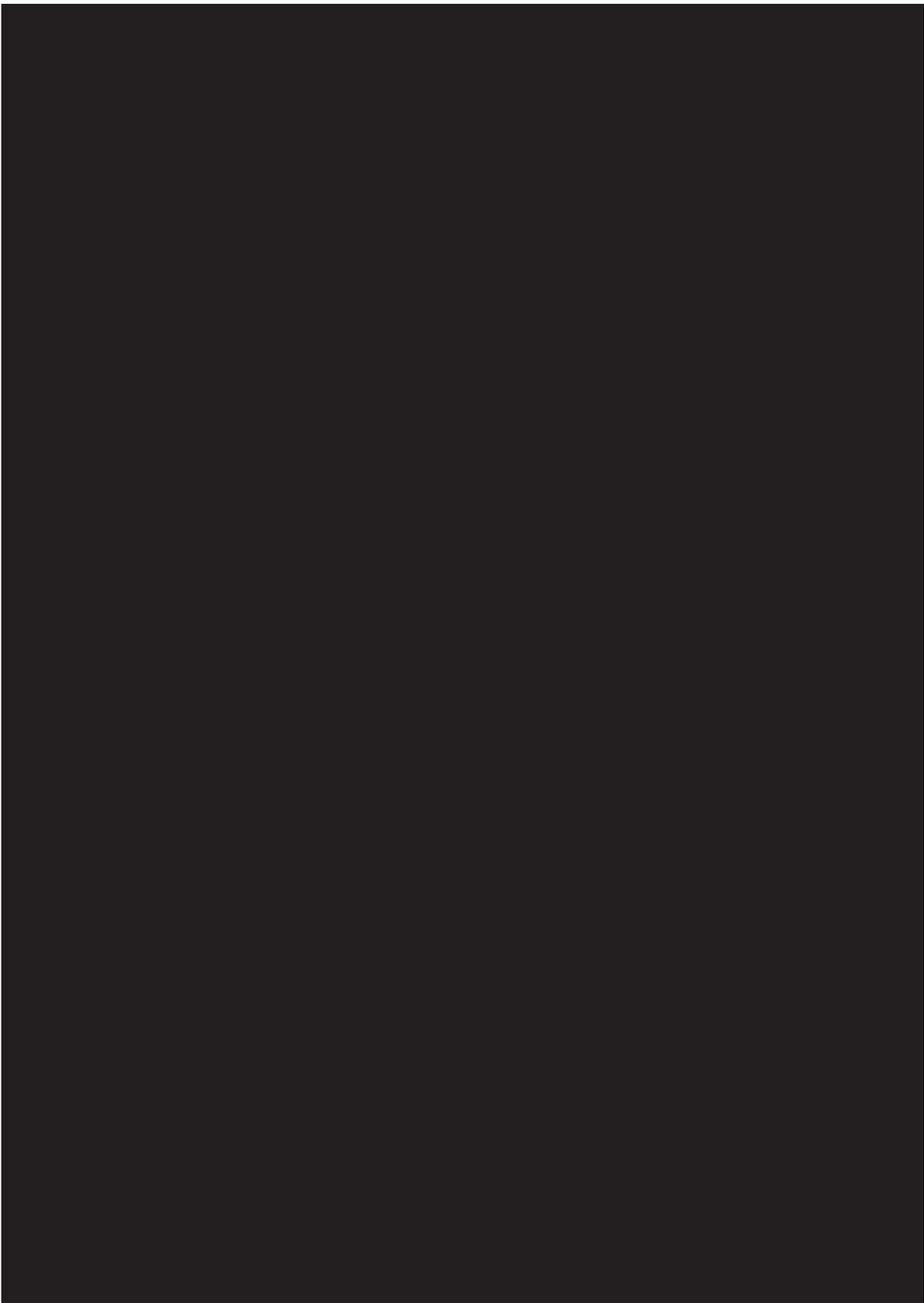
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CASE STUDY 1

SYPHILIS REINFECTIONS OR BIOLOGIC FALSE POSITIVE RPR RESULTS?

Trainee name: Vincent Cornelisse

Supervisor name: Dr Norman Roth

Clinic/Organisation: Prahran Market Clinic, Victoria

Case Demographics

70 yo M, MSM with a long term male partner but sexual contact only with casual partners at a beat in regional Victoria. Previous syphilis, adequately treated.

Details of presentation

- HIV seroconversion between from June to August 2013
- Four episodes of syphilis reinfection between October 2013 and April 2014, treated on each occasion with benzathine penicillin 1.8g IM stat.
- Started on Eviplera on 11-12-2013. CD4 10 (9%, nadir), HIV VL 17,033 copies/mL. Undetectable (<20 copies/mL) HIV viral load achieved by April 2014.
- Diagnosed with low grade chronic lymphocytic leukaemia (CLL) in December 2013.
- Plan to try to differentiate whether recurrent RPR rises are due to syphilis reinfections or biologic false positive (BFP):
- Treat with bicillin 1.8g IM
- Commence course of doxycycline 100mg b.d.
- Abstain from casual sexual contacts
- Repeat RPR in a couple of months to see if it continues to rise whilst taking doxycycline.
- June 2014: RPR 16 (previously 32)

Questions for discussion

- Was his syphilis adequately treated?
- When to consider doing a lumbar puncture for neurosyphilis?
- How specific is RPR in the diagnosis of a syphilis re-infection? Particularly in the setting of HIV and CLL.
- Is HIV a risk factor for the development of CLL?
- The role of syphilis prophylaxis.

Literature review

BFP RPR results are more common in people living with HIV (Joyanes 1998; Rompalo 1992). Persons living with HIV have B cell dysregulation, this leads to hypergammaglobulinaemia, polyclonal B cell activation and the production of antiphospholipid antibodies (De Milito 2004). Specifically, antibodies directed against the HIV envelope have been found to react with the phospholipid cardiolipin (Haynes 2005). Some of these HIV-induced immunologic changes reverse with antiretroviral therapy (De Milito 2004; Moir 2008), and the incidence of BFP RPR results declines with antiretroviral therapy (Oboho 2013).

Key references

De Milito A (2004) B lymphocyte dysfunction in HIV infection. *Current HIV Research*, 2004, 2, 11–21

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Joyanes P, Borobio MV, Arquez JM, Perea EJ (1998) The association of false–positive rapid plasma reagin results and HIV infection. *Sexually Transmitted Diseases* 25(10): 569–571.

Oboho IK, Gebo KA, Moore RD, Ghanem KG (2013) The Impact of Combined Antiretroviral Therapy on Biologic False–Positive Rapid Plasma Reagin Serologies in a Longitudinal Cohort of HIV Infected Persons. *Clinical Infectious Diseases* 2013;57(8):1197–202

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CASE STUDY 2

ANTIMICROBIAL RESISTANCE IN SEXUAL HEALTH: THE CASE OF NON-ALBICANS VULVOVAGINAL CANDIDIASIS

Trainee name: Massimo Giola

Supervisor name: Jackie Hilton

Clinic/Organisation: Auckland Sexual Health Service (ASHS)

Full description of the case

T.A., a 23-year-old female patient of NZ European ethnicity, was referred by her General Practitioner (GP) to ASHS with a 3-year history of recurrent vulvovaginal candidiasis (RVVC). The treatment so far had consisted in single-dose, oral fluconazole (150mg), since T.A. was reluctant to use vaginal creams as “messy”. Sexual history was unremarkable; nil other medications, nil co-morbidities (in particular, no diabetes or HIV infection). From the laboratory database, two previous sets of swabs were retrieved: both were positive for *Candida* species (our Microbiology laboratory does not speciate routinely non-albicans *Candida*, unless the requesting doctor asks for it).

On examination, there was a mild redness of the posterior fourchette and fossa navicularis; following speculum insertion, a scarce amount of thick, white exudate was seen and sampled. On-site microscopy was positive for budding yeasts; no hyphae were seen. A presumptive diagnosis of non-albicans RVVC due to *C.glabrata* was made, and T.A. was started, pending the culture, on nystatin vaginal cream (1 applicatorful at night for 2 weeks). The vulval and vaginal swabs confirmed the presence of *C.glabrata*. A follow-up phone call was made one week later to let the patient know about the results, and she reported a complete response of her symptoms to the treatment.

C.glabrata is second only to *C.albicans* as aetiologic agent of vulvovaginal candidiasis. Up to 50% of the *C.glabrata* isolates exhibit reduced susceptibility/resistance to azoles, often due to efflux pumps induced by azole therapy. The alternative options are limited, since ketoconazole is no longer available and itraconazole has several limitations (erratic absorption of the tablets; poor palatability, restrictions for funding, and recommendation to check the drug levels for the suspension). Hence, topical polyenes as nystatin, or topical boric acid as a last resort, are useful second-line treatments that preserve the efficacy of later-class antifungals for life-threatening infections.

Questions for discussion

- What is the current prevalence of non-albicans species in RVVC?
- What is the current prevalence of azole-resistant albicans and non-albicans isolates?
- How can we make a presumptive diagnosis of *C.glabrata* based on microscopy?
- What is the best strategy for the treatment of non-albicans RVVC?
- Is azole systemic therapy superior to topical agents?
- What are the options for the prevention of further episodes?
- Is the prophylaxis with weekly oral fluconazole better than the cyclic

treatment with topical agents?

- In an era of increasing antimicrobial (including antifungal) resistance, should we include antimicrobial stewardship considerations in the choice of systemic versus topical antifungals for benign, non-life threatening infections?

Literature review

There is a scarcity of randomized controlled trials (RCTs) addressing the clinical dilemma of how to treat VVC/RVVC. All the current guidelines are based on expert opinion or clinical case series; the only two available RCTs (and their meta-analysis) conclude that weekly oral fluconazole is superior to placebo, but do not address the issue of topical versus systemic antifungal therapy. One randomized clinical (but not controlled) trial failed to demonstrate a superior microbiologic cure for oral fluconazole versus topical clotrimazole for VVC and RVVC. Published data from clinical cohorts confirm that non-albicans species with reduced susceptibility to azoles now account for a significant proportion of the VVC/RVVC cases.

In this context of uncertainty, there is a growing concern that systemic azole therapy for benign, non-life-threatening conditions might cause a shift towards non-albicans and azole-R invasive candidiasis. Indeed, this shift has now been observed globally, and, in Countries where the use of systemic azoles is monitored (like Denmark), it is accompanied by a parallel increase in the azole prescriptions for those conditions (VVC/RVVC, tinea unguium, other skin infections such as pityriasis).

The antimicrobial-R challenge has triggered a global response to increase the antimicrobial stewardship policies and awareness in all health sectors and professions. Perhaps it is time to include considerations about preserving the future options for invasive fungal infections when selecting the treatment for superficial, non-life-threatening presentations. Future RCTs are needed to address these clinical questions.

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- Fluconazole versus 3-day clotrimazole in the treatment of sporadic and recurrent vulvovaginal candidiasis, *International Journal of Gynecology and Obstetrics* (2006) 95, 171–172. *Randomized clinical trial on 119 patients with VVC.*
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De Milito A (2004) B lymphocyte dysfunction in HIV infection. *Current HIV Research*, 2004, 2, 11–21

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Rompalo AM, Cannon RO, Quinn TC, Hook EW (1992) Association of Biologic False-Positive Reactions for Syphilis with Human Immunodeficiency Virus Infection. *The Journal of Infectious Diseases* 1992;165:1124–6

CASE STUDY 3

THE MYSTERIOUS CASE OF THE FEVERISH TRAVELLER (OR OCCAM'S RAZOR BE DAMNED)

Trainee name: Miranda Sherley

Supervisor name: Sarah Martin

Clinic/Organisation: Canberra Sexual Health Centre

Full description of the case

A 56 yo HIV-positive man, well managed on ARVs for the past 5 years, presented to Canberra Sexual Health Centre to transfer his HIV-care. He had been living in good health in Thailand for the past 12 years. A few days later he developed fevers and drenching night sweats. Initial screening identified a current syphilis infection and further investigation revealed a UTI, a pulmonary nodule with surrounding groundglass opacity, a liver abscess, colitis, and multiple infectious causes.

Questions for discussion

- What caused the liver abscess?
- Does Okham's (Occam's) Razor have a place in medicine?

Literature review

The diagnosis of fever in a returned traveller can pose a challenge, particularly in the context of HIV infection. A prospective study of HIV-positive patients presenting with fever to a tertiary hospital in Thailand (1) found 85% to be of infectious aetiology, most commonly tuberculosis. One-quarter had multiple aetiologies. However, these patients had relatively low CD4 counts, unlike the case presented here. Two retrospective file reviews from Thailand looking at causative agents of liver abscess in HIV-positive patients (2) and clinical presentations of amoebic abscess in both HIV-positive and HIV-negative patients (3) found *M. tuberculosis*, *K pneumoniae* and *E. histolytica* to be similarly common. The symptoms of pyogenic vs amoebic abscess were the same, and HIV-positive patients did not present differently.

The 14th century philosopher William of Okham argued that no more complexity should be introduced to an explanation than is essential, and this principle, known as parsimony, is often used in medicine to argue both for common diagnoses and for a single diagnosis that explains all symptoms. But it can also be argued that multiple common conditions are more likely than 1 very rare one, and that the role of medicine is to exclude more serious diagnoses. Furthermore, patient's don't always follow the rules!

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FRIDAY 10 OCTOBER 2014 - 7.00AM - 8.30AM
PENELOPE LOWE TRAINEE BREAKFAST

ABORIGINAL PARENTING SEXUAL AND REPRODUCTIVE HEALTH PROGRAM (PASH)

Riddiford J¹, Gillham K^{1,2} and Slattery C¹

¹ Hunter New England, Population Health, NSW Health, NSW Australia; ² Hunter Medical Research Institute, Newcastle, NSW, Australia

Background/Issues: Aboriginal adolescents experience sexually transmitted infections (STI) at a greater rate than non-Aboriginal adolescents. Research indicates that parenting programs are a valuable tool for increasing: parents/carers knowledge around sexual and reproductive health, and confidence to discuss these issues with their children.

Aim: To increase Aboriginal parents/carers sexual and reproductive health knowledge and confidence in communicating sexual health issues with their children.

Method: Community mapping was undertaken in five Communities in the Hunter New England Local Health District area of NSW. Community key stakeholders were identified to support the program roll out. A four hour workshop was conducted in each Community targeting parents/carers of Aboriginal adolescents. Both parents/carers and adolescents participated in the workshops.

Results: A total of 49 parents/carers and 50 adolescents participated in the workshops. Pre and post surveys were completed by both the parent/carers and adolescents. Parents/carers knowledge increased significantly from pre to post evaluation. A significant increase was also found in parents/carers and adolescent's attitude (confidence) from pre to post evaluation.

Conclusion: The program has resulted in a significant increase in parents/carers sexual and reproductive health knowledge and confidence to have those difficult conversations. A significant increase was also found in adolescence confidence to speak to their parents/carers about these issues. Programs that increase parents/carers of Aboriginal adolescence knowledge and confidence in regard to sexual health may contribute to the reduction of STIs rates in the Aboriginal population.

TE TUHONO TAPU O TE TANGATA: THE JOINING OF ONES SACREDNESS TO ANOTHER. A MAORI INDIGENOUS PERSPECTIVE TO EFFECTIVE SEXUAL HEALTH PROMOTION. A WORKABLE FRAMEWORK FOR PUTTING INDIGENOUS MODELS INTO SUCCESSFUL ACTION

Thomas, T & Salter, W

Directors & Facilitators: Mauri Tu Chi – Health Development, Northern Territory.

Background: The presentation will demonstrate a framework for drawing on pre and post colonisation knowledge, traditions and contexts to weave together an effective and successful health promotion programme for indigenous male youth in today's complex world, 'Te Ao Hurihuri.'

We took advantage of a 'collision' of health action research, sexual health clinicians and sexual health promoters who were willing and able to collaborate in addressing some appalling local rates of Chlamydia.

The interdisciplinary team came together to create a strategy that not only had direct health outcomes but also moved the indigenous male youth to their own leadership and creative expression. They went on to become ambassadors in their community to take on the challenge of reducing the rates of infection and incidence of this silent disease that permeated the community.

Giving mana to and adapting indigenous holistic approaches to health worked with an outcome of a youth indigenous chlamydia haka or battle dance, performed by youth to youth throughout our region. Mass chlamydia testing/screening of male youth resulted, with 100% uptake across the 8 participating High Schools. .

This was through our 'MUD' a.k.a Man Up Days programme

Delegates will leave the Conference empowered and confident to 'go to work' with some new tools in working alongside indigenous youth within the realm of sexual health.

Mauri Tu Chi has extensive experience in the fields of health, education and social services – as trainers, teachers, facilitators and health promoters. We have spoken at Indigenous Conferences throughout the world. We are excited to be able to share some of the practices and models that have been successful in Aotearoa. We are currently based in Australia and welcome the opportunity to present at the ASHA Conference.

Disclosure of Interest: Nothing to declare

DEADLY LIVER MOB: AN INCENTIVE-BASED, PEER-REFERRAL PROJECT INCREASING SEXUAL HEALTH SCREENING IN ABORIGINAL PEOPLE IN WESTERN SYDNEY

Biggs K^{1,2}, Ooi, C^{1,2}, Walsh J¹, Townsend J¹.

¹ Western Sydney Sexual Health Centre, Western Sydney Local Health District NSW, Australia;

² University of Sydney, Sydney, Australia.

Background: Mt Druitt is located within the Local Government Area with the largest number of Aboriginal people in NSW. Aboriginal and Torres Strait Islander (Indigenous) people are overrepresented in notifications of sexually transmissible infections (STIs) and viral hepatitis and many experience barriers to accessing health services. Health promotion activities aim to address this. The Deadly Liver Mob project (DLM) is a collaboration between the NSP service and the co-located Western Sydney Sexual Health Centre (WSSHC). This is an incentive-based, peer-driven intervention model to encourage education and screening for STIs and hepatitis C.

Method: Indigenous people attending the NSP are recruited and provided with culturally-appropriate hepatitis C education. A supermarket voucher incentive is offered to participate, and in turn recruit and educate peers. A further incentive is offered to attend the sexual health service. Participants attending the sexual health service are reviewed by a clinician, and STI/BBV screening offered according to risk. Testing for HIV, syphilis, hepatitis B, hepatitis C, chlamydia and gonorrhoea are offered. Pap tests and hepatitis B vaccination are offered where appropriate.

Results: The first 12 months of the DLM project saw over 300 participants attend the sexual health service, representing 1,101 occasions of service, a 1023% increase compared to the previous year. Median age was 33 years, 53.5% were women and 46.5% were men. Of the 308 participants, 305 (99%) accepted either full or partial STI/hepatitis C screen. Of those screened, 299 (98%) had not attended the sexual health service previously. Reported risk behaviours included injecting drug use (42.6%), incarceration (45.5%) and unsafe tattooing (33.7%). Of 257 people tested for hepatitis C antibody, 83 tested positive (32%). Syphilis was detected in 8.5% of clients tested. Chlamydia (5.1%) and gonorrhoea (<1%) prevalence was low.

Conclusion: The DLM incentive-based, peer-referral education and testing project has had a significant impact on attendance by Indigenous people, who may not otherwise have attended, a mainstream publicly-funded sexual health service.

The authors wish to acknowledge the NSP Deadly Liver Mob Health Promotion Team Mt Druitt & Population Health Unit Western Sydney/ Nepean Blue Mountains Local Health District: David Webb, Kerri-Anne Smith, Felicity Sheaves & Louise Maher.

Disclosure of Interest Statement: The authors have no conflict of interest to declare.

THE SUSTAINABILITY OF A SEXUAL HEALTH QUALITY IMPROVEMENT PROGRAM IN REGIONAL ABORIGINAL COMMUNITY CONTROLLED HEALTH SERVICES IN NEW SOUTH WALES

Graham S¹, Wand HC¹, Ward J², McCowen D³, O'Brien C³, Soderlund C³, Bullen P³, Donovan B^{1,4}, Knox J¹, Kaldor J¹, Guy RJ¹.

¹ Kirby Institute, University of New South Wales, Australia; ² Baker IDI Heart & Diabetes Institute, Melbourne, Australia; ³ Aboriginal Community Controlled Health Services in New South Wales, Australia; ⁴ Sydney Sexual Health Centre, Sydney Hospital, Australia.

Background: Higher notification rates of chlamydia have been reported among Aboriginal than non-Aboriginal Australians. In 2012–2013, four regional Aboriginal Community Controlled Health Services (ACCHS) in NSW participated in a sexual health quality improvement program (QIP) which aimed to increase chlamydia testing. We examined the sustainability of chlamydia testing rates by comparing chlamydia testing rates in a 12-month QIP period with a 12-month after period where no QIP occurred.

Method: Attendance and chlamydia testing data were extracted from the ACCHSs patient electronic records systems using GRHANITE, a web based data extraction tool. We examined the proportion of 15–29 year olds tested for chlamydia in a 12-month before (March 2011 to February 2012), a 12-month QIP (March 2012 to February 2013) and a 12-month after (March 2013 to February 2014) period, using a t-test for proportions.

Results: The proportion of 15–29 year olds tested for chlamydia increased from 14% in the before period, to 23% in the QIP period ($p < 0.001$) and to 24% in the after period ($p = 0.198$). Among females, testing rates were 16% in the before, 24% in the QIP and 26% in the after QIP. In males testing rates were 10% in the before, 18% in the QIP and 20% in the after period. All four ACCHS increased testing between the before and QIP periods, with two ACCHS maintaining similar testing rates in the QIP and the after period and one continued to increase testing in the after period (12% in the before, 25% in the QIP and 30% in the after period, $p = 0.001$).

Conclusion: Testing strategies implemented during the QIP period increased testing which was sustained in the after period, where no QIP occurred. This suggests the strategies became routine clinical practice. However, ongoing QIP may be needed to further increase testing.

Disclosure of Interest Statement: The SHIMMER project was funded by the NSW Ministry of Health.

FALL IN GENITAL WARTS DIAGNOSES IN THE GENERAL AND INDIGENOUS AUSTRALIAN POPULATION FOLLOWING HPV VACCINATION: ANALYSIS OF NATIONAL HOSPITAL DATA

Smith MA^{1,2}, Liu B^{3,4}, McIntyre P^{5,6}, Menzies R^{5,6}, Dey A^{5,6} and Canfell K²

¹ School of Public Health, University of Sydney; ² Prince of Wales Clinical School, UNSW; ³ School of Public Health and Community Medicine, UNSW; ⁴ The Sax Institute; ⁵ National Centre for Immunisation Research and Surveillance, Children's Hospital at Westmead; ⁶ University of Sydney

Background: A publicly-funded human papillomavirus (HPV) vaccination program targeting 12–13 year old females commenced in Australia in 2007, with catch-up of females 13–26 years to 2009. Whole of population analyses have not previously been reported, nor have the effects on the Indigenous population, who are at higher risk of cervical cancer.

Method: We analysed data from a comprehensive national dataset (the Australian National Hospital Morbidity Database) of all hospital admissions between July 1999 – June 2011 coded as involving a diagnosis of genital warts.

Results: Admission rates decreased from mid-2007 in females aged 12–17 years (annual decline 44.1%; 95% CI: 35.4–51.6%), and from mid-2008 in both females and males aged 18–26 years (annual decline 31.8%; 95% CI: 28.4–35.2% and 14.0%; 95% CI: 5.1–22.1% respectively). The overall observed reductions in July 2010–June 2011, compared to July 2006–June 2007, were 89.9% (95%CI:84.4–93.4%) for females aged 12–17 years, 72.7%(95%CI:67.0–77.5%) for females aged 18–26 years and 38.3% (95%CI:27.7–47.2%) for males aged 18–26 years. There were about 1,000 fewer hospital admissions involving a warts diagnosis in young people (<27 years) in July 2010–June 2011 compared to the average annual number pre-vaccination. Post-vaccination reductions were similar for Indigenous (86.7%; 95%CI:76.0–92.7) and other Australian females (76.1%; 95% CI:71.6–79.9%) aged 15–24 years (Pheterogeneity=0.08).

Conclusion: We observed a marked decline in hospital admissions involving a diagnosis of genital warts in young people in Australia after 2007. These population-based findings confirm results from previous studies, including indirect benefits to males from the female vaccination program. The impact of HPV vaccination in young Indigenous females appears similar to that in non-Indigenous females.

Disclosure statement: MS, RM, AD: No conflict. BL holds shares in bioCSL Limited, distributor of the HPV vaccine Gardasil in Australia. PM is an investigator on a survey of HPV seroprevalence in Australia which is partly funded by bioCSL Limited. KC declares that she is involved as a principal investigator in a new trial of primary HPV screening in Australia, which is supported by Roche Molecular Systems and Ventana, CA, USA.

Preferred theme: Epidemiology

BENEFITS AND BARRIERS TO INTEGRATION OF CHLAMYDIA AND GONORRHOEA POINT-OF-CARE TESTING INTO REMOTE COMMUNITIES

Natoli L^{1,2}, Maher L¹, Kaldor L¹, Ward J^{1,3}, Shephard M⁴, Anderson D², Guy R¹, on behalf of the TTANGO investigators

¹ Kirby Institute, University of New South Wales, Sydney, Australia; ² The Burnet Institute, Melbourne, Australia; ³ Baker IDI, Alice Springs, Australia; ⁴ Flinders University, Adelaide, Australia.

Background: The GeneXpert[®] is a new molecular point-of-care (POC) test device for diagnosing Chlamydia trachomatis (CT) and Neisseria gonorrhoeae (NG). It recently received regulatory approval in the US, Europe and Australia, and is being used routinely in remote Aboriginal health services in Australia as part of the TTANGO (Test, Treat, AND GO) Trial. Previously, most CT/NG POC tests have suffered from being inaccurate and complex.

Method: We conducted in-depth interviews with 18 purposively selected Australia experts in sexual health, primary health care, microbiology and policy, to explore benefits and challenges of integrating CT/NG POC tests (not exclusively molecular tests) into remote health services.

Results: Interview participants thought CT/NG POC testing would have greatest utility in areas of high CT/NG prevalence, remote locations and in settings where treatment is frequently delayed or patients are lost-to-treatment.

Stakeholders identified more targeted and immediate treatment as a key benefit (with flow on benefits of reducing sequelae, infectious period, and prevalence). Other benefits included increased health service efficiencies by reducing the number of treatment recalls, greater acceptability and satisfaction, and reduced stigma. Key challenges identified included ensuring the test was accurate, robust and user friendly. Other challenges included conforming to the regulatory/accreditation framework when/where such a framework exists, financing, adapting clinical practice and policy, training in areas with high staff turn-over, staff attitudes, quality management, and the potential to reduce surveillance data (for case reporting and NG resistance). The immediacy of the result was reported as both a benefit and challenge. Participants noted that identified benefits and challenges would be contingent on the POC test device.

Conclusion: Stakeholders saw CT/NG POC tests as a useful clinical and public health strategy for remote primary care facilities in settings of high STI prevalence, but identified significant challenges which will inform integration into clinical practice in such settings.

Disclosure of Interest Statement: No conflicts of interest declared. No financial support was received by Cepheid. Cepheid has provided GeneXpert machines on loan for the duration of TTANGO.

DOES BEING IN A REGIONAL AREA IMPACT ON THE TIMELINESS OF TREATMENT?

Foster R^{1,2}, Ali H², McIver R¹, Crowley M⁴, Dyer R⁴, Grant K⁴, Lenton J⁵, Little C⁴, O'Reilly K¹, Guy R², Donovan B^{1,2}, McNulty A^{1,3}

¹ Sydney Sexual Health Centre, Sydney, Australia; ² The Kirby Institute, University of New South Wales, Sydney, Australia; ³ School of Public Health and Community Medicine, University of New South Wales, Sydney, Australia; ⁴ Western NSW Local Health District, Australia; ⁵ Far West Local Health District, Australia

Background: Timely treatment of *Chlamydia trachomatis* (chlamydia) infection can prevent clinical complications, and reduces onward transmission. Delays in transport, laboratory testing, clinic and patient factors can impact on the timeliness of treatment. We assessed the uptake and timeliness of treatment in urban and regional sexual health services.

Method: An audit of people diagnosed with chlamydia (and not treated at initial visit) was conducted at an urban clinic (Central Sydney) and five regional services (Far West and Western NSW Local Health District). Consecutive cases were identified retrospectively from 31st October 2013, and demographic, testing, treatment and process information were extracted from laboratory and clinical files. We calculated the proportion treated in 2 weeks, and the median time to treatment with inter-quartile ranges (IQR) overall, and stratified by demographics and location of the service. Wilcoxon rank-sum and test for proportions were used.

Results: A total of 450 diagnosed cases of chlamydia were included: 300 from the urban service and 150 from regional sites. Overall, 98.6% of patients were treated, and of these the median time to treatment was 7 days (IQR:2–98 days). The proportion treated in 14 days was significantly lower in regional services (75%) vs the urban service (95%). At the regional services the median time between specimen collection and receipt of results from the laboratories was 6 days (IQR:1–21 days).

Conclusion: Time from testing to treatment of chlamydia is significantly longer in regional compared to urban services. These data highlight a need for improved or novel mechanisms to ensure timely access to results in regional services, in order to ensure equitable sexual health outcomes for all.

Disclosure of interest: None declared

INCREASING MALE GENERAL PRACTITIONER KNOWLEDGE ABOUT CHLAMYDIA AND ITS MANAGEMENT IS NEEDED TO INCREASE CHLAMYDIA TESTING

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Background: Female general practitioners (GPs) have higher chlamydia testing rates than male GPs, yet it is unclear whether this is due to reduced knowledge about chlamydia among male GPs or because female GPs consult higher numbers of female patients.

Method: GPs completed a survey about their demographic details and knowledge about the diagnosis and management of genital chlamydia. De-identified chlamydia testing and consultation data for male and female patients aged 16–29 years were extracted from the medical records software for each GP and linked to their survey responses. Descriptive statistics and logistic regression were used to determine associations between a GP's knowledge, demographics and testing rates. Two multivariable models were used to investigate associations between a GP and their chlamydia testing – model 1) included GPs' characteristics such as age and gender; model 2) excluded these characteristics.

Results: Female GPs' knowledge about who should be tested according to the recommended guidelines in 2010 was higher than male GPs ($p < 0.01$). Female GPs were more likely than male GPs to know when to retest a patient after a negative chlamydia test (18.8% versus 9.7%, $p = 0.01$), more likely to correctly know the symptoms suggestive of PID (80.5% versus 67.8%, $p = 0.01$) and tests used for diagnosing PID (57.1% versus 42.6%, $p = 0.01$). Model 1 found higher chlamydia testing rates were associated with being a female GP (OR=2.5, 95%CI: 1.9, 3.3) and working in a metropolitan clinic (OR=3.2; 95%CI: 2.4, 4.3). Model 2 showed that testing increased with a greater knowledge of guidelines (3–5 correct answers – OR=2.0, 95%CI: 1.0, 4.2; 6+ correct answers – OR=2.9, 95%CI: 1.4, 6.2).

Conclusion: Higher rates of chlamydia testing are strongly associated with GPs who are female, based in a metropolitan clinic and among those with more knowledge of the recommended guidelines. Improving chlamydia knowledge among male GPs may increase chlamydia testing.

Disclosure of Interest: ACCEPt was commissioned and funded by the Australian Government Department of Health and Ageing. Additional funding has been received from the National Health and Medical Research Council, the Victorian Department of Health and NSW Health.

EFFECTIVENESS OF A TEAM INTERVENTION OVER 12 MONTHS IN REDUCING MODIFIABLE CARDIOVASCULAR DISEASE (CVD) RISK IN HIV-INFECTED SUBJECTS ON ANTIRETROVIRAL THERAPY (ART)

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Introduction: The increasing age, higher modifiable and inherent cardiovascular disease (CVD) risk of HIV-infected patients necessitates improved approaches to reducing co-morbidities. We aimed to assess the effectiveness of a team intervention in reducing modifiable CVD risk.

Method: HIV-infected patients ≥ 50 yrs attending a large HIV caseload primary-care practice, who were virologically suppressed on ART, with moderate or severe Framingham 10-yr CVD risk ($\geq 10\%$) were recruited for this prospective case-control study. Intervention participants were provided a team approach to care, which involved treatment by study doctors for lipid, hypertension and ART management, and monthly review by a team of research nurses and dietitians for smoking cessation, exercise and dietary advice over 12 months. Controls were matched on age and smoking status, and were given standard of care by non-study doctors. Outcomes included CVD risk factors, body composition and CVD risk assessment, including Framingham 10-yr risk and D:A:D 5-yr estimated risk of coronary heart disease (CHD).

Results: A total of 33 patients completed the intervention, with 33 controls (58.0 ± 6.8 and 59.1 ± 6.9 yrs, respectively). Smoking cessation occurred in 37.5% cases vs. nil controls. There was a significant difference in the change in CVD risk between intervention and control groups, in both Framingham scores (-3.9 ± 5.5 vs. -0.3 ± 5.4 , $p=0.014$) and D:A:D scores (-1.3 ± 3.1 vs. 0.6 ± 3.3 , $p=0.017$). There was also a significant difference in change in total cholesterol (-0.6 ± 0.9 vs. 0.0 ± 0.9 , $p=0.013$) over the 12-month study period.

Conclusion: Team intervention was significantly more effective than standard of care in reducing CVD risk in HIV-infected patients on ART. A team approach to care may be an important component of reducing CVD risk in this population.

PERFORMANCE OF THE TRINITY BIOTECH UNI-GOLD HIV 1/2 RAPID TEST AS A FIRST-LINE SCREENING ASSAY FOR GAY AND BISEXUAL MEN

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Background: There is a strong public health need to increase HIV testing in gay and bisexual men (GBM), and rapid testing is preferred by the majority of GBM, over conventional testing. The Trinity Uni-Gold rapid HIV test (Uni-Gold) is an antibody-only test that is used in other countries for HIV screening but not yet approved for this purpose in Australia. We evaluated the operational performance of the Uni-Gold test as a first-line screening assay in GBM in NSW.

Method: MSM clients attending any of 17 clinical and community sites were offered the Uni-Gold test. We assessed the sensitivity, specificity, positive predictive value (PPV), and negative predictive value (NPV) of Uni-Gold compared with conventional laboratory results including a 4th generation screening Ab/Ag EIA. Individuals were classified as having an acute HIV infection if they had reactive EIA AND negative or indeterminate western blot (WB) pattern, AND positive p24antigen OR HIV-1 RNA tests OR a previous HIV-negative test in the past 3 months. Established infections were defined by a positive EIA and WB.

Results: Of 5351 specimens tested with Uni-Gold and conventional serology, 50 (0.93%) were confirmed as HIV-positive by conventional serology and 45 were Uni-Gold reactive (sensitivity= 90.0%,95% CI:78.2–96.7). Of these 50, 17 (34%) were acute infections, of which 12 were Uni-Gold reactive (sensitivity=70.6%,95%CI:44.0–89.7). All 33 established

infections were Uni-Gold reactive (sensitivity=100%,95%CI:89.4–100.0). Of 5301 specimens confirmed as HIV-negative, 5297 were Uni-Gold negative (specificity=99.9%,95%CI:99.8–100.0). PPV overall was 91.8% (95%CI:80.4–97.7) and NPV was 99.9% (95%CI:99.8–99.9)

Conclusion: The sensitivity of Uni-Gold in acute and established HIV infection appears comparable to that previously reported for Alere's Determine HIV 1/2 Ag/Ab Combo rapid test in the same population and setting, though PPV and specificity of Uni-Gold is higher. When using any rapid test for screening, we recommend that men at risk of acute HIV infection also have conventional serology performed.

Disclosure of Interest Statement: Funding for this study was provided by the NSW Ministry of Health. The Kirby Institute and the Centre for Social Research in Health (CSRH) receive funding from the Australian Government Department of Health. The Kirby Institute is affiliated with the Faculty of Medicine, UNSW Australia. CSRH is affiliated with the Faculty of Arts and Social Sciences, UNSW Australia. No pharmaceutical grants were received in the development of this study.

RAPID LABORATORY ASSESSMENT OF A NEW GENEXPERT MOLECULAR POINT-OF-CARE TEST FOR DETECTION OF *TRICHOMONAS VAGINALIS*

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Background: Trichomoniasis (TV) is the most common curable sexually transmitted infection globally and if left untreated can cause reproductive morbidity. Point-of-care (POC) tests have the potential to improve the uptake and timeliness of TV treatment in remote settings where delays due to distances from laboratories and difficulties recalling patients exist. We undertook a rapid laboratory-based assessment of a new molecular POC test (Cepheid GeneXpert [Gx]) for TV diagnosis to determine its suitability for larger field trials.

Method: In March 2014 we used 111 stored samples (53 positive, 58 negative) which had been tested in the previous four months with an in-house TV PCR assay and then frozen; 80 were urines (40 males, 40 females) and 31 were vaginal/cervical swabs. Samples were thawed and Gx testing conducted according to manufacturer's instructions using undiluted urines and swab samples diluted 50:50 with transport medium. The study technician was blinded to the in-house PCR results. Testing occurred over a two week period.

Results: Of the 53 samples in-house PCR positive, 49 were Gx-positive (sensitivity=92.5%, 95%CI:81.8-97.9); 90.0% (36/40) (95%CI:76.3-97.2) in urines, and 100% (13/13) (95%CI:75.3-100.0) in vaginal/cervical swabs. The four discordant in-house PCR-positive/Gx-negative samples had PCR cycle threshold values of 36-40; two had sufficient volume for retesting, and were then in-house PCR-negative (concordant with Gx result). 58 samples were in-house PCR negative and 57 of those were Gx-negative (specificity=98.3%,95%CI:90.8-99.9). One discordant in-house PCR-negative/Gx-positive sample was re-tested and was then in-house PCR-positive (concordant with Gx result).

Conclusion: Our assessment showed the new Cepheid GeneXpert TV POC test has high sensitivity and specificity. The few discordant samples likely arose due to sample degradation or the organism load being close to the assay detection threshold, with repeat testing demonstrating concordance. Using stored samples can provide a rapid indication of test performance. A larger field evaluation is now planned.

Disclosure of Interest Statement: TV cartridges for this rapid assessment were supplied free of charge from Cepheid.

HETEROSEXUAL HIV-NEGATIVE PARTNERS IN SERODISCORDANT RELATIONSHIPS VIEWS ON HIV PRE-EXPOSURE PROPHYLAXIS – A QUALITATIVE STUDY

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Introduction: Pre-exposure prophylaxis (PrEP) may be a complementary effective option for HIV prevention in heterosexual serodiscordant couples. However, there is little research on the advantages and barriers to its use, as well as possible impacts of PrEP uptake on the sexual practices of serodiscordant heterosexual couples. The aim of this study was to explore the views of HIV-negative men and women in stable serodiscordant heterosexual relationships about the use of PrEP in both the periconception period and for general HIV prevention.

Method: The study was conducted at Melbourne Sexual Health Centre, Melbourne, Australia, between March and November 2013. Semi-structured interviews were used to understand participants' motivations for the use of PrEP.

Results: In total 13 HIV-negative partners were interviewed, 6 men and 7 women. Participants demonstrated a high interest in the use of PrEP for conception. PrEP was also considered an option for HIV general prevention, although men saw more benefits for this use than women. Men reported more expected changes in sexual behaviour with PrEP use compared with women. Participants main concerns around PrEP usage were cost, efficacy, adherence and side effects. HIV-positive partner support is likely to play a central role for PrEP uptake and adherence.

Conclusion: This is one of the first studies to explore the motivations and expectations of PrEP use by HIV-negative heterosexual partners in serodiscordant relationships in a developed country context. The results of this study highlight the need for further development of guidelines governing the use of PrEP in serodiscordant couples planning conception.

EFFECTIVENESS OF USING GRINDR BROADCAST TO INCREASE SYPHILIS TESTING AMONG MEN WHO HAVE SEX WITH MEN IN DARWIN, AUSTRALIA

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Objective: To describe a social media campaign which used Grindr broadcast to spread campaign messages to men who have sex with men (MSM) in Darwin, Northern Territory (NT), Australia, in response to a suspected outbreak of infectious syphilis noted in February–July 2013, and to evaluate its effectiveness in increasing clinic attendance and syphilis testing in MSM clients at the local sexual health clinic.

Method: Grindr usage statistics were analysed and compared with estimated MSM population in Darwin. Data regarding clinic attendance and syphilis testing at the local sexual health clinic were analysed to assess the impact of the campaign.

Results: During the campaign period, 1,897 unique users were exposed to the campaign message on Grindr, compared with a previously estimated number of homosexual and bisexual men of 647 in the NT. The number of syphilis tests for July 2013 (when daily Grindr broadcast was implemented for 7 days) more than doubled the July average for the past five years (2008–2012) and the average for other months of 2013, both in all MSM clients and in MSM clients seeking STI testing.

Conclusion: Grindr broadcast was effective in delivering campaign messages to MSM, and thereby increasing clinic attendance and syphilis testing in MSM clients at the sexual health clinic.

Competing interests: No relevant disclosures.

USE OF LOCATION BASED MOBILE APPLICATION GRINDR TO INCREASE MSM TESTING RATES IN NORTHERN SYDNEY, AUSTRALIA

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Background: Grindr is a geo location smartphone application popular amongst men who have sex with men (MSM) to find sexual partners. In December 2013, Clinic 16 initiated a 6-month pilot study to assess if testing rates among MSM increased by placing direct advertising on Grindr in order to educate users about testing services in their area.

Method: The methods used to assess this intervention included; measuring the number of individual website hits created by users clicking through from the application; analysis of self-reported registration data and by the comparison of MSM client data including comparison with the same period for the previous 5 years.

Results: Since the start of the intervention the Clinic 16 website (www.clinic16.com.au) has received 11,799 unique hits from the application; 36 clients self-reported that they had found out about our service from Grindr and there has been an increase in attendances of MSM clients by 35.7% (n=513) compared with the same period for the previous year (n=378). There was also a 39.7 % increase compared with 5 year mean attendances (n=340), seasonally adjusted for this period. HIV testing rates amongst MSM also increased 38.9% (n=378) compared to the previous year (n=272), reflecting the increased attendance of patients at the service.

Conclusion: The results of this pilot study suggest that Grindr is effective as a means of increasing attendance and STI/HIV testing rates amongst MSM in Northern Sydney. As well, our data may underestimate reporting by MSM if Grindr was their referral source, due to embarrassment.

Disclosure of Interest Statement: North Shore Sexual Health Service and the HIV and Related Programs Unit of Northern Sydney Local Health District are funded by the NSW Ministry of Health.

WRAP YOUR BANANA: A SOCIAL MEDIA CAMPAIGN TO INCREASE YOUTH ENGAGEMENT WITH REPRODUCTIVE AND SEXUAL HEALTH MESSAGES

Lewis G

Family Planning NSW

Background: Objective: To increase young people's engagement with Family Planning NSW's services and key messages about the importance of condom use through a targeted and user-generated social media campaign in the form of a competition.

Family Planning NSW has not previously extensively utilised social media for health promotion. Condom use continues to be an important message for young people, and social media presented a new way to access this population.

Method: We ran a 10 week Instagram-based campaign from April to June 2014, targeting young people aged 16 to 24. We examined its effect on youth engagement with Family Planning NSW via social media.

Young people were encouraged to upload a photo of a decorated banana to Instagram with the hashtag #WrapYourBanana and to 'follow' @FamilyPlanningNSW in order to be eligible to win prizes.

The campaign's impact was measured using social media monitoring, by charting the increase in followers, shared posts and post reach.

Results: In the 10 weeks of campaign activity, 76 entries were received. 11 campaign-related activities were run during Youth Week events, 1 for Men's Health Week, and campaign materials were distributed to a variety of youth and healthcare services across the state.

Family Planning NSW's Facebook page saw a 16% increase in following, and the Instagram account saw an increase from 98 to 161 followers.

Conclusion: Social media is an appropriate way to access young people and campaigns of this nature are effective in increasing 'followers'. However, limitations exist, including young people's reluctance to upload photos, maintaining campaign momentum and its time-limited nature.

Recommendations for future projects include a focus on youth-specific events, and a master photo gallery moderated organisationally.

STAYING NEGATIVE CAMPAIGN

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¹ Victorian AIDS Council

Introduction: There are several social marketing campaigns currently running that address and promote behaviour change through condom reinforcement messages. However, there are not as many campaigns that address the complexities of life that can influence the sexual health of gay men, bisexual, transgender and men who have sex with men (MSM). These include sexuality, relationships, social engagements, culture and family life to name a few.

The Staying Negative (SN) campaign aims to engage MSM in a creative and interesting manner by using personal narratives that also provide information and advice based on participants' lived experiences.

Method: Level of engagement by the community with SN was measured through Google analytics. Data considered included number of visits to the website (including unique visitors), number of page visits and length of time spent on website.

Feedback on effectiveness and usefulness of the campaign was measured through community feedback and external evaluation of the campaign.

Results: Google analytics data showed that the average number of visits since the re-launch in April 2014 was between 75–150, increasing to 400 hits per day in peak periods. Navigation of 2.62 pages per session with an average duration of nearly 3 minutes per visit was recorded.

Through campaign evaluation it was found that individuals value the campaign due to the use of personal narratives where they can identify with them on a personal level.

Conclusion: SN is highly effective in reaching the community due to its unique angle of addressing the complexities of real life situations amongst MSM through the use of personal narrative where safe sex messages are incorporated and endorsed.

Disclosure of Interest Statement: Victorian AIDS Council is funded by the Victorian Department of Health. There is no conflict of interest in the evaluation of the SN campaign.

SEXT ME UR B==D. YOUNG PEOPLE'S OPINIONS AND PERCEPTIONS OF SEXTING

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Background: Sexting – sending sexually explicit material via mobile phone – is common among young people in Australia but has been associated with serious psychosocial harms. Victoria recently altered legislation to decriminalise sexting between minors in a consensual sexual relationship, and to introduce laws against non-consensual sharing of sexts. Additionally, anti-sexting educational campaigns have been implemented in Australia to discourage sexting. Further research is needed to ensure that sexting education accurately reflects young people's perceptions of sexting and to gauge community opinion of legislative changes. This study aims to assess young people's attitudes regarding sexting.

Method: A questionnaire was self-completed by a convenience sample of 509 young people (aged 15–29) at a music festival in Melbourne. The questionnaire covered sexual health and behaviours, sexting behaviours, and opinions about sexting (assessed using a five-point Likert scale).

Results: Almost half of participants (46%) reported ever sexting. Most (86%) agreed 'It's risky for a girl to send a naked picture of herself,' which was slightly lower for opinions on boys (76%). Thirty percent agreed that 'If someone I'd just started seeing sent me a sext I might show some friends,' however, only 14% might do the same with a sext from a boy/girlfriend. Males had more permissive attitudes to sexting. Half (47%) thought sexting 'should be illegal for people under 18,' while 77% agreed 'It should be illegal to pass on a sext without permission.'

Conclusion: Sexting was a common practice among the sample, despite a majority of young people agreeing that sexting was 'risky.' Given the potential psychosocial impact of sharing sexts without consent, it was concerning to note that up to a third of participants indicated they might do so. A majority indicated sentiment in support of Victoria's new sexting legislation, however, support was far from unanimous. These findings should inform development of sexting education.

HOW YOUNG PEOPLE STAY SAFE IN THE SEXUAL WORLD OF SOCIAL MEDIA

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Background: Surveys suggest over 40% of young people aged 13–16 years have accessed or seen sexual content online in the past 12 months. Despite community concern, there has been little research exploring adolescents' experiences in relation to online sexual content. We explored adolescents' exposure to sexual content in Social Media (SM), their awareness of risk, and the strategies they employ to navigate these risks.

Method: A qualitative methodology was used involving 9 focus groups with year 8–12 students at four Sydney schools. Religious and secular, Catholic, and government schools were recruited, targeting a range of socio-economic and cultural backgrounds. Results were analysed and themes identified using a grounded theory approach.

Results: There were 60 participants (29 male and 31 female). Most young people described frequently seeing a wide range of sexual content in SM, ranging from sexual pictures posted by 'friends', to sexual pop-up advertising present on SM sites, to more graphic and explicit photos and videos. Young people described several potential risks involved in viewing and engaging in sexual content in SM: leaving a digital footprint, personal embarrassment, loss of reputation and distress for themselves and /or their family. Young people employed a number of strategies to mitigate these risks: using privacy settings, not using real names, being able to identify and therefore avoid sexual content if desired without viewing it, emotionally 'blocking out' unwanted or upsetting content once viewed, identifying sexual content as 'funny' and learning from the experiences of peers. Strategies came from those they had been taught formally, learnt from peers and developed themselves through experience.

Conclusion: Young people are aware of risk online and employ a range of strategies to safeguard themselves. Future interventions focused on preventing online risk should be informed by these strategies.

“SEXUALLY HEALTHY YOUNG MEN? THERE’S AN APP FOR THAT!” EVALUATING THE ROLE OF COMEDY AND DIGITAL MEDIA IN SEXUALITY EDUCATION WITH AT-RISK YOUNG MEN

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This paper presents the results of an evaluation of the effectiveness and appropriateness of 7-funny guys talk sex, a relationships and sexuality education (RSE) resource using comedy to reach “at-risk” young men.

Research into young people’s experience of RSE consistently finds that they perceive it as “too little, too late, and too biological.” Recent Australian research found that while many young people are sexually active, young men rarely feel comfortable asking for information and help about RSE. Similarly, many parents, teachers and youth workers lack the confidence to initiate these conversations.

Young men often know about the biology of sex and reproduction but know little about the relational and emotional aspects. RSE resources are perceived as dry, boring and irrelevant. Without a male equivalent of “Dolly Doctor”, young men often rely on unreliable and unhelpful sources of information – their peers, TV and pornography.

In response, Family Planning Queensland produced 7 – funny guys talk sex, an app for iPad, which triggers discussion through comedy, reaching young men aged 15 – 20, in a way that is more relevant to their lives. It addresses seven topics of interest to young men – dating, breaking up, masturbation, first time sex, condoms, sexual health and “being a good lover”.

This evaluation is based on semi-structured interviews with youth workers, teachers, nurses and others working with “at-risk” young men, about their experiences of using 7.

The interviewees found the resource to be a valuable tool for opening up dialogue, making it possible for them to address issues like consent, sexual pleasure, risk, and sexual identity, in ways that would otherwise not have been possible. The comedy increases engagement and hold young men’s attention, which can otherwise be quite challenging. Feedback from interviewees suggests further development opportunities for this type of resource.

Disclosure of interest: Nothing to declare

CHANGES IN THE COHORT PROFILE OF HIV-POSITIVE PATIENTS IN THE AUSTRALIAN HIV OBSERVATIONAL DATABASE (AHOD)

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Background: AHOD is a prospective cohort from tertiary referral hospitals (TRH), private clinics (PC) and sexual health clinics (SHC). Recruitment occurred primarily during two calendar periods, prior to 2002 (Era-1) and 2008–2013 (Era-2). We aim to describe the cohort profile by recruitment era and site type.

Method: AHOD patients' descriptive characteristics were compared stratified by recruitment era and site type.

Results: 2847 patients were eligible for analysis. The majority of patients were recruited in Era-1 (n=1928, 68%). SHCs were the largest recruiters (42%) compared to PC (34%) and TRH (24%). Enrolment median [IQR] CD4 counts (cells/ml) were similar (Era-1: (475 [IQR:375]; Era-2:480 [IQR:299]), and the proportions with undetectable viral load (<400 copies/ml) were 56% and 73% respectively.

Protease inhibitor (PI) regimens were the most common at enrolment in Era-1 across all site types, with proportionally more patients from TRH (73%) compared to SHC (66%) and PC (57%). NNRTI-based regimens were most common in Era-2, with a greater proportion from SHC compared to TRH and PC (68%, 49% and 51% respectively).

After one year of ART the proportion of patients tested with detectable viral load in Era-1 was similar for PC (262/541(48%)) and TRH (193/422 (46%)) and slightly lower for SHC (201/522 (39%)). In Era-2 a higher proportion of patients from TRH were detectable (26/162 (16%)) compared with SHC (15/246 (6%)) and PC (13/160 (8%)).

The rate of ART switching was higher in Era-1 (28.44/100pyrs [26.83–30.14]) compared to Era-2 (14.74/100pyrs [13.06–16.65]). Rates of switching were considerably reduced across all site types in Era-2, but higher for TRH (20.51/100pyrs [16.64–25.27]) compared to SHC (13.03/100pyrs [10.74–15.81]) and PC (12.69/100pyrs [10.02–16.06]).

Conclusion: Differences across clinic types were observed, specifically in terms of treatment regimens, however, treatment outcomes were similar for patients managed at SHC and PC compared to patients managed through TRH.

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FRIDAY 10 OCTOBER 2014 - 3.30PM - 5.00PM
TRIALS UPDATES
PROFFERED PAPER SESSION 4

SEXUAL HEALTH SERVICE CLIENTS PREFER HOME-BASED RETESTING FOR CHLAMYDIA

Smith KS¹, Hocking JS², Chen MY^{2,3}, Fairley CK^{3,4}, McNulty AM^{5,6}, Read P^{1,7}, Bradshaw CS^{2,3}, Wand H¹, Jamil MS¹, Saville M⁸, Tabrizi SN^{9,10,11,12}, Garland SM^{9,10,11,12}, Rawlinson W¹³, Donovan B¹, Kaldor JM¹, Guy R¹.

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Introduction: Chlamydia retesting at 3 months after treatment is important to detect reinfections and persistent infections, but retesting rates are typically low. In the REACT trial, sexual health clinic clients diagnosed with chlamydia were randomised to either home-based retesting (postal home-collection kit) or standard clinic-based retesting. We evaluated the acceptability of the home-based strategy.

Method: REACT participants were reminded by SMS to undertake a quantitative survey online 4.5 months after enrolment. Those randomised to home-based testing were asked about home-testing acceptability (ease of use and confidence in collection), and preferred methods of retesting (home or clinic). We used a chi-square test to assess if there were any differences in demographics and home-test acceptability according to the preferred method of retesting.

Results: Overall 236/302 (78%) participants randomised to home-testing completed the survey. Of these, 74 (31%) were heterosexual men, 83 (35%) men who have sex with men, and 79 (34%) women. The majority (68%) were aged <30 years. Overall 162/236 (69%) had retested at 1–4 months. The majority were very comfortable/comfortable having the kit posted to their home (86%); found it easy to follow the instructions and collect the specimens (96%); were confident they had collected the specimens correctly (90%); and reported no problems collecting the specimen (70%). Most (65%) preferred home testing, 14% preferred clinic retesting, and 21% were neutral. Preference for home testing was associated with feeling comfortable having the kit sent to their home ($p=0.045$); not being diagnosed with chlamydia previously ($p=0.030$); and living with friends rather than their partner, parents or alone ($p=0.034$).

Conclusion: Home-based retesting was found to be acceptable and preferred by most participants. However some clients prefer clinic-based testing, often due to confidentiality concerns in their home environment. Both options should be provided to maximise retesting rates.

Disclosure of Interest Statement: No conflict of interest

COMPARING PREVALENCE OF SEXUALLY TRANSMITTED INFECTIONS USING TWO METHODS: USUAL TESTING AND A PREVALENCE STUDY IN REMOTE AUSTRALIAN COMMUNITIES

James Ward¹, Skye McGregor², Debbie Taylor–Thompson³, Belinda Hengel⁴, Janet Knox², Bronwyn Silver³, Linda Garton^{2,5}, Alice Rumbold³, Rebecca Guy², John Kaldor² on behalf of the STRIVE collaboration.

¹ BakerIDI Alice Springs, Northern Territory; ² Kirby Institute UNSW, Sydney, New South Wales; ³ Menzies School of Health Research, Darwin, Northern Territory; ⁴ Apunipima Cape York Aboriginal Health Council, Cairns; ⁵ Department of Health, Darwin, Northern Territory

Background: Despite high rates of notifications of STIs such as Chlamydia trachomatis (CT), Neisseria gonorrhoea (NG), trichomonas vaginalis (TV) in remote Aboriginal communities, to date there have been very limited prevalence studies in this setting.

Method: We analysed data from a baseline prevalence study (intervention) conducted as part of the STRIVE trial and compared these to a pre intervention period of usual testing in primary care to determine differences in prevalence and positivity in the two study periods.

Results: There were more than double the number of patients tested for CT and NG and TV during the STRIVE prevalence study period compared to the usual testing period (2483 vs. 1109 for CT and NG and 1848 vs. 742 for TV). The proportion of males tested during the prevalence period increased to 43% compared to 31% in the usual testing period. The mean age of patients tested was 23 in both periods. Overall prevalence rates for both females and males aged 16–34 during the routine testing and prevalence study periods were 9% for both periods for CT, 8% and 7% for NG and 18% and 13% for TV. The age group 16–19 years had the highest prevalences in both routine testing and STRIVE prevalence periods; 18% and 14% for CT, 14% and 11% for NG and for TV, 18% and 17% respectively. By areas prevalence results remained similar to usual testing periods.

Conclusion: This analysis provides for the first time, point estimates of prevalence for CT, NG and TV in comparison to routine testing data. The data suggest that prevalence studies in high endemic settings may be not as useful as once thought and that reliance on testing data for surveillance is a reliable proxy measure.

AN OVERVIEW OF THE 2010–2014 NSW ABORIGINAL SEXUAL AND REPRODUCTIVE HEALTH PROGRAM

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¹ Aboriginal Health and Medical Research Council of New South Wales; ² Kirby Institute;

³ Family Planning NSW.

Introduction: The 2010–2014 NSW Aboriginal Sexual and Reproductive Health (ASRH) Program, targeted Aboriginal young people aged 12–19 years. The program aim was to: increase access for Aboriginal adolescents to sexual and reproductive health programs, with the objectives of: increasing SRH literacy, reducing unintended pregnancies, increasing access to/and use of contraception and reducing STIs.

The program involved 7 Aboriginal Community Controlled Health Services (ACCHS), 1 Local Health District, the Aboriginal Health and Medical Research Council of NSW, Family Planning NSW and The Kirby Institute.

Method: The program was governed by an expert advisory group, including ASRH Workers and key stakeholders who aided the development of program evaluation tools, including: self completed surveys for Aboriginal youth aged 15–24, collection of de-identified clinical data, the use of ‘Most Significant Change’ qualitative evaluation tool, and mid-term and final program Stocktake Reports.

Results: The program was successful in engaging young Aboriginal people through effective and culturally appropriate programs, developing a well trained and skilled SRH Aboriginal workforce and contributing to the evidence base of efficient programs operating from ACCHS.

More than 68 individual projects were implemented, reaching in excess of 12,400 Aboriginal young people. Evaluation findings also showed that participants involved in an activity run through the program were more likely to have sought SRH information from the ACCHS in the past year (59%) compared with those not involved in an activity (41%, $p=0.03$).

Conclusion: The success of the ASRHP was attributed to the dedication of all workers and key stakeholders involved in the program, as well as a comprehensive planning and evaluation component. It has been positively regarded within the NSW ASRH sector as a strong program model which has generated valuable evidence and achieved important outcomes.

Disclosure of Interest Statement: Funding was provided by the NSW Ministry of Health to undertake this program and evaluation.

BARRIERS TO TIMELY TREATMENT OF SEXUALLY TRANSMITTED INFECTIONS IN REMOTE AUSTRALIAN ABORIGINAL COMMUNITIES

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Background: Remote Australian Aboriginal communities experience high rates of bacterial sexually transmitted infections (STIs). To control the transmission of these STIs and decrease the risk of complications, frequent testing combined with timely treatment is required. However in these settings there are often substantial delays in treatment, with distance from laboratories and difficulties recalling patients anecdotally reported as reasons why. We formally explored the barriers to timely treatment in remote communities.

Method: A qualitative study was undertaken as part of the STRIVE (STIs in Remote communities, ImproVed and Enhanced primary health care) project; a cluster randomised controlled trial of a sexual health quality improvement program. During 2012, we conducted 36 in-depth interviews with staff in 22 participating health centres across four regions in northern and central Australia.

Results: Participants included registered nurses (72%) and Aboriginal health workers (28%); most (83%) had worked in remote Aboriginal health service delivery for > 1 year. Barriers to timely treatment included: infrequent (once or twice per week) transportation of specimens to laboratories which are often hundreds of kilometres away from health centres, delays actioning test results due to systems whereby checking results is one person's responsibility, under-utilisation of recall systems often due to staff turnover and competing clinical demands, and finally, difficulties in physically locating patients due to: (i) high mobility between communities, and (ii) low levels of community knowledge created by high staff turnover, often exacerbated by local Aboriginal health workers (who were considered essential in the recall process due to their community knowledge) sometimes not being available.

Conclusion: Participants identified barriers in many steps of the clinical pathway to treatment. Strategies such as using point-of-care testing, providing incentives to individual patients to attend for results and improved systems for actioning results may assist in decreasing the time to treatment currently experienced in many remote communities.

Disclosure of Interest Statement: STRIVE is funded through a National Health and Medical Research Council grant.

OPPORTUNISTIC TESTING FOR GONORRHOEA IN FOUR ABORIGINAL COMMUNITY CONTROLLED HEALTH SERVICES

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³ Aboriginal Medical Service Western Sydney; ⁴ Nunkuwarrin Yunti of South Australia, Inc.;

⁵ Goondir Health Services; ⁷ National Aboriginal Community Controlled Health Organisation;

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Background: Our understanding of the epidemiology of gonorrhoea is limited by incomplete Aboriginal status information in non-remote locations and little research addressing gaps in surveillance data. This study aimed to expand the evidence base on gonorrhoea by examining testing, positivity and concurrent chlamydia testing among Aboriginal and Torres Strait Islander peoples attending four Aboriginal Community Controlled Health Services.

Method: This study was a retrospective, cross-sectional analysis of clinical encounter data contained within the electronic medical records of patients attending services participating in the Research Excellence in Aboriginal Community Controlled Health (REACCH) project. Data were extracted via the GRHANITE program for all people aged 15 to 54 attending for medical consults from 2009 to 2013.

Results: A total of 2,975 patients (86% Aboriginal) were tested for gonorrhoea. Testing increased significantly across the study period in both men (8% to 12% of patients aged 15–29) and women (15% to 21% of patients aged 15–29). Chlamydia and gonorrhoea were tested concurrently on 79.6% occasions, with concurrent testing increasing significantly during the study period (70% in 2009 to 87.4% in 2013). Factors related to concurrent testing were sex, year of test and whether or not the patient was Aboriginal. There were 52 positive tests for gonorrhoea in 44 patients (1.5% of those tested) compared to 326 positive chlamydia tests in 291 patients (9.4% of those tested). Positivity was related to clinic location and age.

Conclusion: The rate of gonorrhoea positivity in this sample was high compared to previous reports. Increases in percentage tested and concurrent testing for gonorrhoea and chlamydia indicate much of the testing may have occurred during routine screening of asymptomatic patients. Gonorrhoea infection has serious health consequences and increasing treatment resistance makes prevention a priority. Given the low costs involved, concurrent screening for chlamydia and gonorrhoea is clinically justified.

Disclosure of Interest Statement: REACCH is a NHMRC funded Centre for Research Excellence. No other funding has been received for this study.

INCIDENCE AND CLEARANCE OF ANAL HIGH-GRADE SQUAMOUS INTRAEPITHELIAL LESIONS (HSIL) IN HIV POSITIVE AND HIV NEGATIVE HOMOSEXUAL MEN

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Background: Anal cancer is a common non AIDS-defining cancer in people with HIV, and incidence has not decreased since the widespread availability of effective HIV treatment. The cancer precursor, anal HSIL, occurs in up to 50% of the highest risk population, HIV positive homosexual men. Ablative therapies of uncertain efficacy are advocated, but some prefer watchful waiting with therapy targeted only to the highest risk lesions. We aimed to determine incidence, clearance, and associated risk factors for anal HSIL in a community-recruited cohort of homosexual men.

Method: The Study of the Prevention of Anal Cancer (SPANC) is a three-year prospective study of the natural history of anal HPV infection and cancer precursors in HIV-negative and -positive homosexual men aged \geq 35 years. At each visit all men receive an anal swab for cytology and HPV genotyping (Roche Linear Array), followed by high resolution anoscopy-aided biopsy for histological assessment. Anal HSIL is defined as having either anal intraepithelial neoplasia grade 2/3 on histology and/or HSIL on cytology.

Results: The first 350 men were recruited by July 2013. Median age was 49 and 29% were HIV-positive. At baseline, the prevalence of anal HSIL was higher in HIV-positive than in the HIV-negative (45% vs 35%, $p=0.059$). Among those without HSIL at baseline, HSIL incidence was nearly twice as high in HIV-positive men (21.3 vs 12.3 per 100 person-years, $p=0.064$). Among those with HSIL at baseline, the clearance rate was similar between the two (34.0 vs 40.2 per 100 person-years, $p=0.627$). Compared with those who were HPV16 negative at both baseline and the latest follow-up visit, those who developed incident HPV16 had the highest HSIL incidence (HR=16.81, 95% CI 5.97-47.36), followed by those who had persistent HPV16 (HR=9.32, 95% CI 3.95-21.96). Conversely, HSIL clearance was lowest in those with persistent HPV16 (HR=0.22, 95% CI 0.11-0.46).

Conclusion: Prevalent and incident anal HSIL were more common in HIV-positive homosexual men, but clearance was common regardless of HIV status. Persistent HPV16 was associated with higher incidence and lower clearance. HPV biomarkers should be investigated in the identification of HSIL lesions which are most likely to require therapy.

Disclosure of Interest Statement: AEG has received honoraria and research funding from CSL Biotherapies, honoraria and travel funding

from Merck, and sits on the Australian advisory board for the Gardasil HPV vaccine. CKF has received honoraria, travel funding and research funding from CSL and Merck, sits on the Australian advisory board for the Gardasil HPV vaccine, and owns shares in CSL Biotherapies. SMG have received advisory board fees and grant support from CSL and GlaxoSmithKline, and lecture fees from Merck, GlaxoSmithKline and Sanofi Pasteur; in addition, has received funding through her institution to conduct HPV vaccine studies for MSD and GlaxoSmithKline and is a member of the Merck Global Advisory Board as well as the Merck Scientific Advisory Committee for HPV. RJH has received support from CSL Biotherapies and MSD. All other authors declare that they have no conflicts of interest.

WHAT'S NORMAL? INFLUENCING WOMEN'S PERCEPTIONS OF NORMAL GENITALIA: AN EXPERIMENT INVOLVING EXPOSURE TO MODIFIED AND NON-MODIFIED IMAGES

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¹ University of Queensland

Background: In light of increasing demand for labiaplasty and other genital cosmetic surgery procedures, this study examines women's perceptions of what is 'normal' and 'desirable' in female genital appearance.

Method: Ninety seven women aged 18-30 years were randomly assigned to view a series of images of (1) surgically modified vulvas or (2) nonmodified vulvas, or (3) no images. They then viewed and rated ten target images of surgically modified vulvas and ten of unmodified vulvas.

Results: For ratings of 'normality,' there was a significant effect for condition ($F_{2,94} = 2.75$ $P = 0.007$, r^2 adj = 0.082): women who had first viewed the modified images rated the modified target vulvas as more normal than the nonmodified vulvas, significantly different from the control group, who rated them as less normal. For ratings of 'society's ideal', there was again a significant effect for condition ($F_{2,92} = 7.72$, $P < 0.001$, r^2 adj = 0.125); all three groups rated modified target vulvas as more like society's ideal than the nonmodified target vulvas, with the effect significantly strongest for the women who had viewed the modified images.

Conclusion: This empirical investigation is the first to document that exposure to images of modified vulvas may change women's perceptions of what is normal and desirable. It is imperative that women have access to greater education and knowledge of normal genital diversity, including exposure to images demonstrating normal diversity and awareness of media regulations and practices regarding the airbrushing of images. Further, the lack of evidence supporting the claimed benefits of labiaplasty, and the implications of the removal of tissue that is important to sexual function and arousal also need to be made clear to women considering this surgery. Healthcare professionals and the community sector both have a role to play in delivering these important messages.

Disclosure of interests: None.

THE ROLE OF THE GENERAL PRACTITIONER IN MANAGING FEMALE GENITAL COSMETIC SURGERY

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Background: Labiaplasty, the surgical reduction of the labia minora, has significantly increased in demand in Australia. Medicare statistics reveal a three-fold increase in procedures between 2000 and 2011, with no known increase in pathology, suggesting these procedures are increasingly being performed for cosmetic reasons. General Practice is the gatekeeper for patients electing for the procedure, as a General Practice referral is necessary to claim Medicare entitlements. To date, no studies have investigated labiaplasty in the Australian context and there are no guidelines to assist General Practitioners (GPs) in management of these patients.

Method: Semi-structured, qualitative interviews were conducted with health professionals, including GPs, Gynaecologists and Plastic Surgeons. Participants were recruited through the Victorian General Practice Research Network (VicReN), clinical teaching hospitals affiliated with the University of Melbourne, and snowball sampling. In all, twenty-nine interviews were digitally recorded and transcribed in full. Analysis was conducted by hand.

Results: All participants were aware of genital labiaplasty, and many had patients with concerns about genital appearance, some of whom requested referral for labiaplasty. Most practitioners attributed the rise in requests to pubic hair removal and increased accessibility of pornography. In an unexpected finding, several practitioners noted that complications of pubic hair removal had led to some patients becoming concerned they had a sexually transmitted infection. Specialists agreed that, where appropriate, GPs need to confidently reassure patients that they are normal to prevent unnecessary surgery. Practitioners agreed on the need for training and for appropriate resources with which to educate patients.

Conclusion: This study has for the first time demonstrated the need for clinical resources and management guidelines around requests for genital labiaplasty in an Australian General Practice setting.

Disclosure of Interest Statement: None declared.

DOES YOUR CONTRACEPTIVE METHOD AFFECT YOUR SEX LIFE? “NO, BUT...”: A QUALITATIVE EXPLORATION

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Introduction: Research into sexual impacts, positive and negative, of specific contraceptive methods is mixed and limited. Qualitative accounts in this area are almost nonexistent.

Method: Ninety-four in-depth open-ended interviews of approximately one hour duration were conducted with women of reproductive age (16–49) between August 2012 and May 2013 in New South Wales, Australia. Interviews were audio recorded, transcribed verbatim and analysed using an inductive thematic approach.

Results: When asked directly if contraception affected sex life, few women agreed, but went on to describe numerous impacts throughout their interview. Women expressed concerns over interruptions to flow and intimacy when using condoms. Women were quite concerned with various methods' potential interference with their partner's pleasure. Such preoccupation often played on women's minds during sex impacting their ability to enjoy the encounter. There was an underlying belief that sex should be 'natural' to be enjoyable. Some women spoke of a general 'numbing down' of sexual interest and reduced motivation to initiate sex when using hormonal contraceptives. Unpredictable bleeding that accompanied certain contraceptive methods interfered with women's availability for and enjoyment in sex. Others spoke of a freedom, a sense of control, and ability to fully let go and enjoy sex when using contraceptives without fear of pregnancy.

Conclusion: This large qualitative Australian study is the first of its kind to examine detailed accounts of direct sexual effects of methods. The findings suggest impacts on sexuality are of great importance to women's contraceptive choices and practices. Indeed the libido-muting effect of hormonal contraceptives is a lived reality for some women. Integrating discussions about contraception and sexuality needs to routinely occur not only within medical practice but within the broader public health discourse, as a focus on risk fails to adequately engage with the breadth of experiences, motivations and practices of everyday women.

Disclosure of Interest Statement: This project was co-funded under an Australian Research Council linkage grant (LP110200996) and Family Planning, New South Wales. Although no pharmaceutical grants were received in relation to this study, DB and MS belong to member organisations which conduct clinical trials sponsored by pharmaceutical companies.

STARTING CONTRACEPTION: NOT TALKING ABOUT SEX

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Introduction: Women increasingly seek out the oral contraceptive pill (OCP) for non-contraceptive benefits, for example to manage acne or irregular periods, and young women's first point of contact with their doctor for the OCP may relate to issues other than fertility control. However little is known about whether or what type of contraceptive counselling is provided under these circumstances and if women feel confident to go on using their OCP when it is needed to prevent pregnancy. This is the first large qualitative study aimed at understanding the experiences of Australian women at their first contraceptive consultation, and what is happening for them in their lives around their debut into contraceptive practice.

Method: Ninety-four in-depth open-ended interviews of approximately one hour in duration were conducted in this qualitative study between August 2012 and April 2014 in New South Wales, Australia. Transcripts from oral contraceptive pill (OCP) users were analysed thematically.

Results: Young women who commenced the OCP for contraception reported familiarity with the method and having a mature sense of fertility control and 'feeling grown up'. However women who commenced for non-contraceptive benefits reported lack of contraceptive knowledge and concealment of sexual activity from others.

Conclusion: Our preliminary results suggest young women prescribed the OCP for its non-contraceptive benefits may not receive adequate contraceptive counselling, putting them at risk of unintended pregnancy as they shift to using the OCP for contraception. This has important implications for OCP failure rates as well as medical training interventions.

Disclosure of Interest Statement: This project was co-funded under an Australian Research Council linkage grant (LP110200996) and Family Planning, New South Wales. Although no pharmaceutical grants were received in relation to this study, DB and MS belong to member organisations which conduct clinical trials sponsored by pharmaceutical companies. and conduct training for GPs in implant and IUD insertion, with funding from pharmaceutical companies

WHAT IS THE MEANING OF ‘REGULAR PARTNER’ IN GAY MEN’S BEHAVIOURAL SURVEILLANCE FOR SEXUALLY TRANSMITTED INFECTIONS?

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Background: Behavioural surveillance surveys for sexually transmitted infections (STIs) typically invite gay men to classify sexual partners into ‘regular’ and ‘casual’ partners. ‘Regular partner’ is commonly interpreted to mean respondents are in romantic, committed relationships (e.g. ‘boyfriend’), precluding other forms of regular sexual relationship (e.g. ‘fuckbuddy’, ‘friend with benefits’). We examined meanings of ‘regular partner’, and considered implications for sexual health promotion among gay men.

Method: *Monopoly* was a national, online, cross-sectional survey conducted in 2013, focusing on relationships between men (n=4,125). Reported statistical associations were significant at $p < 0.001$.

Results: Mean age was 36.9 years, 81.0% self-identified as gay, and 5.1% were HIV-positive. Two-thirds described characteristics of a primary regular partner: 53.3% described him as ‘boyfriend’, ‘partner’ or ‘husband’; one-third described him as ‘fuckbuddy’. 37.6% indicated this relationship was monogamous. Only 56.6% considered themselves to be ‘in a relationship’ with this partner. Those ‘in a relationship’ with this partner were more likely to report sex without condoms (74.8% vs 45.3%), be monogamous (54.9% vs 6.7%), have sex with each other more frequently and been having sex with each other longer, live together (63.6% vs 2.7%), know their partner’s serostatus (86.7% vs 58.9%), and consider the relationship ‘romantic’ and ‘committed’. Those not ‘in a relationship’ with their primary regular partner were more likely to have multiple regular partners, have met the primary partner online (70.6% vs 48.7%), and consider the relationship ‘strictly physical’.

Conclusion: Meanings of ‘regular partner’ are diverse and complex. Gay men are less likely to be in romantic, committed relationships with their ‘regular partners’ than previously assumed. ‘Fuckbuddy’ relationships, including multiple concurrent ‘fuckbuddy’ arrangements, are more common than has been assumed in previous research. Sexual health interventions should better address ‘fuckbuddy’ relationships, including concurrent regular relationships, especially given that condomless sex was not uncommon with these partners.

Disclosure of interest statement: The Kirby Institute (formerly the National Centre in HIV Epidemiology and Clinical Research) receives funding from the Australian Government Department of Health and Ageing. The Kirby Institute is affiliated with the Faculty of Medicine, University of New South Wales. ARCSHS is affiliated with La Trobe University. No pharmaceutical grants were received in the development of this study.

50 SHADES OF CONDOMS: A CONTENT ANALYSIS OF SEXUAL HEALTH AND SAFE SEX REFERENCES IN POPULAR WOMEN'S FICTION

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Background: Research has established that mass media depictions of sex can influence young people's sexual attitudes and behaviour. Content analyses have found that sex scenes portrayed in entertainment media rarely include reference to condom use, contraception, or adverse consequences of unprotected sex such as unwanted pregnancy or sexually transmissible infections (STI); for example a review of 200 popular films found that only one mentioned condoms. There has never before been an analysis of sexual content in fiction books. This "novel" research aimed to describe sexual content and references to sexual health topics in one genre, popular women's fiction or "chick lit."

Method: The 50 most popular books classified as "chick lit" by members of the book-related social networking site Goodreads.com were selected for inclusion; 44 books had been completed at the time of preliminary analysis. Twelve reviewers each read up to eight novels and extracted data regarding sexual references according to a framework developed by the researchers. Quantitative and qualitative content analysis was performed.

Results: Forty (91%) books contained at least one sexual scene, with a total of 204 scenes analysed (range per book: 1–25). Almost all scenes (189, 93%) involved one male and one female character whose relationship could be described as long-term (17%), casual (61%) or anonymous (5%). Vaginal sex was confirmed or alluded to in 125 scenes (61%) with reference to condom use found in 26 (21%) of these scenes. Several books mentioned STI or STI testing, contraception, pregnancy or suspected pregnancy.

Conclusion: Compared with content analyses of other media, chick lit novels contained substantially more references to condoms and other aspects of sexual health. While fiction should be true to reality and safe sex doesn't always occur, this could be a good opportunity to model positive behaviours and promote open discussion of sexual health issues.

CORRELATION BETWEEN PORNOGRAPHY VIEWING AND SEXUAL BEHAVIOURS

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Introduction: Pornography is becoming increasingly accessible to young people. This is of concern to sexual health researchers because pornography often depicts violence, unprotected sex, and behaviours which have not been common among heterosexuals such as anal sex and sex with multiple partners simultaneously. It has been hypothesised that exposure to pornography among adolescents may lead to early sexual debut and sexual risk behaviours, but academic evidence on this topic remains scarce. This study describes prevalence and correlates of pornography viewing among young Australians.

Method: A sexual health and behaviour questionnaire was self-completed by a convenience sample of young people (aged 15–29) recruited at a music festival in Melbourne. Univariable logistic regression was used to determine correlates of viewing pornography at least weekly.

Results: Among 469 people surveyed; 62% were female and the median age was 18 years. Ever viewing pornography was reported by 342 (73%); the median age of first viewing was 14. In the past year, 61% of males and 12% of females had viewed pornography at least weekly and most (80%) watched it alone. Weekly pornographic viewing was significantly associated with inconsistent condom use with casual partners (OR 1.87; 95%CI 1.02–3.40), ever having anal intercourse (OR 2.12; 95%CI 1.32–3.41), and ever having sexted (OR 2.70; 95%CI 1.79–4.09). Those who first saw pornography younger than 14 years had a significantly younger age of sexual debut (median 16 years compared to 17 years, $p < 0.001$).

Conclusion: Viewing pornography was found to be a very common practice among young people surveyed. This study provides some evidence to support an association between pornography and sexual risk behaviour, however, the cross-sectional design means that causation cannot be determined. Longitudinal research is needed to better understand the impact of pornography on young people's sexual health and behaviour.

INDICATORS OF SUSTAINED BEHAVIOURAL CHANGE AND REDUCED HIV RISK RESULTING FROM PEER-BASED SEXUAL HEALTH SCREENING AND COUNSELLING AMONGST MEN WHO HAVE SEX WITH MEN IN WESTERN AUSTRALIA

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Background: Sexually transmitted infections (STIs) with *Neisseria gonorrhoea* (G) and *Chlamydia trachomatis* (CT) are known to increase HIV risk among men who have sex with men (MSM). M Clinic is an STI screening clinic for MSM, funded to promote sustained behavioural change and reduced incidence of STIs and HIV, through risk assessment and peer-based risk reduction counselling (peer education). This paper describes the incidence of STIs amongst MSM at M Clinic and discusses the impact of peer-education in reducing HIV risk.

Method: Clients attended M Clinic between January and December 2013. A self-collected risk assessment was completed prior to a counselling session with a peer educator. STI screening was provided for G, CT and HIV. Clients were divided into two cohorts; namely, new clients, who were regarded as naïve to M Clinic services and returning clients who had previously attended the clinic. Each cohort was further subdivided into age groups as follows: <18; 18–29; 30–39; 40–49; 50–59; >60. The analysis focussed on clients aged between 18 and 29 years to limit the impact of age as a factor.

Results: 654 new clients and 1927 returning clients attended for STI screening with an age range between 16 and 72 years. Those aged between 18 and 29 years comprised 48.1% of new clients and 43.0% of returning clients. Within this group, the incidence of infections of G, CT and HIV between new and returning clients was reduced by 65.9%, $P < 0.0001$; 57.5%, $P < 0.01$ and 40%, $P > 0.05$ respectively. Furthermore rectal G, a significant HIV risk factor was reduced by 59.2% in returning clients compared with new clients ($P < 0.05$).

Conclusion: The reduced incidence of infection amongst returning clients compared with new clients strongly suggests that peer education has a positive behavioural influence in preventing HIV infection through a reduced incidence of STI diagnosis amongst MSM.

WORKING WITH (DIS)ABILITIES: REFLECTION FROM A PILOT PROJECT

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Background: Gay men with intellectual disabilities are an often forgotten group in the gay community. Minimum services available for them coupled with the lack of health promotion program specific to their needs can result in low health literacy. Consequently, many gay men with disabilities have limited knowledge and skills to communicate and practice safe-sex. Additionally, issues around consent, self-advocacy, and alienation can also have an impact on their sexual health.

Method: VAC and GLBTIQ Disability Support Service (GLBDSS) conducted a pilot program for gay men with low to mild intellectual disabilities to participate in a 6-week workshop on relationships and sexual health. The workshop was attended by eight GLBDSS clients with the age range of 21 – 55 years. Topics that were discussed in the workshop include personal expectations, boundaries, consent, self advocacy, and safe-sex.

Results: Data was gathered from facilitators' reflection journals. All participants (8 out of 8) wanted an intimate relationship, yet have limited contacts with the gay community due to limited social opportunities when living in residential care. Additionally, only two participants were aware of safe-sex messages while others were unsure or did not have the knowledge. However, most participants (6 out of 8) understood consent and boundaries in regards to sex and relationships. All participants (8 out of 8) found attending the workshop has made them feel comfortable with their sexuality while learning more about safe-sex.

Conclusion: The pilot project reflects the need to design and implement a health promotion program specific to the needs of gay men with intellectual disabilities. Additionally, commitment from health agencies, disability service providers, and the Government is needed to ensure inclusive health promotion strategies on the principles of inclusion, active participation, and social justice.

Disclosure of Interest VAC is funded by the Victorian Department of Health. GLBDSS is funded through various disability schemes available through the Victorian Department of Human Services. No external grants were received to conduct the study.

FACTORS AFFECTING DECISIONS ABOUT HPV VACCINATION IN MALAYSIA

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Background: Cervical cancer is the second most common cancer, with HPV-16 and HPV-18 causing 88% of cervical cancers in Malaysian women. In 2010, the Government integrated Human Papillomavirus (HPV) vaccination into the national immunization programme. The vaccination is available for free through public schools. The current study aimed to examine acceptability of the vaccine, and explore, in detail, the factors that influence mothers' decision to vaccinate.

Method: Structured focus group discussions were held with 25 mothers all of whom had daughters in the 'targeted for vaccination' age category. The mothers came from different ethnic backgrounds (Malay, Chinese, Indian and others). Mothers from rural and urban areas were included as were mothers with daughters in private as well as public schools. The focus group discussions explored topics including where mothers get information about vaccinations, the process of decision making, and knowledge and acceptability of the HPV vaccine.

Results: Focus group discussions were recorded and transcribed. Data was analysed using NVivo. The following factors were found to be important in decision making: trust (related to information sources), evidence, obligation, cost and peer views. Most mothers felt they were more informed than others. Mothers, in general, took the lead role in deciding whether daughters should be vaccinated however felt they lacked more general knowledge about the vaccine. Mothers who had decided not to vaccinate felt they were labelled unfairly as 'alternative' or 'irresponsible'.

Conclusion: Uptake of HPV vaccination in Malaysia appears to be high, however it would be a mistake to assume this represents high levels of knowledge about the vaccine. As peers play an important role in decision making and are an important source of information, misunderstandings are shared. Mothers who choose not to vaccinate feel isolated. Accurate accessible information is essential for informed decision making.

HIGH INCIDENCE OF ANOGENITAL HUMAN PAPILOMAVIRUS INFECTION IN TEENAGE MEN WHO HAVE SEX WITH MEN AND IMPLICATIONS FOR HPV VACCINATION POLICY

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Background: To determine the incidence of anal, penile and oral HPV infection and estimate the site specific probability of transmission per partnership, for teenage men who have sex with men (MSM).

Method: Observational study of a cohort of 200 MSM aged 16 to 20 years were recruited via community and other sources in Melbourne, Australia. Men were seen at baseline, month 3, 6 and 12. At each visit swabs from the anal canal, penis, and mouth were collected for HPV DNA detection. We defined definite incident HPV infection as detection of the same HPV type on more than one occasion over 12 months from the same anatomical site in a participant negative for this HPV type at baseline. Possible incident HPV infection required only a single sample to be positive during follow up. We also calculated the probability of transmission of HPV per partnership.

Results: Definite and possible incidence rates were 57.1 (95% CI: 45.9–67.9) and 64.5 (95% CI: 56.7–71.7) per 100 person years for any anal HPV infection and 32.5 (95% CI: 22.6–43.7) and 31.3 (95% CI: 21.6–42.4) per 100 person years for any quadrivalent vaccine HPV type (qHPV). The definite and possible incidence rates were 12.2 (95% CI: 6.0–21.3) and 20.9 (95% CI: 14.9–27.9) per 100 person years for any penile HPV infection and 4.9 (95% CI: 1.3–12.0) and 6.7 (95% CI: 3.4–11.8) per 100 person years for any qHPV. No definite and 6 possible oral HPV infections were detected. Estimated probabilities of HPV transmission from the penis to the anus were significantly greater (mostly at least 100%) compared to those from the anus to the penis which ranged from 4 to 12%.

Conclusion: The vaccination coverage in MSM will need to be higher than in heterosexual if the same reductions in HPV are to be realized.

Conflict of Interest Disclosure: This investigator initiated study was funded by Merck. Merck had no input into the design, analysis or

reporting of the study. CKF has received honoraria from CSL Biotherapies and Merck and research funding from CSL Biotherapies. CKF owns shares in CSL Biotherapies the manufacturer for Gardasil. JSH has received an honorarium from CSL Biotherapies and is an investigator on an Australian Research Council funded project (LP0883831) that includes CSL Biotherapies as a research partner. AEG has received honoraria and untied research funding from CSL biotherapies, and has received honoraria from Merck. SMG has received advisory board fees and grant support from CSL and GlaxoSmithKline, and lecture fees from Merck, GSK and Sanofi Pasteur; in addition, she has received funding through her institution to conduct HPV vaccine studies for MSD and GSK. SMG is a member of the Merck Global Advisory Board as well as the Merck Scientific Advisory Committee for HPV. None of this relates to this specific work. MYC reported his institution received a grant from Merck Sharp Dohme that supported the conduct of the study. MGL receives grants from Bristol Myer Squibb, Gilead, GlaxoSmithKline, Janssen-Cilag, Merck, Pfizer and Roche which are not related to this project. All other authors have no conflicts of interest.

AUSTRALIAN GAY AND BISEXUAL MEN REMAIN SCEPTICAL ABOUT HIV TREATMENT AS PREVENTION BUT SUPPORT EARLY INITIATION OF TREATMENT: RESULTS FROM REPEATED, NATIONAL SURVEYS, 2011–2013

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Background: Internationally, there has been intense debate about the early initiation of antiretroviral treatment (ART) to prevent onward transmission (treatment as prevention, TasP). In Australia, the CD4 threshold for ART initiation was removed at the end of 2013. We have been monitoring attitudes to HIV treatment and TasP among gay and bisexual men since 2011 to gauge community support for TasP and early ART initiation.

Method: National, online surveys were repeated in 2011 and 2013. Two 3-item scales measured belief that ART reduces HIV transmission ($\alpha=0.65$) and belief in the early initiation of treatment, including the aim of protecting partners ($\alpha=0.72$). We assessed changes in individual attitudinal items with t-tests and used chi-square tests and multivariate logistic regression to identify independent associations with scale scores.

Results: In 2011, 1041 men participated (919 HIV-negative and 122 HIV-positive). In 2013, 1059 participated (966 HIV-negative and 93 HIV-positive). Over 90% of men identified as gay and over 75% lived in metropolitan areas. There was little change in the attitudes of HIV-positive and HIV-negative men to HIV treatments and TasP between 2011 and 2013 (analysis not shown). In 2013, few men (2.7%) agreed that ART prevented transmission. Belief in ART reducing transmission was greater among HIV-positive men compared with HIV-negative men (AOR=3.52, 95% CI 1.42–8.72) and among those who had ever received post-exposure prophylaxis vs. those who had not (AOR=2.43, 95% CI 1.03–5.74). In 2013, 69.8% supported the idea of early ART initiation. Support for early ART was lower among HIV-positive men compared with HIV-negative men (AOR=0.33, 95% CI 0.19–0.56) and lower among those aged 40–49 (AOR=0.31, 95% CI 0.18–0.52) and 30–39 (AOR=0.41, 95% CI 0.26–0.66) compared with <25 year olds.

Conclusion: Australian gay and bisexual men largely remain sceptical about TasP but a majority support the early initiation of treatment. While HIV-positive men are slightly more likely than HIV-negative men to believe that ART prevents transmission, they are much less likely to support the idea of early ART initiation. This suggests greater ambivalence among HIV-positive men about being encouraged to initiate treatment to prevent transmission to others, rather than taking ART to maintain individual health.

Disclosure of Interest: The Centre for Social Research in Health and Australian Research Centre in Sex, Health and Society receive funding from the Australian Government Department of Health. No pharmaceutical grants were received for this study.

PROMOTING SOCIAL AND ATTITUDINAL CHANGE IN SCHOOLS – THE IMPORTANCE OF LEADERSHIP SUPPORT

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Introduction: A range of programs in schools aim to address social and emotional learning and change with students. This paper reports on a key finding concerning the importance of leadership from the evaluation of a sexuality education intervention in 50 Victoria schools and the application of this finding in an intervention with school principals to encourage them to take leadership in their own schools to promote safe, respectful relationships. Both interventions used a whole-school approach and rather than being problem based (aimed only at preventing pregnancy and STIs), used an asset based approach with a view to promoting healthy relationships and wellbeing for the young people involved.

Method: Individual projects were evaluated internally with guidance and support from the project evaluator. Schools provided progress reports to the evaluator to inform a meta-evaluation. These data were supplemented with key-informant interviews with participants from selected schools.

Results: We found that there were two main barriers to the success of the program, lack of leadership support and staff attitudes to sexuality education. Projects that enjoyed the full and active support of the school principal were demonstrably more successful than those which lacked support.

Conclusion: Based on the findings of the evaluation we implemented a program with primary, secondary and special school principals in the Sydney Department of Education region to support them to initiate and promote cultural change and respectful relationships within their schools. The evaluation of the both programs clearly demonstrates that social and attitude change education in schools flourishes when it is supported and promoted by all levels of school leadership. This should be a pre-requisite for all future programs of this nature.

Disclosure of Interest Statement: Nothing to declare.

KNOWLEDGE, ATTITUDES AND PRACTICES TOWARDS VIRAL HEPATITIS AMONG MEN WHO HAVE SEX WITH MEN IN NEW ZEALAND

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Background: Hepatitis viruses from A to E have the potential for sexual transmission among men who have sex with men (MSM), via either the parenteral/per mucosal route (HBV, HCV, HDV) or the faecal-oral route (HAV, HEV). A preliminary assessment of the knowledge, attitudes and practices (KAP) among the target population is essential for effectively implemented interventions .

Method: A 34-question KAP questionnaire was elaborated by the Author and uploaded to a web-based survey provider (kwiksurveys.com). From February to May 2014 the survey was advertised among MSM attending the Auckland Sexual Health Service, other providers of sexual health services to MSM, and websites, Facebook pages and groups relevant to the MSM community in NZ.

Results: 232 responses were collected and analyzed. The demographic data show that participants were young (less than 30 years in the 51.4% of cases), NZ European or Other European (80.6%), employed or students (80.2%), well-educated (61.2% at graduate or post-graduate level), and living in a major urban centre (81.9%). Risk factors for the sexual transmission of viral hepatitis were highly prevalent in our sample: 28.5% reported more than 5 sexual contacts in the last 6 months, 48% having unprotected anal intercourse, and 56.4% practicing oro-anal sex. Knowledge was suboptimal: only 18.2% identified the correct number of viral hepatitis viruses, and only 40.4% knew that there are no vaccines available against some hepatitis viruses. The attitudes were overall positive (81.67% wishing to be tested for hepatitis during a sexual health check, and 83.77% asking for more information) and could lead to better practices (only 51.6% of our sample reporting they had been tested, and 33.5% that they were vaccinated against at least one hepatitis virus).

Conclusion: This KAP study will inform the planning of educational, screening and preventive interventions aimed at viral hepatitis among MSM in NZ.

THE PREVALENCE OF UNDIAGNOSED HIV INFECTION IS LOWER THAN EXPECTED AMONG GAY AND BISEXUAL MEN IN FOUR AUSTRALIAN CITIES: PRELIMINARY FINDINGS FROM THE COUNT STUDY

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Background: Undiagnosed HIV infection is believed to have a disproportionate impact on HIV transmission in Australia. Modelling and phylogenetic studies suggest up to 50% of new infections may result from undiagnosed infection in high-income countries like Australia. Two previous anonymous prevalence studies found that 20–30% of HIV infections among gay and bisexual men were undiagnosed.

Method: Oral fluid samples were collected from consenting participants of behavioural surveillance surveys conducted at gay venues and events in Canberra, Melbourne, Perth and Sydney during November 2013–February 2014. Samples were tested for HIV antibodies at the National Serology Reference Laboratory and test results were linked with participants' questionnaire data. Participants could opt to receive their test results. We calculated the prevalence of HIV and undiagnosed infection and used logistic regression to identify associations between participant characteristics and HIV status.

Results: A total of 2,345 men completed questionnaires and provided samples for testing. The mean age of participants was 34.8 years (SD=11.6) and 90.2% identified as gay. One-hundred and fifty-nine men tested HIV-positive (6.8%, 95% confidence interval [CI]: 5.8–7.9%). Of these men, 16 were previously undiagnosed with HIV (10.1%, 95% CI: 6.3–15.7%). The prevalence of undiagnosed infection was 0% in Canberra (95% CI: 0.0–49.0%), 7.1% in Melbourne (95% CI: 3.1–15.7%), 19.0% in Perth (95% CI: 7.7–40.0%) and 10.8% in Sydney (95% CI: 5.3–20.6%). Compared to men with HIV-negative test results, those with previously undiagnosed HIV were significantly more likely in the previous six months to have had condomless anal intercourse with casual male partners (odds ratio [OR]=2.73, 95% CI: 1.01–7.38, $p=0.047$) and used party drugs for the purpose of sex (OR=3.40, 95% CI: 1.26–9.18, $p=0.016$). Undiagnosed infection was unrelated to demographic variables, recruitment venue, number of male sex partners or the frequency of HIV testing.

Conclusion: The level of undiagnosed HIV we have found is much lower than in previous studies. This may be due to differences in method (offering test results and recruiting from a broader range of venues and events). However, if correct, these results suggest that the proportion of new infections attributable to gay and bisexual men with undiagnosed infection may be lower than previously thought.

EARLY EVIDENCE OF THE IMPACT OF RAPID POINT-OF-CARE TESTING IN FACILITATING MORE TIMELY HIV DIAGNOSES AMONG MSM IN AUSTRALIA

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Introduction: Conventional HIV testing is available in Australia through primary care services, including general practices (GP). In response to men who have sex with men (MSM) consistently expressing preferences for convenient HIV testing, rapid point-of-care tests (RPOCT) were introduced in 2013. A Melbourne GP was among the first to offer this service. We describe RPOCT and conventional testing outcomes among MSM at this GP.

Method: Data from MSM who were tested at a GP who is part of the Victorian Primary Care Network for sentinel surveillance (2006–2013) were included. Proportion of tests positive and risk behaviour was compared between RPOCT testers (in 2013) and conventional testers (2012) and chi squared test and reported as a p-value. Median time between tests among MSM diagnosed was reported in months, and number MSM never tested for HIV previously at the site.

Results: Among 270 MSM receiving RPOCT in 2013, seven MSM were diagnosed with HIV; HIV positivity for RPOCT was 2.6% (95%CI: 1.0–5.2%) compared 1.1% (95%CI: 0.7–1.6%) among conventional testers in 2012. The proportion of MSM reporting >10 partners was equivalent between RPOCT and conventional testers (p=0.8) and the groups were equivalent in proportion reporting inconsistent condom use (p=1.0). Among MSM diagnosed following a RPOCT, the median time to last test was 5.3 months, compared to 6.8 for those diagnosed with conventional testing. There were 118 MSM who received a RPOCT who had never previously been tested for HIV at the site.

Conclusion: The introduction of RPOCT at a Melbourne GP attracted new patients for HIV testing and may have facilitated increased frequency of testing. These findings support previous evidence that convenient/immediate forms of testing are in demand and may facilitate more frequent testing and timely diagnosis of HIV. Accessible testing models should be given further consideration, particularly in an era of combination HI prevention.

TEXT 2 TREAT – USING SMS FOR EFFICIENT TREATMENT OF STI

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Background: Prompt treatment of patients with genital Chlamydia shortens the period of infectivity with benefits to the individual and wider community. With large numbers of genital Chlamydia notifications occurring in younger age groups, Short Message Service (SMS) is a useful technology for recalling this patient group quickly.

Our clinic provides free Sexually Transmitted Infection (STI) screening to the community of Geraldton, Western Australia. At their initial visit clients are told that they will receive one of two SMS texts either 'all good, if no further follow-up is required of the results, or 'Hi (client's name) I need 2 c u. Can u contact me? Thanx

Method: All clients diagnosed with Chlamydia between June 2012 and May 2013 were identified. Their clinic notes were examined, demographic details, date the client was tested, date they were recalled via SMS, date they responded to the SMS, and date of treatment were recorded.

Results: Sixty four clients were identified in the year of the study. Eighty-six per cent of the clients were aged between 15 and 24 years. Ninety-five per cent of clients responded to the SMS, with 84% responding on the same day. All clients were treated for their infection; 72% had treatment within one day of being informed of their results via SMS including five who were treated presumptively at the initial appointment.

Conclusion: The success of this program is in keeping with the broader published literature where it has been shown that SMS allows faster provision of results and quicker access to treatment. Contacting clients in a timely manner is crucial to reducing the transmission of STIs. Our results endorse that SMS is a highly effective, youth-friendly communication tool, which could be utilised in other healthcare settings which interact with this younger population.

Disclosure: Nothing to declare.

CHLAMYDIA IN AUSTRALIAN SEX WORKERS FROM LOWER INCOME COUNTRIES – FINDINGS FROM THE ACCESS COLLABORATION.

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Background: Sex workers in Australia are a diverse population including many who migrate from overseas. The majority of migrant sex workers are from Asian countries but over the past two decades the countries of origin have changed to include different Asian countries and some African and South American countries. No recent studies have looked at sexually transmitted infection trends in migrant sex workers. We assessed the changing demographics of migrant sex workers in Australia, and any associated trends in chlamydia rates.

Method:Data were collected from the Australian Collaboration for Coordinated Enhanced Sentinel Surveillance for STIs (ACCESS) program, which provides comprehensive nationwide surveillance of chlamydia testing and positivity. The study is based on data from 25 sexual health services in locations across all States and Territories, except South Australia. Data for all first visits to sexual health clinics were collated in de-identified line listings. Sex workers that reported being born outside of Australia were classified as migrants. All 'low income', 'middle income' or 'high-income non-OECD' countries according to World Bank categories were classified as 'lower income'.

Results: 10,570 female sex workers attended ACCESS services for the first time between 2004 and 2011. Migrant workers made up 54% of the sex worker population studied. Sex workers from lower income countries increased from 26.2%–48.8% of migrant workers across the study period. Chlamydia positivity rates among migrant sex workers were 5.7% with no significant change across the study period. Rates in women from lower income countries were 5.5% and high income OECD countries 5.8% which was not statistically significant. Originating from a lower income country did not increase risk of chlamydia positivity and this was stable across the study period.

Conclusion: Data suggests that migrant sex workers from lower income countries are not at greater risk of chlamydia than other migrant sex workers.

Disclosure of Interest Statement: None declared

ANAL HPV RELATED CONDITIONS IN WOMEN WITH HIGH GRADE CERVICAL DISEASE

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Background: The incidence of anal cancer is increasing in Australia, with higher rates in women compared to men in the general population. Women with histories of high grade squamous intraepithelial lesions in the cervix (HSIL) or cervical cancer (CA) have anal cancer rates tenfold higher still. Human papillomavirus (HPV) genotypes are implicated in majority of anal cancers. We evaluated the presence of HPV-associated anal lesions in such women, to inform the potential development of screening guidelines.

Method: Women with history of cervical HSIL, attending a colposcopy clinic in Sydney, were recruited from October 2013 to May 2014. Anal and cervical liquid-based Papanicolaou (Pap) tests were obtained and tested for cytological changes and the presence of HPV genotypes.

Results: A total of 50 women consented to participate during this period. The mean age was 33.9 years. The majority (60%) reported current (n=18) or past (n=12) smoking. The mean age at coitarche was 17 years and 40% (n=20) had more than five life time sexual partners. Life time anal sex was reported by 42% (n=21) and digital stimulation of the anus by 26% (n=13).

Of the technically satisfactory anal cytology samples (n=32), 6.3% (n=2) had low grade anal squamous Intraepithelial Lesions and 93.7% (n=30) were negative for squamous intraepithelial lesions. To date, 45 of these specimens have been HPV genotyped. Of these, HPV DNA was detected in 20% (n=9) of anal and 40% (n=18) of cervical cytology specimens. High risk HPV genotypes were detected in 15.6% (n=7) of anal and 33.3% (n=15) of cervical specimens. Vaccine preventable HPV genotypes were found in 3 (50%) anal and 7 (50%) cervical samples, either alone or in combination.

Conclusion: The presence of high risk HPV genotypes with low levels of anal cytological abnormalities suggests a potential role for HPV DNA testing in future screening programs.

HETEROSEXUAL EXPERIENCE AND RECENT HETEROSEXUAL ENCOUNTERS AMONG AUSTRALIAN ADULTS: THE SECOND AUSTRALIAN STUDY OF HEALTH AND RELATIONSHIPS

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Background: Numbers of other-sex partners, experiences of different heterosexual behaviours and the recent heterosexual experiences are important sexual health indicators, and which can change over time. Current Australian data is needed.

Method: Computer-assisted telephone interviews were completed by a representative sample of 9963 men and 10 131 women aged 16–69 years from all states and territories. The overall participation rate was 66.5% (64.0% among men, and 68.1% among women).

Results: Men reported more sexual partners than women, although the lifetime number of heterosexual partners reported by women increased significantly between 2002 and 2013. 14.7% of men and 8.6% of women reported 2 or more sexual partners in the last year. Reporting multiple partners was significantly associated with being younger, being bisexual, living in major cities, having a lower income, having a blue-collar occupation, and not being married. The proportion of respondents reporting ever having had oral sex or anal intercourse increased significantly since the last survey. At the last heterosexual encounter 91.9% of men and 66.2% of women had an orgasm, oral sex was reported in only about 1 in 4 encounters and anal intercourse was uncommon.

Conclusion: Although there were increases between 2002 and 2013 in partner numbers among women and in the lifetime experience of oral and anal sex, the patterns of heterosexual experience in Australia are similar to those found in studies of representative samples in other countries.

Disclosure of Interest Statement: Nothing to disclose

HOMOSEXUAL EXPERIENCE AND RECENT HOMOSEXUAL ENCOUNTERS: THE SECOND AUSTRALIAN STUDY OF HEALTH AND RELATIONSHIPS

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Objective: To describe homosexual experience and characteristics of recent homosexual encounters among a representative sample of Australian adults, and identify changes over the last decade.

Method: Computer-assisted telephone interviews were completed by a representative sample of 20,094 men and women aged 16–69 years. The overall participation rate was 66.5% (64.0% among men, and 68.1% among women). Respondents indicated the number of same-sex partners they had in their lifetime and in the last year. Those who reported any homosexual experience were asked the age at which this first occurred, and about characteristics of the first and most recent homosexual encounter.

Results: Same-sex experience was significantly more common in women (13.5%) than in men (6.5%, $p < 0.001$). Among people who reported same-sex experience, men reported significantly more lifetime and recent partners than women ($p < 0.001$). Same sex experience was associated with some but not all indices of higher socio-economic status. In men it was associated with living in a major city ($p = 0.016$), and in women it was associated with younger (<30) age and with very low income ($p < 0.001$). Men were significantly younger than women at first homosexual sex ($p = 0.005$). Women were more likely than men to have their first homosexual encounter with a regular partner. For women but not men, there had been a significant increase in the proportion reporting same-sex experience in the last decade.

Conclusion: Same-sex experience is not uncommon, and is increasing in prevalence in young Australian women. High numbers of same sex partner numbers in men put them at increased risk of sexually transmissible infection.

Conflict of interest: None declared.

SEXUAL IDENTITY, SEXUAL ATTRACTION AND SEXUAL EXPERIENCE: THE SECOND AUSTRALIAN STUDY OF HEALTH AND RELATIONSHIPS

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Background: 'How many gay people are there?' is often asked, though it is not a simple question to answer. We aim to describe the prevalence of same-sex and other-sex attraction and experience and of different sexual identities in Australia.

Method: Computer-assisted telephone interviews were completed by a representative sample of 20 094 men and women aged 16-69 years recruited by landline and mobile phone random-digit dialling with a response rate among eligible people of 66.5%. Respondents were asked about their sexual identity ('Do you think of yourself as' heterosexual/straight, homosexual/gay, bisexual, etc.) and the sex of people with whom they had ever had sexual contact and to whom they had felt sexually attracted.

Results: Men and women had different patterns of sexual identity. Although the majority of people identified as heterosexual (97% men, 96% women), women were more likely than men to identify as bisexual. Women were less likely than men to report exclusively other-sex or same-sex attraction and experience: 9% of men and 19% of women had some history of same-sex attraction and/or experience. Sexual attraction and experience did not necessarily correspond. Homosexual/gay identity was more common among men with tertiary education, and less common among men with blue-collar jobs. Many gay men (53%) and lesbians (76%) had some experience with an other-sex partner. More women identified as lesbian or bisexual than in 2001-2002. Similarly, more women reported same-sex experience and same-sex attraction.

Conclusion: Low rates of refusals suggest respondents were comfortable with these questions. In Australia, women are more likely than men to report non-heterosexual identity, experience and attraction. Whether this is a feature of the plasticity of female sexuality or due to lesser stigma than for men is unknown.

Disclosure of Interest: Nothing to declare.

MASTURBATION AND OTHER SEXUAL ACTIVITIES: THE SECOND AUSTRALIAN STUDY OF HEALTH AND RELATIONSHIPS

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Background: Autoerotic and some minority sexual practices have been omitted from many national sex surveys overseas because of presumed sensitivity. Because of the sexual health and sociological importance of such practices, we aim to describe the prevalence of masturbation, paying for sex and a range of other sexual practices among Australians

Method: A representative sample of 20 094 men and women aged 16–69 years (response rate among eligible people 66.5%) were recruited by landline and mobile phone random–digit dialling and computer–assisted telephone interviews in 2012–2013.

Results: Many respondents (men, 72%; women, 42%) had masturbated in the past year. Half (51%) of the men and 24% of women had masturbated in the past four weeks. In the past year, more than two–fifths of respondents (men, 63%; women, 20%) had looked at pornography in any medium. About 15% of men and 21% of women had used a sex toy. Digital–anal stimulation with a partner was practised by 19% of men and 15% of women, and oral–anal stimulation by 7% of men and 4% of women. Sexual role playing or dressing up were engaged in by 7%–8%. Online sex, swinging, group sex, BDSM (bondage and discipline, ‘sadomasochism’ or dominance and submission) and fisting (rectal or vaginal) were all engaged in by less than 3% of the sample. 17% of men said they had ever paid for sex; 2% had done so in the past year.

Conclusion: Such questions can be asked in large–scale surveys without offending respondents. Most of the solo practices studied were engaged in by more men than women, but women were more likely to have used a sex toy. Autoerotic activities are both substitutes for partnered sex and additional sources of pleasure for people with sexual partners.

Disclosure of Interest Statement: Nothing to declare.

SAFER SEX AND CONDOM USE: FINDINGS FROM THE SECOND AUSTRALIAN STUDY OF HEALTH AND RELATIONSHIPS

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Background: For many years efforts have been made to maintain and increase levels of condom use. The aim of this paper is to provide reliable estimates of the frequency and correlates of condom use among Australian adults.

Method: A representative sample of 20,094 men and women aged 16–69 years, from all states and territories, completed computer-assisted telephone interviews. The overall response rate was 66.5%.

Results: Although most respondents had used a condom at some time in their lives, fewer than half of those who were sexually active in the year before being interviewed had used a condom in that year. Condom use in the last year was associated with youth, speaking a language other than English at home, bisexual identity, greater education, residence in major cities, lower income, and having multiple sexual partners in the last year. A quarter of respondents used a condom the last time they had vaginal intercourse, and one-sixth of these were put on after genital contact. Condom use during most recent vaginal sex was associated with youth, lower income, having sex with a non-regular partner, and not using another form of contraception. Condom use was found to have increased between 2002 and 2013.

Conclusion: Consistent with other research, this study showed that condom use was strongly associated with partner type and use of other contraception. There may be a need to highlight among people with multiple sexual partners the fact that non-barrier methods of contraception do not offer protection against sexually transmitted infections. The finding that many condoms were applied after genital contact suggests a need to promote both use and correct use of condoms.

KNOWLEDGE ABOUT AND EXPERIENCE OF SEXUALLY TRANSMISSIBLE INFECTIONS IN A REPRESENTATIVE SAMPLE OF ADULTS: THE SECOND AUSTRALIAN STUDY OF HEALTH AND RELATIONSHIPS

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Objective: To describe knowledge about and self-reported history of sexually transmissible infections (STIs) in the Second Australian Study of Health and Relationships.

Method: A representative sample of the Australian population was contacted by landline and mobile phone modified random-digit dialling. The sample was weighted to reflect the study design and further weighted to reflect the location, age and sex distribution of the population at the 2011 Census. Computer-assisted telephone interviews elicited socio-demographic details as well as knowledge about, self-reported history of, and testing for STIs.

Results: Interviews were completed with 20 094 men and women aged 16–69 years from all states and territories. The overall participation rate among eligible people was 66.5%. STI knowledge was better in women, the young, people of higher socio-economic status, those with a variety of indicators of being at high STI risk, and with a history of receiving sex education in school. About one in six men and women reported a lifetime history of an STI. A history of STI testing in the last year was reported by about 1 in 6 (17%) women and 1 in 8 men (13%), and higher rates of testing in women were reported in most high-risk groups. The highest rates of STI testing (61%) and HIV testing (89%) were reported in homosexual men.

Conclusion: Knowledge of STI-related health consequences and transmission is improving in Australians, and rates of STI testing were relatively high but were higher in women than in men. Further increases in testing rates in both sexes will be required to facilitate the early diagnosis and treatment of STIs that is a cornerstone of STI control.

LONG ACTING REVERSIBLE CONTRACEPTIVE USE: ASSOCIATIONS WITH SOCIO-DEMOGRAPHICS AND BARRIERS TO ACCESS

Molloy GJ, Byrne M and [Morgan K](#)

Background: Long acting reversible contraceptives (LARCs) are still used by a minority of women in Ireland particularly younger women, however the use of these methods has approximately doubled over the last 10 years. In this analysis we aim to identify key determinants of LARCs use by analysing an existing population dataset that details contraceptive use in Ireland.

Method: In this cross-sectional survey 1,562 women were interviewed and asked about their views and experiences of contraceptive use. Logistic regression analyses were used to identify associations between predictor variables and LARC use. LARCs were defined as use of the coil/Mirena, IUD or IUS, injections (Depo Provera) or Implanted contraceptive capsules (Implanon).

Findings: Fourteen percent were currently using LARCs, 22% reported considering using LARCs and 6% reported that cost of the prescription, including the cost of the consultation fee prevented them from choosing LARCS. Older, married women with free medical care were more likely to be LARC users. Age was not a significant predictor when marital status and free medical care were taken into account.

Discussion: LARCs use is higher among older women but relationship status and financial barriers might be more critical determinants. An on-going qualitative study may reveal additional critical determinants of LARC use among Irish women.

SATURDAY 11 OCTOBER 2014 - 11.00AM - 12.30PM
REPRODUCTIVE HEALTH
PROFFERED PAPER SESSION 9

CONTRACEPTION USE IN AUSTRALIA, 2001–2011: WHERE ARE THE LARCS?

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Background: No routinely collected, reliable and complete data on contraceptive use are available in Australia. We examined existing data sources to describe the trends in the use of Long Acting Reversible Contraception (LARC) over time and by population subgroup.

Method: Data from published surveys, Medicare Benefit Schedule (MBS) and Pharmaceutical Benefit Scheme (PBS) were examined.

Results: Two-thirds of Australian women of reproductive age use contraception and 85% have ever used contraception. Oral contraception use was most common, followed by condoms, vasectomy and tubal ligation. The uptake of LARCS remains low. In 2001, less than 2% of women reported using a LARC. This had increased to only 7% by 2011.

The low use of LARC was observed in across all age groups with women aged 25–29 reported the highest use of LARC (8%). Women from non-English speaking backgrounds were less likely to be to report using a LARC than women from English speaking backgrounds (3% versus 7%). Women from rural areas were more likely to use a LARC than women from urban areas (9% versus 7%).

Conclusion: The use of oral contraception and condoms was common among all population groups. The uptake of LARC was low despite its proven benefits in reducing unintended pregnancy.

National routine data collection is required and future surveys should adopt common classifications of contraception, current sexual activity and reproductive age range to support meaningful analysis and policy development. The linkage of existing data collections such as Medicare and PBS with other datasets would allow a deeper investigation of contraceptive use across the reproductive life course.

Disclosure of Interest Statement: The project was funded by the Australian Government Department of Health and Family Planning NSW

USE OF LONG ACTING REVERSIBLE CONTRACEPTIVES (LARCS) AND DUAL PROTECTION AMONG YOUNG ABORIGINAL WOMEN

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Introduction: Evidence suggests that Long Acting Reversible Contraceptives (LARCs) can reduce unintended pregnancies, however, use among Australian women remains low (<10%). Little is known about young Aboriginal women's LARC use and use of condoms with LARC (dual protection), which is important to prevent sexually transmissible infections. While evaluating an Aboriginal sexual and reproductive health program, we assessed contraception use among young Aboriginal women in NSW.

Method: A survey of 15–25 year old Aboriginal people was conducted in 2013–2014. Staff at eight NSW Aboriginal Community Controlled Health Services (ACCHS) recruited young people from the ACCHS or community events. Participants self-completed a questionnaire using iPads or paper, which covered sexual and reproductive knowledge, behaviours and access. We describe the initial contraceptive use results.

Results: To date, 249 individuals (123 females) have participated, the median age of females was 19.0 years. Most females (79.7%) reported being sexually active, and of these, 77.6% currently used a contraceptive method (58.2% condoms, 32.7% implants, 29.6% oral contraceptive pill (OCP), 8.2% intrauterine device (IUD), 7.1% injection, 5.1% diaphragm, 4.1% vaginal ring), and 37.8% any LARC method (implant, injection, or IUD). Most LARC users (64.9%) also used condoms (dual protection). A third (29.6%) of sexually active females had ever used emergency contraception, and in the last month 30.0% of females using OCP reported missing a dose/s, with half 'forgetting'.

Conclusion: Our findings show that condoms are the most commonly used contraceptive method among young Aboriginal women in NSW who completed this survey, and implants are the most common hormonal method. Use of implants appears to be much higher than in general population surveys. As missing OCP and use of emergency contraception was reported by a third of females, there may be opportunities for further uptake of LARC. In addition, frequent use of dual protection among LARC users, suggests STI risks are also recognised.

Disclosure of Interest Statement: There is no conflict of interest.

“I WASN’T TOLD ANY OF THOSE OPTIONS, ONLY THE PILL OR THE CONDOM”: THE VIEWS OF YOUNG WOMEN AND HEALTHCARE PROFESSIONALS ON LONG-ACTING REVERSIBLE CONTRACEPTION

Garrett CC¹, Keogh L¹, Tomnay J², Kavanagh A¹, Holland L^{3,4}, Hocking JS⁵

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Introduction: Australia has high rates of teenage pregnancy compared with many Western countries. Long-acting reversible contraception (LARC) offers an effective method to decrease unplanned pregnancies, however, uptake remains low. The objective of this study was to identify current attitudes towards LARC and barriers and facilitators to LARC use, from the perspective of both young women and providers.

Method: Healthcare professionals interested in reproductive health were identified through publicly available sources and snowball sampling. General practitioners, nurses, medical directors, a sexual health educator and health advocates were invited to take part in a semi-structured interview about LARC access and use among young women. In addition, regional youth were recruited through a community health service and metropolitan youth were recruited via online advertisements through health organisations and a university to take part in focus group discussions about contraceptive choices. The data were audio-recorded, transcribed verbatim and analysed thematically.

Results: Fifteen healthcare professionals were interviewed and four focus groups were conducted with 27 young women (aged 17–25 years). While the main barriers to LARC usage stated by health care professionals were limited LARC access and low levels of education, the main barrier identified by young women related to perceptions of control, with LARC being viewed by many as offering them a low level of control over their body compared with oral contraceptives. All participants discussed strategies to increase contraceptive knowledge and access including improving sex education in schools, educating parents and increasing practice nurses’ roles in contraceptive provision and education.

Conclusion: The results highlight the challenges that remain for young women to be informed about the full range of contraceptive options and for easy access to LARC for women living in both urban and regional areas. We suggest strategies to address these challenges.

Disclosure of Interest Statement: This study was funded through the Brown Bequest, a private donation to the Gender and Women’s Health Unit for use in the field of contraceptive research.

CONTRACEPTION INITIATION AT A REPRODUCTIVE AND SEXUAL HEALTH CLINIC FOR YOUNG PEOPLE

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Introduction: There is a new focus to promote use of Long Acting Reversible Contraception (LARC) which have significantly superior efficacy to shorter acting contraception, particularly for young people. SH&FPA's "Time for Change" statement was launched at the Australasian Sexual Health Conference 2013 in Darwin. The statement makes recommendations for action to support the increased use of LARC to reduce unintended pregnancy and abortion rates in Australia.

At Family Planning Victoria's CBD reproductive and sexual health clinic for young people (<25 years) we conducted a 3 month audit of new clients receiving contraception to analyse discussion and provision of LARC.

Method: A retrospective 3 month audit covering February 1 to April 30, 2014 was conducted using Structured Query Language on electronic clinical software to extract data for all new clients presenting for contraception advice, or who had contraception initiated. Data was analysed for contraceptive method and whether LARC or a shorter acting method was initiated. For those who did not choose LARC, file notes were analysed for whether LARC was discussed during the consultation.

Results: All new clients with medicare presenting for contraception, or who had contraception initiated opportunistically, were analysed by method and age.

For clients starting a new method, 46% had LARC administered at the initial visit. This figure rises to 55.5% including those who were prescribed LARC for later administration.

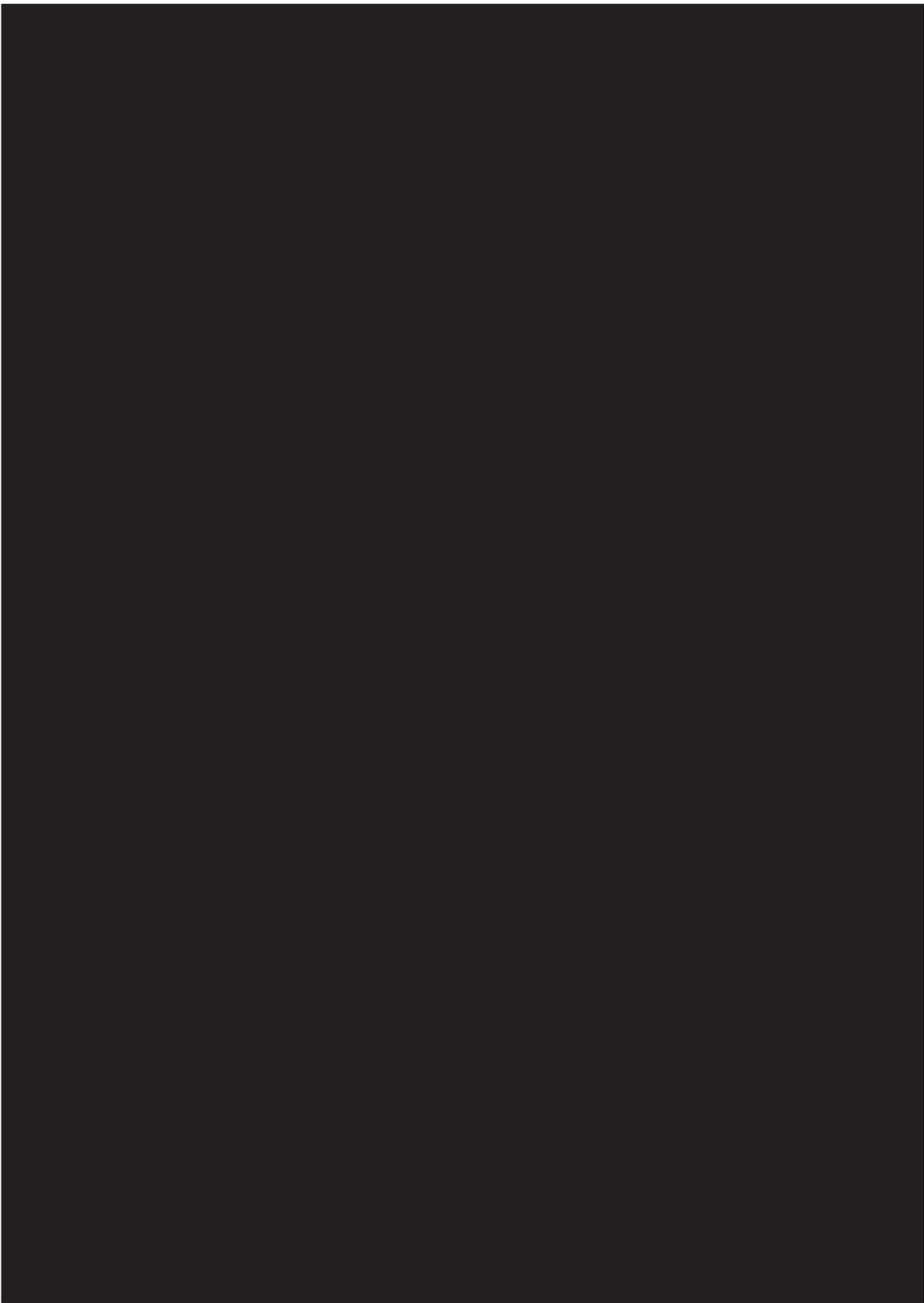
53.9% of consultations where LARC was not chosen had documentation of a discussion about LARC.

Conclusion: We report on rates of LARC initiation and LARC discussion to describe our current practice and to compare with Australian LARC use and the US Contraceptive CHOICE Project. This service provides evidence of a change in focus in contraception provision for young people.

Disclosure of Interest Statement: Family Planning Victoria provide training in Implanon NXT for Merck Sharp & Dohme and IUD insertion for Bayer Health Care. Family Planning Victoria has been paid by Bayer Healthcare and MSD for providing lectures.

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POSTER NUMBER 1

MEETING THE NEEDS OF END USERS: THE PROCESS OF DEVELOPMENT OF A SEXUAL HEALTH CLINICAL AUDIT TOOL FOR INDIGENOUS PRIMARY HEALTH CARE SERVICES

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Background: Sexually transmitted infections remain a significant public health issue for Indigenous Australians. Chlamydia, gonorrhoea and syphilis are three times, twenty times and four times more likely to be notified among Indigenous people compared to non-Indigenous people. Reasons for these high rates include the quality of primary sexual health care services. This project aimed to develop a sexual health clinical audit tool to be implemented within a continuous quality improvement approach in order to improve the quality of sexual health care services delivered to Indigenous Australians.

Method: This end-user initiated collaborative research project involved engagement of a range of stakeholders including policy makers, researchers, health professionals and quality improvement practitioners over two years who provided input into the development of the tool. A review of primary sexual health care guidelines was conducted and key indicators were selected for their ability to reflect quality of care. In recognition of regional differences in best practice guidelines and to ensure wide implementation, the tool was piloted in Western Australia, Northern Territory, Queensland and South Australia.

Results: The completed tool includes indicators that cover the basic elements of sexual health care including risk assessment, investigations, treatment, contact tracing and follow up. The important elements of tool development are end user engagement, multidisciplinary and multi-jurisdictional consultation, leadership, resources and consensus building around selection of key elements of sexual health care

Conclusion: A first ever nationwide sexually health clinical audit tool, which reflects the best practice for Indigenous primary sexual healthcare, is now available to over 200 Indigenous primary health care services through the National Centre for Quality Improvement in Indigenous Primary Health Care (One21seventy). Future research on impact of the tool on delivery of health services will enable effective allocation of resources to improve the quality of primary sexual health services for Indigenous Australians.

POSTER NUMBER 2**OUTCOMES FROM A SEXUAL AND REPRODUCTIVE HEALTH COMMUNITY EDUCATION AND CLINICAL EDUCATION PROGRAM WITH FAMILY HEALTH ASSOCIATIONS IN 8 PACIFIC ISLAND COUNTRIES**

Ritter T¹, Chivers J¹, McGowan C¹, Smith H¹, Hutchings A¹, Stuart A¹

¹ Family Planning NSW, Australia

Introduction: Family Planning NSW, Australia developed, conducted and evaluated a sexual reproductive health (SRH) clinical and community education capacity-building training and mentoring education program with staff of 8 Pacific Island International Planned Parenthood Federation Member Associations.

Method: A competency-based education program was developed in consultation with the Member Associations, based upon findings from a needs analysis and in line with WHO's 'SRH Core Competencies in Primary Care' (2011). The community education component addressed skills in planning and delivery of SRH education while the clinical program focused on clinical skills in 10 content areas. Each education program included four days of face to face training, skill assessments and clinical observation followed by mentoring and a follow-up coaching visit. An ethics approved evaluation included pre, post and follow-up surveys, skills observation, interviews, and the collection and review of stories of change.

Results: The 111 community education program participants demonstrated a statistically significant improvement in course-related knowledge (from 67% to 75% pre to post) and in self-assessed confidence in course related skills (from 2.8 to 3.7 on a 1-5 scale). Thematic analysis of the interviews suggested improvements in SRH content knowledge, change in perspectives towards and in the use of session plans, and greater appreciation of and use of an activity-based approach when delivering education.

The 52 clinical participants showed similar statistically significant improvements in knowledge (59% to 69%) and in skill self-assessment (from 2.0 to 2.6). Interviews highlighted a wide ranging change in practice particularly around history taking with more in-depth probing to better understand clients' situations; improvements in STI syndromic management practice and improved clinical recommendations regarding fertility, infertility and contraception use.

Conclusion: A competency-based education program was effective in improving the knowledge, confidence and skills of community education and clinical staff from Pacific Island SRH organisations.

Disclosure of Interest Statement: The project was funded by the International Planned Parenthood Federation - Sub-Regional Office of the Pacific.

POSTER NUMBER 3**USING 'MOST SIGNIFICANT CHANGE' TO EVALUATE 'SEXUALITY, HEALTH AND FACILITATING GROUPS', AN ABORIGINAL HEALTH WORKER-FOCUSED REPRODUCTIVE AND SEXUAL HEALTH WORKFORCE DEVELOPMENT WORKSHOP.**

Ritter T¹, Duley P¹, Harrison K², Fazio A¹.

¹ Family Planning NSW; ² Aboriginal Health and Medical Research Council of New South Wales

Introduction: Across 9 NSW locations, Family Planning NSW trained 78 Aboriginal health workers and others in content and skills to facilitate reproductive and sexual health (RSH) group education to young people. We used the 'most significant change' (MSC) monitoring and evaluation approach to assess practice changes resulting from the workshop and to assess the feasibility in using MSC in future similar projects.

Method: From 4–12 months following workshop completion, participants were contacted by phone and asked to participate in a brief story collection interview. Stories were discussed during story review meetings, key stories selected and reasons for their selection were documented.

Results: 28 stories were collected and 20 reviewed during 4 story review meetings with 20 people discussing the significance of changes from the workshop with 2 stories selected as the most significant. Themes from stories and the story reviews provided supporting and novel perspectives and included: participants gained perspective of the importance of addressing RSH in their community; transferability of workshop learnings to other professional areas; the importance of workplace support to workers providing RSH education.

Conclusion: We found MSC to be a feasible approach that was able to provide evidence of changes in professional practice resulting from the workshop in a way that involved stakeholders. Story and discussion themes both reflected and added to the results from the other evaluation methods. MSC has potential to engage a wide variety of stakeholders in discussions about important outcomes within Aboriginal RSH.

Disclosure of Interest Statement: Family Planning NSW was funded by the NSW Ministry of Health to undertake this program and evaluation.

POSTER NUMBER 4**AUDITING CHLAMYDIA AND GONORRHOEA NOTIFICATIONS
SUNSHINE COAST HIV & SEXUAL HEALTH UNIT CHALLENGES
& SUCCESSES QUALITY IMPROVEMENT = INNOVATIVE
TEAMWORK & INTERVENTIONS**

Marshall PJ

Queensland Health and Queensland Sexual Health Society

Background: Contact Tracing Support Officers were recruited in response to Queensland's rising STI notifications, to strengthen and improve contact tracing uptake.

The support officers collectively decided to initiate state – wide chart audits within the sexual health units to assess STI management.

This oral presentation/poster will focus on the successful completion of successive audits and the quality actions which occurred in response to each audit within the Sexual Health & HIV setting on the Sunshine Coast Queensland.

Method: Chart audits were proposed and offered to all sexual health units state-wide. The Sexual Health & HIV Service Sunshine Coast Queensland were willing participants, keen to evaluate their management and service delivery.

Data was retrieved and merged from two data programs Sexual Health & Queensland Pathology into a Microsoft Access application audit tool.

Fields included: Index Information & Testing, Attendance Reason, Diagnosis, Medication dates, Contact Tracing Information & Outcomes, Re-infection testing & result.

3 audits were processed between 2009 and 2012; data was collated from 2008–2012. During this time open transparent discussion occurred, tools were reviewed and practice standardised. Regular team meetings embraced the findings and identified areas requiring improvement and change.

Results: Audit 1 – ad hoc documentation reflective of non – standardised management, minimal retesting and contact tracing.

Audit 3 – Marked improvement in documentation reflecting standardised care, accuracy and understanding of STI management

Conclusion: Successive audits identified vast improvements reflecting effective team collaboration and willingness to embrace change.

Clients also appeared to have greater understanding of their management responsibility. This was reflected in increasing numbers returning for follow up and retesting, and more detailed information collated. Audits demonstrated an increasing shift to utilising internet sites for notifying contacts.

Overall the team's willingness to embrace change was evidenced by improvement in care and service delivery with each audit.

Disclosure of Interest Statement: The author has no conflict of interest to disclose. No funding has been received for this project.

POSTER NUMBER 5

DIAGNOSED WITH AN STI – WHAT’S NEXT? RESOURCE EVALUATION – WHERE TO FROM HERE?

Marshall P

Queensland Health and Queensland Sexual Health Society

Background: Contact Tracing Support Officers in Queensland identified a gap in resources being offered to clientele who had been diagnosed with a sexually transmitted infection, particularly those attending general practice.

Contact tracing or partner notification was noted as an area of suboptimal management and this may have impacted on rising notifications in this state.

Brochures were developed and distributed over 4 years in the hope to strengthen and improve contact tracing uptake, particularly in the area of general practice.

Services targeted included sexual health units, general practice and community organisations dealing with clientele who may have been diagnosed with a sexually transmitted infection.

It was identified funding was required if further print runs were to occur.

Feedback had been received over time questioning the value of hard copy resources, and if its time to reassess the need for this type of resource and move into the future utilising electronic links.

This poster presentation highlights the findings of an evaluation undertaken to determine the success of these brochures and to assist with the challenging task of deciding the most effective method when developing resources in the future, taking into consideration budget restraints and the changing nature of sexual health management and interventions.

Method: Focus groups were established to review the brochures.

Community members from high risk groups of mixed ages were invited to participate to assist with the evaluation of this resource.

A survey tool was developed utilising survey monkey and distributed widely across the health services – sexual health units, non government agencies and general practice, in particular targeting those areas within the Brisbane North/Sunshine Coast, as these two areas were targeted during the distribution of this resource.

Results: The focus groups identified differing views depending on age – a marked difference in the under 25s to over 25s. The survey surprisingly indicated the brochures had been well received and utilised, and would be considered a helpful resource into the future.

Conclusion: It appears the brochures have been accepted and utilised.

Preference for future resources is varied, depending on clientele; optimally it appears the choice would be for several tools – both printed & electronic versions of a brochure and wallet card.

Disclosure of Interest Statement: The author has no conflict of interest to disclose. No funding has been received for this project.

POSTER NUMBER 6

DEMOGRAPHIC CHARACTERISTICS AND STI DIAGNOSES IN FEMALE SEX WORKERS ATTENDING SEXUAL HEALTH CLINICS IN SOUTH-WESTERN SYDNEY 2007–2012

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Background: The sex industry in Sydney is changing, with the proportion of Australian-born female sex workers (FSWs) steadily declining, and being replaced by women from Thailand in the 1990s and now China and Korea. South-Western Sydney LHD (SWS) has a high proportion of FSWs from culturally and linguistically diverse backgrounds. Most licensed brothels in the area are staffed by women of Asian background, predominantly from mainland China, who are more likely to have poor English skills, be moving from one premise to another and be unsupported to insist on condom use. Many face significant barriers to accessing health care. Despite this, the health and changing demographics of FSWs remain under-researched.

Method: We aimed to describe FSWs attending sexual health clinics in SWS over a 6-year period (2007–2012). We extracted data from the clinic database. Data were manually cleaned and analysed using STATA.

Results: In total, 707 women who had ever worked in the sex industry attended 3424 clinic consultations during the study period (mean 9 consultations, range 1–52). 615 (87%) had worked in the industry in the previous year. Approximately half the women annually were new to the clinic. The women were born in 45 countries, most commonly Australia (46%), China (18%), Thailand (12%) and Vietnam (5%). Their mean age was 36 years (range 16–70). The most common STI diagnosed was genital warts. The prevalence of chlamydia and gonorrhoea amongst attendees was each less than 5%.

Conclusion: It is difficult to estimate the sex working population and therefore the clinic reach. The number of new clients seen likely reflects regular outreach brothel visits and the transient nature of the industry, but the data suggests that the FSWs seen may not be the population at most risk. This work is ongoing and final data on attendances, demographics and STI diagnoses with implications for service delivery will be presented.

Disclosure: The authors have not received funding from any source for this research.

POSTER NUMBER 7

ARE FURTHER HEPATITIS A OUTBREAKS POSSIBLE AMONG MEN WHO HAVE SEX WITH MEN IN SYDNEY, AUSTRALIA?

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Background: Two outbreaks of hepatitis A occurred in inner Sydney in the 1990s in men who have sex with men (MSM); however, there have been no further outbreaks since 1996. We aimed to determine trends in the proportion of MSM who are susceptible to hepatitis A virus (HAV) infection in Sydney and thus the potential for further outbreaks.

Method: Anonymous data on the HAV status of all MSM seen for the first time at the Sydney Sexual Health Centre between 1996 and 2012 were extracted from the patient medical and laboratory records. Data were extracted on past infection, HAV antibody test result, and vaccination status. χ^2 test for trend was conducted to test for significance.

Results: A total of 14,799 MSM were seen for the first time between 1996 and 2012 at the clinic. The proportion of MSM, who reported past hepatitis A or a prior positive test for HAV antibodies declined from 11.3% in 1996 to 2.4% in 2012. Of those tested at the clinic, the proportion positive for HAV antibodies without a history of hepatitis A increased from 10.8% to 16.3%. The proportion of MSM who had previously received the HAV vaccine increased from 9.8% in 1996 to 45.2% in 2012. Overall, the proportion of MSM susceptible to hepatitis A decreased from 68.1% in 1996 to 36.2% in 2012 (ptrend<0.001). Around 64% of MSM were not susceptible to hepatitis A in 2012.

Conclusion: The proportion of MSM, seen at the clinic, who are susceptible to HAV infection decreased substantially over the 18 year study period; most of this reduction was attributable to vaccination. A recent modelling study found population immunity of 60%–70% is needed to avert future person-to-person outbreaks among MSM. Therefore, vaccination rates in MSM need to be maintained, if not increased, in order to avoid future outbreaks.

Disclosure of interest: None declared

POSTER NUMBER 8

CAN CHLAMYDIA RECTAL SWAB TESTING BE USED AS A MARKER FOR MALE-TO-MALE SEX IN STI SURVEILLANCE WHERE ENHANCED BEHAVIOURAL DATA ARE NOT AVAILABLE?

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Introduction: Men who have sex with men (MSM) have increased risk of sexually transmitted infections (STIs), making it important to monitor transmission routes within STI surveillance. Sexual exposure is not consistently captured in clinical records or STI surveillance.

We investigated the utility of using rectal swab site as a proxy for male-to-male sexual exposure for STI surveillance.

Method: Chlamydia testing data linked to self-reported sexual behaviour from men testing within the Victorian Primary Care Network for Sentinel Surveillance (VPCNSS) were used (April 2006–2012). Men were categorised as never or ever having a rectal swab and their sexual behaviour was examined.

We calculated the positive predictive value (PPV), sensitivity and specificity of ever having had a rectal swab as a marker for male-to-male sex.

Results: During the surveillance period, 86,004 chlamydia tests (28% were rectal swab tests) were performed among 35,260 men for whom behavioural data were captured. Of these men, 10,318 (29%) had had at least one rectal swab for chlamydia, of whom 9,712 reported male-to-male sex, i.e. PPV=94.1% (95%CI 93.7–94.6). The sensitivity of rectal swabs as a marker for MSM status was 87.4% (95%CI 86.8–88.0) and specificity was 97.5% (95%CI 97.3–97.7).

Men who ever had a rectal swab differed from those who had not: they were younger (33 vs. 36 years, $p<0.001$); a higher proportion had a positive chlamydia result (16% vs. 5%, $p<0.001$); and fewer reported female partners (15% vs. 41%, $p<0.001$).

Conclusion: Rectal swab site was highly predictive of self-reported male-to-male sex, with very high specificity and moderately high sensitivity. However, this approach missed 13% of self-reported MSM at high risk of STI who perhaps did not engage in receptive anal sex. Rectal swab site may not capture all MSM testing for STIs but is still useful for monitoring trends among MSM where exposure data are unavailable.

Disclosure of Interest Statement: The Victorian Primary Care Network for Sentinel Surveillance is funded by the Victorian Department of Health.

POSTER NUMBER 9

RISE IN GONORRHOEA NOTIFICATIONS FROM NUCLEIC ACID AMPLIFICATION TEST (NAAT) AMONG VERY LOW PREVALENCE WOMEN WITHOUT CHANGES IN PROPORTION POSITIVE BY CULTURE IN VICTORIA

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Introduction: There has been a rapid increase in the number of gonorrhoea notification in women in Victoria after the introduction of a dual nucleic acid amplification test (NAAT) for the combined detection of chlamydia and gonorrhoea in mid-2007. The aim of this study was to examine whether the rapid increase of gonorrhoea identified by dual NAAT is supported by similar changes in culture and to determine the proportion of tests positive among women tested.

Method: Three data sources were used from 2008 to 2013. The Medicare Item Reports were used to examine the change in the number of NAATs performed. The number of gonorrhoea notifications was obtained from the Victorian Department of Health. We also examined the results of gonococcal culture testing of women who attended the Melbourne Sexual Health Centre (MSHC).

Results: Gonorrhoea cases identified by NAAT in women increased from 98 to 343 cases from 2008 to 2013; however, notifications by culture alone decreased from 19 to 5 in the same period. The proportion of NAAT positive for gonorrhoea in Victoria was low (0.2–0.3%) and did not change over time (ptrend=0.66). Similarly the portion of women tested at MSHC for gonorrhoea who were positive (0.4%) did not change over time (ptrend =0.70). Of the untreated women who had a positive NAAT result for gonorrhoea and referred to MSHC, only 40% were confirmed by culture.

Conclusion: A substantial proportion and rising number of notifications of gonorrhoea in women from NAAT are likely to be false positives. Practitioners and laboratories should adhere to the product inserts that warn against the use of NAAT testing for gonorrhoea in low prevalence populations when the test can have substantially reduced positive predictive values. Testing should be restricted symptomatic women and screening restricted to individuals at significant risk of gonorrhoea.

Disclosure of Interest Statement: None.

POSTER NUMBER 10

EVALUATION OF THE IMPACT OF REDUCING THE FREQUENCY OF TESTING COMMERCIAL SEX WORKERS FOR SEXUALLY TRANSMITTED INFECTION IN VICTORIA, AUSTRALIA

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Introduction: In Victoria, Australia, the frequency of testing sex workers for sexually transmitted infections (STIs) was changed from monthly to quarterly on 6-Oct-2012. The aim of this study was to determine the impact of this change to the clients seen at the Melbourne Sexual Health Centre (MHSC).

Method: Computerised medical records of all clients attending at MHSC from 7-Oct-2011 to 7-Oct-2013 were analysed. Parameters in the year prior to this change were compared to the year following the change.

Results: Comparing the quarterly to monthly period, there was a small decrease in the total number of consultations at MSHC [4.1% (36260 to 34775)] but a minimal reduction in consultation hours [0.58% (from 10020 h to 9962 h)]. However, the number of consultations with FSW halved from 6146 to 3453 ($p<0.001$) and the consultation time spent on FSW reduced by 40.6% (1942 h to 1153 h). More heterosexual men ($p<0.001$), and women ($p<0.001$) were seen in the quarterly period. The number of STIs diagnosed in the clinic increased from 2243 to 2589 from the monthly to quarterly period, respectively [15.4% increase ($p<0.001$)]. Up to AU\$247,000 was saved on FSW testing after the shift to quarterly testing.

Conclusion: The change of STIs testing frequency of sex worker from monthly to quarterly resulted in 15% increase in STI diagnoses in the clinic and approximate a quarter of a million dollars was diverted from FSW testing to other clients. Overall the change in frequency of testing is likely to have had a beneficial effect on STI control in Victoria.

Disclosure of Interest Statement: None.

POSTER NUMBER 11

BARRIERS TO HIV TESTING AND RESULT DELIVERY PREFERENCES AMONG GAY AND BISEXUAL MEN UNDERGOING RAPID HIV TESTING IN PUBLIC SEXUAL HEALTH CLINICS IN SYDNEY

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Background: Guidelines recommend at least annual HIV testing by sexually active gay and bisexual men (GBM), with more frequent testing for high risk men. While HIV testing for high risk clients has traditionally involved result delivery in person, non-traditional delivery of HIV results may facilitate more frequent testing by GBM.

Method: GBM undergoing rapid HIV testing (RHT) at four Sydney sexual health clinics self-completed questionnaires assessing barriers to HIV testing and preferred methods to deliver HIV-negative and HIV-positive results: in person, or by telephone, letter, email or short message service (SMS). Bivariate and multivariate logistic regression was used to assess associations between client characteristics and result delivery preferences.

Results: Among 1093 GBM participants, the most commonly reported barriers to conventional HIV testing were finding it annoying to return for results (30.2%), stress in waiting for results (28.4%), and difficulty in finding time to test (20.6%). For HIV-negative results, 28.9% of men preferred in-person delivery, but most men (69.3%) preferred non-traditional delivery: 37.0% telephone, 22.9% SMS, 8.3% email, and 1.1% letter. For HIV-positive results, most men (71.4%) preferred traditional delivery in person, with 16.4% preferring telephone, 3.8% SMS, 3.1% email and 1.0% letter delivery. Preferring electronic (SMS or email) delivery for HIV-negative results was associated with reporting more than 10 sex partners in six months ($p=0.012$), preferring RHT outside of a clinic ($p=0.004$), and finding it annoying to return for results ($p<0.001$). Preferring non-traditional delivery for HIV-positive results was associated with having never tested for HIV ($p=0.050$) and preferring RHT outside of a clinic ($p<0.001$).

Conclusion: Structural barriers to HIV testing and preference for electronic and other non-traditional methods of HIV result delivery are common among GBM. Providing non-traditional HIV result delivery may encourage testing in

GBM who report higher numbers of partners, barriers to HIV testing or never having tested for HIV.

Disclosure of Interest Statement: The Kirby Institute and Centre for Social Research in Health receive funding from the Australian Government Department of Health and the New South Wales Ministry of Health. This analysis in the Sydney Rapid HIV Test study was supported by a National Health & Medical Research Council Program Grant. DPC was supported by a scholarship from Australian Rotary Health/Sydney CBD Rotary Club and The Kirby Institute. Alere provided the Determine HIV Combo rapid test kits used free of charge, but did not influence the study design, analysis of data or reporting of results.

POSTER NUMBER 12

CLIENT CHARACTERISTICS AND BARRIERS TO HIV TESTING ASSOCIATED WITH NEVER PREVIOUSLY TESTING FOR HIV AMONG GAY AND BISEXUAL MEN ATTENDING PUBLIC SEXUAL HEALTH CLINICS IN SYDNEY

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Background: HIV notifications among gay and bisexual men (GBM) have been increasing in recent years in Australia. Guidelines recommend at least annual HIV testing by sexually active GBM, with more frequent testing for high risk men. While research on barriers to testing and characteristics associated with never previously testing for HIV (never testing) has been conducted using community-based samples, data on men attending clinics are lacking.

Method: GBM undergoing rapid HIV testing and venipuncture for conventional testing in the same visit at four Sydney sexual health clinics self-completed questionnaires assessing testing history and psychological and structural barriers to HIV testing during 2011–2012. Bivariate and multivariate logistic regression was used to assess associations between client characteristics and never testing.

Results: Of 1093 participants, 981 (89.9%) reported ever testing for HIV and 110 (10.1%) never testing. The most commonly reported barriers to HIV testing among all men were: finding it annoying to return for results (30.2%); not having done anything risky (29.6%); stress in waiting for results (28.4%); being afraid of testing positive (27.5%); and difficulty in finding time to test (20.6%). Never testing was associated with: being non-gay-identified (adjusted odds ratio [AOR] 2.10; 95% confidence interval[CI]: 1.20–3.68); being 18–29 years old (AOR 2.19; 95%CI:1.37–3.50); not knowing where to test (AOR 3.14; 95%CI:1.08–9.10); disliking venipuncture (AOR 2.14; 95%CI:1.02–4.47); reporting one or no sexual partners in the last six months (AOR 3.14; 95%CI:1.35–7.31); and finding finger-prick specimen collection more comfortable than venipuncture (AOR 1.63; 95%CI:1.05–2.52).

Conclusion: Barriers to HIV testing are commonly reported among clinic-based GBM. Never testing was more likely to be reported by younger, non-gay-identifying men who report fewer sexual partners and prefer finger-prick specimen collection to venipuncture. These findings suggest

specific health promotion strategies regarding alternatives to venipuncture, availability of rapid testing and location of testing services may encourage HIV testing among these men.

Disclosure of Interest Statement: The Kirby Institute and Centre for Social Research in Health receive funding from the Australian Government Department of Health and the New South Wales Ministry of Health. This analysis in the Sydney Rapid HIV Test study was supported by a National Health & Medical Research Council Program Grant. DPC was supported by a scholarship from Australian Rotary Health/Sydney CBD Rotary Club and The Kirby Institute. Alere provided the Determine HIV Combo rapid test kits used free of charge, but did not influence the study design, analysis of data or reporting of results.

POSTER NUMBER 13

HIGH PREVALENCE OF RECTAL GONORRHOEA AMONG MEN REPORTING CONTACT WITH MEN WITH GONORRHOEA: IMPLICATIONS FOR TRANSMISSIBILITY AND EPIDEMIOLOGICAL TREATMENT

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Background: Gonorrhoea infection is common among men who have sex with men (MSM) but there are few data on its transmissibility between men. This study aimed to determine the prevalence of gonorrhoea among men reporting sexual contact with men with gonorrhoea.

Method: Men were prospectively identified between March 2011 and December 2013 who presented to Melbourne Sexual Health Centre and reported sexual contact with a male with gonorrhoea. Men were screened for pharyngeal and rectal gonorrhoea using culture. The prevalence of gonorrhoea in contacts was compared to that among unselected MSM attending the clinic over the same period. Sexual behavioural data obtained by computer assisted self-interview were analysed using logistic regression to ascertain factors associated with infection.

Results: Among 363 contacts of gonorrhoea the prevalence of rectal gonorrhoea was 26.4% (95% CI: 21.8%–31.0%) compared to 3.9% (95% CI: 3.7%–4.2%) among other clinic attendees ($p < 0.001$). The prevalence of pharyngeal gonorrhoea among contacts was 9.4% (95% CI: 6.4%–12.4%) compared to 2.1% (95% CI: 1.9%–2.4%) among other attendees ($p < 0.001$). Among contacts who reported inconsistent condom use during receptive anal sex with casual partners, rectal gonorrhoea was cultured in 42.4% compared with 12.7% among contacts reporting no receptive anal sex ($p < 0.001$) and 20.2% among those reporting always using condoms ($p < 0.001$). On multivariate analysis rectal gonorrhoea was significantly associated with inconsistent condom use during receptive anal sex with casual partners (adjusted odds ratio (AOR): 4.16; 95% CI: 1.87–9.26) and a reported past history of gonorrhoea (AOR: 1.77; 95% CI: 1.01–3.14).

Conclusion: The high prevalence of gonorrhoea among contacts in this study suggests gonorrhoea is highly transmissible between men. The data also lend support for epidemiological treatment of MSM who present as contacts of gonorrhoea.

POSTER NUMBER 14

NEISSERIA GONORRHOEA INFECTION BY ANATOMICAL SWAB SITE AMONG MEN WHO HAVE SEX WITH MEN TESTING AT HIGH CASELOAD CLINICS IN MELBOURNEBartnik N¹, Roth N², Tee BK³, Hellard M^{1,4}, [El-Hayek C](#)¹¹ Centre for Population Health, Burnet Institute, Melbourne; ² Prahran Market Clinic, Melbourne;³ Centre Clinic, Victorian AIDS Council, Melbourne; ⁴ Department of Epidemiology and Preventive Medicine, Monash University, Melbourne

Background: In Victoria the population rate of gonococcal infection has increased three-fold from 17.4 per 100,000 in 2008 to 53.5 per 100,000 in 2013. Over 80% of gonococcal infections occurred among men of whom 70% reported sex with another man. The epidemiology of *Neisseria gonorrhoea* infection by anatomical swab site in Victoria is unknown among men reporting sex with men (MSM) but is important for effective patient management and infection control.

Method: The Victorian Primary Care Network for Sentinel Surveillance on BBV and STI (VPCNSS) links test results with self-reported sexual behaviour from men who attend participating clinics for STI testing. VPCNSS data from two sentinel clinics in Melbourne, 2007 to 2012, were used to describe gonorrhoea tests and percentage positive by anatomical swab site among MSM. Positive tests within six weeks of a previous positive were excluded.

Results: During the surveillance period 56,272 samples were taken from 8526 MSM. Of total samples, 37% were from urogenital sites, 33% oropharyngeal and 30% anorectal. Percentage positive was 2.1%, 0.8% and 3.1% respectively. Of all positive tests, 6% were repeat infections and most were at the same anatomical site as previously.

Two-thirds of clinical visits resulted in three anatomical sites swabbed for gonorrhoea. Multiple site infections increased from 8% in 2007 to 18% in 2012 ($p < 0.01$). Percentage positive increased in both anorectal (2.69% in 2007 to 4.25% in 2012, $p < 0.01$) and oropharyngeal (0.11% in 2007 to 1.29% in 2012, $p < 0.01$) sites while stable in urogenital sites (2.5% in 2007 to 2.1% in 2012).

Conclusion: The results indicated an increase in multiple site positivity and the highest positivity being in anorectal sites. This reinforces the importance of asymptomatic STI screening that includes all three anatomical sites. Repeat infections at the same site may be related to continued risk behaviour or treatment failure.

Disclosure of Interest: The Victorian Department of Health provides the Burnet Institute funding for the VPCNSS and other BBV/STI surveillance.

POSTER NUMBER 15

REVIEW OF RISK FACTORS FOR BACTERIAL VAGINOSIS
AMONG WOMEN WHO HAVE SEX WITH WOMEN

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Background: Women who have sex with women (WSW) have a higher burden of bacterial vaginosis (BV) than heterosexual women in Western countries, but knowledge regarding their risk factors is limited. We aimed to characterise risk factors for BV among WSW by systematic review.

Method: This systematic review was conducted according to the PRISMA statement. PUBMED, EMBASE, Web of Science and The Cochrane Library were searched to 24/02/14. Inclusion criteria: 1) WSW included in study population; 2) accepted BV diagnostic method; 3) investigated factors associated with BV acquisition, persistence or transmission in WSW.

Results: Of 71 unique references, 17 full-text articles were assessed and 14 fulfilled inclusion criteria. BV was positively associated with higher numbers of lifetime and recent female partners. BV in a female partner was positively associated with BV when a partner's diagnosis was made by an established method, but less reliably associated when partners' BV was self-reported. There were some microbiological differences in BV between WSW and heterosexual women. BV was not associated with ethnicity, vaginal douching or hormonal contraception. The impact of sexual behaviours, male sexual contact, smoking and the menstrual cycle is unclear in this population. There may be differences in BV pathogenesis between WSW and heterosexual women.

Conclusion: Risk factors for BV in WSW include higher number of lifetime and recent female partners, and BV in a female partner as diagnosed using an established method. Further work is needed to elucidate risk factors, particularly sexual risk factors, for BV in this population. WSW were defined in a number of ways; researchers may consider recent female sexual contact in defining WSW when researching sexual risk factors. Future studies may consider internal controls for diagnostic uncertainty and those investigating female partners may prefer to use an established method to diagnose BV rather than relying on self-report.

Disclosure of Interest: None described

POSTER NUMBER 16

FACTORS ASSOCIATED WITH ENROLMENT, RETENTION AND ATTRITION IN A LONGITUDINAL STUDY OF BACTERIAL VAGINOSIS IN AUSTRALIAN WOMEN WHO HAVE SEX WITH WOMEN

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Background: Longitudinal cohort studies are important study designs but require appropriate strategies and resources to optimise recruitment and retention. The Women on Women's Health (WOW) study was a 24-month prospective longitudinal cohort study was conducted examining the influence of behaviours on the vaginal microbiota and bacterial vaginosis (BV). This methods paper examines study methodology and investigates factors associated with participants' enrolment or declining enrolment, and retention or attrition from the cohort study in order to inform future study design and provide insight into potential enrolment and attrition biases.

Method: We investigated BV among Australian women who have sex with women (WSW) with 3-monthly self-collected vaginal samples and behavioural questionnaires. Associations with participation and attrition were examined by logistic and Cox regression. Methods to improve retention included easy-to-use study sample packs, reimbursements, regular follow up, and participants' evaluation of study design.

Results: The baseline cross-sectional study recruited 458 women. 334 BV-negative women were eligible for the cohort study; 298 (89%, 95%CI 85, 92) enrolled. Lower educational levels (aOR 2.72, 95%CI 1.09–6.83), smoking (aOR 2.44, 95%CI 1.13–5.27), prior BV symptoms (aOR 3.42, 95%CI 1.16–10.10) and genital warts (aOR 2.71, 95%CI 1.14–6.46) were associated with declining enrolment; a partner enrolling in the study increased enrolment (aOR 3.73, 95%CI 1.43–9.70). 248 (83%, 95%CI 78, 87) completed the study to defined endpoints (BV-positive or BV-negative by 24 months). Attrition (n=50) was associated with age <30 years (aHR 2.15, 95%CI 1.13–4.10) and a baseline male partner (aHR 6.12, 95%CI 1.99–18.81).

Conclusion: We report key groups that are less likely to enrol in and complete a cohort study. Recruitment of couples was shown to increase enrolment. Further work needs to be done to recruit younger women and retain less educated women. We describe motivations for participation, and strategies that may be used to optimise participant recruitment and retention into longitudinal studies.

Disclosure of Interest: None described

POSTER NUMBER 17

RISK OF PELVIC INFLAMMATORY DISEASE FROM SEXUALLY TRANSMITTED INFECTIONS IN AN URBAN AUSTRALIAN SEXUAL HEALTH CLINIC SETTING

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Background: Pelvic inflammatory disease (PID) commonly develops as sequelae of sexually transmitted infections (STIs). However few studies have quantified the contribution of different pathogens to PID. We assessed the relationship between PID and a range of STIs and bacterial vaginosis (BV) at individual and population level using data from females attending a large urban sexual health clinic in Melbourne.

Method: Data were extracted from the clinic's electronic patient database for all females aged 16–49 at first clinic visit between Jan2006–Jun2013. STI/BV tests were based on clinical and risk assessment; STI diagnoses on strand displacement amplification/polymerase chain reaction from urine, vaginal and/or cervical samples and BV diagnosis on Nugent's score and >20% clue cells. PID diagnosis was based on clinical examination findings. Univariable and multivariable logistic regression was conducted to identify factors associated with PID. The PID population attributable risk (PAR) from STIs/BV was calculated.

Results: Between 2006–2013, a total of 22,415 new female clients visited the clinic, with 511 (2.3%;95%CI:2.1–2.5) diagnosed with PID and no observed trend by year ($p=0.134$). Among PID cases, 39% had evidence of an STI/BV; chlamydia 15.5%(95%CI:12.4–18.9), BV 13.3% (95%CI:10.5–16.6), Mycoplasma genitalium (MG) 2.4%(95%CI:1.2–4.1), gonorrhoea 0.8%(95%CI:0.2–2.0), trichomoniasis 0.4% (95%CI:0.05–1.4), and chlamydia/BV co-infection (4.3%, 95%CI:2.7–6.4). After adjustment, factors associated with a PID diagnosis were a current diagnosis of chlamydia (OR:4.2,95%CI:3.3–5.3), gonorrhoea (OR:3.4,95%CI:1.6–7.0), MG (OR:7.2,95%CI:4.2–12.6) being aged <20 years (OR:2.5;95%CI:1.0–6.0), current intrauterine device (OR:2.3,95%CI:1.4–3.9) and symptoms at presentation (OR:2.6,95%CI:2.0–3.4). The adjusted PID PAR for chlamydia was 15.7%(95%CI:11.4–19.7), chlamydia/BV co-infection was 3.0%(95%CI:1.1–4.8), MG was 3.3%(95%CI:1.5–5.0), gonorrhoea was 1.0%(95%CI:–0.1–2.2) and BV was 1.2%(95%CI:–4.0–6.1).

Conclusion: Chlamydia, gonorrhoea and MG were most strongly associated with a PID diagnosis at an individual level. However at population level due to low gonorrhoea prevalence in this urban population, efforts to control chlamydia would have the greatest impact on reducing PID compared with other STIs.

Disclosure of Interest Statement: Jane Goller is supported by an Australian Postgraduate Award at the University of Melbourne.

POSTER NUMBER 18

CO-INFECTION WITH CHLAMYDIA TRACHOMATIS, NEISSERIA GONORRHOEAE AND TRICHOMONAS VAGINALIS: RATES AND RISK FACTORS IN A HIGH PREVALENCE SETTING

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Objectives: As little is known about the epidemiological relationships among *Chlamydia trachomatis* (CT), *Neisseria gonorrhoeae* (NG) and *Trichomonas vaginalis* (TV), we undertook an analysis of their co-occurrence in a high prevalence setting.

Method: In the context of a cluster randomised trial in 68 remote Aboriginal communities, we obtained laboratory reports on simultaneous testing for CT, NG and TV by nucleic acid amplification tests (NAAT), and examined relationships between age and sex and the prevalence of co-infections. Odds ratios were used to determine which infections were more likely to co-occur by demographic category.

Results: Of 13480 patients (median age: 30, males: 37%) tested for all three infections during the study period, 33.3% of women and 21.3% of men had at least one of them. The most frequent combination was CT/NG (2.0% of women, 4.1% of men) and 1.8% of women and 0.5% of men had all three. Prevalence of all combinations was highest in 16–19 year olds. CT and NG were highly predictive of each other's presence, and TV was associated with each of the other two infections, but much more so with NG than CT, and its associations were much stronger in women than in men.

Conclusion: In the first study internationally to report on CT, NG and TV co-infection in both men and women using NAAT, we found relationships that may have both behavioural and biological elements. We also empirically demonstrated the value of clinical guidelines that recommend screening for all three STIs to control these highly prevalent infections.

POSTER NUMBER 19

SURVEY OF SEXUALLY TRANSMISSIBLE INFECTION SCREENING PRACTICES AND INTEREST IN STI OUTREACH SCREENING AMONGST PARLOUR BASED SEX INDUSTRY WORKERS IN THE SYDNEY LOCAL HEALTH DISTRICT

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Background: Sex Industry Workers (SIWs) in Australia have maintained low rates of HIV and STIs. The NSW HIV Strategy 2012–2015 identifies intensifying HIV prevention with key populations, including SIWs, as a priority for action. In NSW, the Sex Worker's Outreach Project (SWOP) and sexual health services partner to provide outreach services to SIWs, including health education and free safe sex packs. The aim of this project was to ascertain (a) the access of parlour based SIWs in Sydney Local Health District (SLHD) to comprehensive HIV and STI screening, and (b) the potential demand for parlour-based HIV/STI screening services.

Method: Participants completed a short, self-administered survey. The survey was available in Chinese and English. It was distributed to female parlour based SIWs by the social worker responsible for SIW outreach in SLHD. There are no male parlour-based SIWs in SLHD.

Results: Forty seven surveys were collected between December, 2013 and May, 2014. Twenty two participants were from Europe and English speaking countries and 20 from China. Four were from other South East Asian countries and one didn't identify her country of birth. The median age of surveyed SIWs was 36 (range 19–53). Thirty six (77%) participants reported having HIV/STI screening in the last six months. Barriers to screening included transport, not enough time off work, lack of knowledge of services and availability of interpreters. Tests offered at screening varied and six participants (13%) stated that they would like to be offered additional tests. Thirty five (74%) stated they would use an STI screening service at their place of work.

Conclusion: Whilst this is a small sample, it indicates interest in parlour-based HIV/STI screening amongst SIWs in SLHD. The high rates of recent HIV/STI screening reported in this population are encouraging for the maintenance of low HIV/STI rates among parlour-based SIWs in SLHD.

POSTER NUMBER 20

A MODELLING STUDY TO INVESTIGATE THE ROLE OF EXTRAGENITAL INFECTION IN THE PERSISTENCE OF GONORRHOEA PREVALENCE IN MSM IN URBAN AUSTRALIA

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Introduction: Gonorrhoea prevalence at rectal and pharyngeal sites among MSM in urban Australia is known to be as high as 4%. This is despite the generally short duration of urethral infection, which is usually symptomatic and promptly treated. Sexual practices among MSM commonly involve extragenital sites (oral and anal sex), but their roles in gonorrhoea transmission have rarely been explored.

Method: In this study, we developed an individual-based model of gonorrhoea transmission to investigate the role of gonorrhoea infection at extragenital sites in enabling gonorrhoea to persist at endemic levels. The model was calibrated against sexual behaviour and prevalence data for this population.

Results: Our findings suggest that unprotected oral sex has an important role in enabling the persistence of gonorrhoea in MSM by providing a pool of asymptomatic and untreated pharyngeal infection. Our model predicts that complete elimination of gonorrhoea is unlikely even if condoms are used for all anal sex acts, but could be achieved if condoms are used in more than 25% of oral sex acts.

Conclusion: Our study highlights the importance of extragenital infections in the persistence of gonorrhoea in MSM populations, and reinforces the need to increase the focus on the treatment and the prevention of pharyngeal infection.

Disclosure of Interest Statement: This study was funded and BH is supported by a National Health and Medical Research Council Project Grant (566848). The Kirby Institute is funded by the Australian Government Department of Health and Ageing and is affiliated with the Faculty of Medicine, University of New South Wales. The views expressed in this publication do not necessarily represent the position of the Australian Government.

POSTER NUMBER 21

ENHANCED GONORRHOEA SURVEILLANCE IN SOUTH WESTERN SYDNEY AND SYDNEY LOCAL HEALTH DISTRICTS

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Background: Between 2009 and 2013, gonorrhoea notification rates in Sydney Local Health District (SLHD) increased from 49.4 per 100,000 to 145.7 per 100,000, and in South Western Sydney Local Health District (SWSLHD) from 22.5 per 100,000 to 43.9 per 100,000. To better understand the populations affected, their healthcare access patterns, and testing practices, SWSLHD&SLHD Public Health Unit (PHU) conducted enhanced surveillance of gonorrhoea notifications as part of a New South Wales Health initiative.

Method: Between 1 August 2013 and 28 February 2014 enhanced surveillance forms were sent to treating doctors requesting additional exposure and testing information.

Results: During this period, 774 notifications were received and 698 (90%) forms were returned. Of these, 85% were male, 69% were aged 21–40 years, and 46% were males reporting same–sex exposure. Multiple infection sites were reported for 53 notifications (8%), resulting in 754 separate sites of infection. Nucleic acid testing (NAT) only was reported on 72% of notifications, 10% reported culture only, and 17% reported both NAT and culture. Sexual health services (SHS) reported a higher proportion of both NAT and culture (25%) than general practitioners (GP, 14%).

A higher proportion of women in both areas presented to a GP (60%) than a SHS (25%). SWSLHD had a higher proportion of notifications from females (27%) than SLHD (11%). SWSLHD had a higher proportion of men reporting opposite–sex exposure diagnosed by a GP (90%) than SLHD (64%). SLHD had a higher proportion of males report same–sex exposure (62%) than SWSLHD (27%).

Conclusion: These results highlight the differences in risk factors, health–seeking behaviour and service provision between different population groups and geographical areas. This information can inform policy to ensure service provision and interventions are targeted to meet these differing needs while allowing for quality improvement in healthcare provision.

Disclosure of Interest Statement: Gonorrhoea enhanced surveillance was undertaken as part of a New South Wales Ministry of Health initiative. The survey tool used was developed by South Eastern Sydney Public Health Unit.

POSTER NUMBER 22

IS REPEAT RECTAL CHLAMYDIA INFECTION AMONG MEN WHO HAVE SEX WITH MEN AN ISSUE?

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Background: There is increasing concern about azithromycin treatment failure for rectal chlamydia. Higher organism loads have been reported at the rectal site compared to other sites (genital/oral) and higher organism load may be associated with treatment failure in women, but little data are available among men who have sex with men (MSM). This study examined the association between organism load and repeat rectal chlamydia infection in order to investigate possible mechanisms for treatment failure.

Method: Stored rectal chlamydia positive samples from men attending Melbourne Sexual Health Centre between July 2008 to October 2013 were analysed for organism load and chlamydia serovar. Men were included if they had a follow-up test within 100 days of the index infection.

Results: There were 292 chlamydia positive index rectal swabs available for analysis. Organism load and serovar were assessable for 284 swabs – 44 cases had one repeat positive result, 5 cases had two repeat positives and 181 MSM had a negative result within 100 days of their index positive result. Among the 230 index infections, 33% were serovar G, 30% were D, 15% were J, 9% were E, 7% were L2, 3% were B and 2% were F. The cumulative incidence of repeat rectal chlamydia within 100 days was 21%. Among those men who had a repeat positive result, all but three (3%) were the same serovar. Organism load was higher in index cases of men who had a repeat infection compared with those who did not ($p < 0.01$).

Conclusion: Repeat rectal chlamydia is common within 100 days among MSM attending MSHC. Most repeat infections were of the same serovar suggesting these infections were either treatment failure or re-infection from an infected partner. High organism load was associated with repeat infection suggesting a possible role in treatment failure.

Conflicts of interest: None

POSTER NUMBER 23**ENHANCED SURVEILLANCE OF GONORRHOEA IN NSW**Lam M¹, Spokes P¹, Sheppard V¹, Selvey C¹¹Health Protection NSW, NSW Health

Background: Notifications of gonorrhoea in NSW have risen sharply in recent years, with an increase of 43% in 2012 compared to the previous year. This project aimed to collect additional epidemiological information on cases of gonorrhoea reported in NSW to inform prevention strategies. Short term enhanced surveillance was piloted in South Eastern Sydney from January 2013, and was rolled out across NSW in August 2013. This paper reports on the statewide data.

Method: An STI enhanced surveillance form was sent to the requesting doctor of gonorrhoea notifications in NSW residents with an onset date between August and November 2013. The form included questions about the person's sexual history, Aboriginal status and reason for testing.

Results: Of 1333 enhanced surveillance forms sent to doctors, 1140 (86%) were returned. Most of the NSW residents diagnosed with gonorrhoea during the study period were male (970, 85%); there were 169 (15%) females and one (<1%) transgender person. The median age was 31 years (interquartile range of 15 years). Forty-two (4%) people identified as either Aboriginal and/or Torres Strait Islander. Just over half (617, 54%) of the gonorrhoea notifications were in men who had sex with men, and 370 (32%) were in people (241 male, 129 female) who reported heterosexual sex only. Infection was most likely to have been acquired from a casual partner for 666 (64%), a regular partner for 196 (19%) and a partner from overseas for 27 (3%). Current sex work was reported for 56 people (5%; 32 females and 24 males). The primary reasons that patients presented to their doctor were: because of symptoms (485, 43%), for STI screening (355, 31%) and as part of contact tracing (115, 10%).

Conclusion: Short term enhanced surveillance of gonorrhoea has provided valuable epidemiological information to inform future prevention strategies in NSW.

Disclosure of Interest Statement: Nothing to disclose

POSTER NUMBER 24

TRANSIENT GONORRHOEA EPIDEMIC AMONG HETEROSEXUALS ATTENDING A SEXUAL HEALTH CLINIC IN SOUTH AUSTRALIA: POSSIBLE REASONS BEHIND THE EPIDEMIC 2006–2010

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Background: To investigate the increase in notifications for gonorrhoea in most Australian over the last decades we reviewed gonorrhoea cases diagnosed in women and heterosexual men at Clinic 275 in South Australia between 1990 and 2012. We identified and investigated a substantial rise in cases between 2006 and 2010 that had not occurred at Victoria or New South Wales during the same period.

Method: This study was a retrospective analysis of computerised records at three sexual health services in Australia. The main analysis involved all heterosexuals attending Clinic 275 over the two decades. Socio-demographic, behavioural and clinical information on these heterosexuals tested for gonorrhoea (urethral in heterosexual males, vaginal or cervical in females) were reviewed. Possible risk factors associated with gonorrhoea were estimated using a logistic regression model.

Results: 35,960 heterosexual men and 54,974 women were tested for gonorrhoea. In heterosexual men and women, the overall gonorrhoea positivity rate was 1.4% (95% CI 1.2–1.5%) and 0.4% (95% CI 0.3–0.4%) respectively. A substantial rise occurred at Clinic 275 among heterosexual men, non sex worker women and sex workers between 2006 and 2010 inclusive, but no such increase occurred at Melbourne Sexual Health Centre (MSHC) and Sydney Sexual Health Centre (SSHC). During the epidemic years of 2006–10, the risk factors that were present during non-epidemic years (indigenous racial status and number of sex partners) disappeared or reduced substantially. Women who were sex workers were at significant increased odds of gonorrhoea only in epidemic years (OR 2.8, 95% CI 1.48–5.27). A search of newspaper headlines identified articles describing increased policing and the possession of condoms being used as evidence only during epidemic years.

Conclusion: These results suggest police crackdowns on sex workers within an illegal system (South Australia) may do substantial public harm if possession of condoms is used as evidence of prostitution.

POSTER NUMBER 25

PREVALENCE OF SYPHILIS IN STUDENTS ENROLLING IN AN INSTITUTION OF TERTIARY LEARNING IN ZAMBIA

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Introduction/Background: The high burden of infectious diseases in Zambia is well known and documented. Malaria, Tuberculosis and AIDS pose a great challenge to the country's health system. Over the last decade, programmes have been implemented that target the three diseases. In the face of high burden from these diseases, efforts for other infectious diseases seem to be waning and yet some like STIs have an impact on the control of HIV.

Method: We conducted medical examinations on 2,000 people (1,084 males, 916 females) from all over Zambia enrolling into an institution of higher learning for the first time. Screening for Syphilis using qualitative Rapid Plasma Reagin was part of the examination because of the opportunity for treatment. 52% (1,054) were in the age group 15–19, while 27.85% (557) in the age of 20–24. 3.9% (78) in the age group 25–29. The age groups of 30–34 and 35–39 both had 115 subjects (5.75%). Those in the 40–44 were 59 (2.95%) while those 45 and above were 22 (1.10%).

Results: The overall prevalence of Syphilis was 0.9% (N=18); 1.1% in males and 0.65% in females. In the 15–19 age group, no male tested positive and prevalence was 0.47%. In the 20–24 age group, only 1 (male) out of 557 (0.18%) was positive. In the age groups 25–29 and 30–34, there was no positive result recorded. In the age group 35–39, there were 5 subjects (prevalence 4.3%) who were positive (all males), accounting for 27.8% of the total subjects who were positive. In the age group 40–44, there were 6 positive or 10.2% (5 males and 1 female), accounting for 33.3% of the total subjects who were positive. Above 45, there was one male subject who was positive (5.56%).

Conclusion: The results seem consistent with national findings which suggest that younger females and older males are at higher risk for Syphilis. Syphilis should still be considered as an STI of significance in Sub-Saharan Africa

No disclosure of interest.

POSTER NUMBER 26

**PAPUA NEW GUINEA (PNG) STUDENT COHORTS TOWNSVILLE:
A POTENTIAL BRIDGING POPULATION FOR NORTH
QUEENSLAND**

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Introduction: In the Pacific, PNG has the highest prevalences of sexually transmissible infections (STI) including human immunodeficiency virus (HIV). In 2011, a number of PNG students were referred to Townsville Sexual Health Service with pelvic inflammatory disease, gonococcal arthritis and syphilis. This led to the development of a tailored multi-session STI education program and clinical service.

Method: From 2012 –2013, 4 cohorts of PNG students were assessed and tested for Chlamydia trachomatis (chlamydia), Neisseria gonorrhoea (gonorrhoea), Trichomonas vaginalis, (trichomoniasis) Treponema pallidum (syphilis), HIV, and hepatitis B. All infections were managed appropriately.

Results: All 227 students who were enrolled, attended the education sessions and 225 (170 (75%) males, 55(25%) females) participated in testing at the beginning of the semester. Of those 225 students, 28 (12%) were diagnosed with chlamydia, 7 (3%) with gonorrhoea (Penicillin resistant strain x1), 4 (2%) with trichomoniasis, 22 (10%) with syphilis and 44 (19%) with chronic hepatitis B. No cases of HIV were identified. Fifty three (24%) students required hepatitis B vaccination. At the end of the semester 173 (76%) students were retested. Overall, 12 (7%) new cases of chlamydia, 2 (1%) of gonorrhoea (of which one was a locally acquired Penicillin resistant strain) and 1 (of 85; 1%) of trichomoniasis (possibly resistant) were diagnosed. It was reported that the students were having heterosexual contact with the local Indigenous & non-Indigenous population, other international students as well as within the group. There were no differences in occurrence of infections between the individual cohorts. The Penicillin resistant gonorrhoea were in separate cohorts. The pathology cost was just over \$68,000.

Conclusion: As expected, this student group from PNG had a high prevalence of STI's except for HIV. Testing and treatment for common STI's is useful in such cohorts as they are a bridging population both here and at home. The question remains...who should be responsible for such interventions?

Disclosure of Interest Statement: Nil

POSTER NUMBER 27

SEXUAL HEALTH PROBLEMS: SYSTEMATIC REVIEW OF STUDIES AND NEED FOR COMMUNITY BASED STUDIES IN INDIA

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Introduction: Sexual health problem, though less studied, is an important public health problem which greatly influences the quality of life. Sexual problems are amenable to treatment but health seeking behaviour is poor.

Objective: To conduct a systematic review of studies done on sexual health problem and to assess the need for a community based study in India.

Methodology: A systematic search was conducted in Medline, IndMed, Web of Science, Google scholar and other journals related to sexual health from year 1981 to 2012.

Result: Erectile Dysfunction and Pre Mature Ejaculation were the most common sexual health problems. Prevalence of ED ranged from 15% to 49% whereas prevalence of PME varied from 15% to 33% in the community based studies done globally. Perceived need for seeking professional help ranged from 10% to 38%.

Conclusion: In India, none of the studies were community based. High prevalence of sexual health problems so there is need of community based study in India.

POSTER NUMBER 28

ELIMINATION OF DONOVANOSIS IN AUSTRALIA—ARE WE THERE YET?

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Introduction: Donovanosis is a notifiable sexually transmitted infection in Australia but has only ever been notified in Western Australia (WA), Queensland (QLD) and the Northern Territory (NT). It has become rare in recent years with only 5 cases notified nationally in 2008–2012. This project aimed to investigate Australia's progress towards elimination of donovanosis.

Method: The numbers of nucleic acid tests (NAT) for donovanosis performed were collected from the laboratories that performed such tests for WA, QLD and NT, and were compared with the numbers of notifications retrieved from the national surveillance system to calculate positivity rates. We also examined the relevant management guidelines for genital ulcers regarding diagnosis and treatment.

Results: The number of donovanosis NATs in Australia increased from 477 in 2008 to 647 in 2012. The number increased in WA and NT, but decreased in QLD. The positivity rates were 1.0% or lower in all 3 jurisdictions, and <0.5% overall during the 5-year period. There were appropriate guideline documents for the diagnosis and treatment of genital ulcers in all 3 jurisdictions.

Conclusion: As the testing did not decline, the positivity rates remained low, and there were guidelines to help clinicians manage genital ulcers, it is unlikely that large numbers of donovanosis cases went undiagnosed and unreported. However, further examination of other causes of non-blistering genital ulcers is required before the elimination of donovanosis can be declared.

Disclosure of Interest Statement: No conflicts of interest identified

POSTER NUMBER 29

LIVING WITH HIV IN AUSTRALIA: IS BEING BORN IN A LOW OR MIDDLE INCOME COUNTRY ASSOCIATED WITH POORER HEALTH OUTCOMES?

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Introduction: In Australia, people from culturally and linguistically diverse (CALD) backgrounds accounted for a third of HIV notifications. Those born in low and middle income countries have poorer access to health care, lower health literacy and are a priority for HIV prevention and treatment programs. The aim is to describe the demographic and clinical characteristics of participants in the Australian HIV Observational Database (AHOD) and to compare disease outcomes, progression to AIDS and treatment outcomes of those born in low and middle income countries, with those born in high income countries and Australia.

Method: The study population included all patients enrolled in participating AHOD sites where country of birth is routinely collected. Age, CD4 count, HIV viral load, antiretroviral therapy, hepatitis co-infection, rates of all-cause mortality and rates of AIDS illness were analysed.

Results: Of the 2403 eligible patients, 77.3% were Australian born, 13.7% born in high income countries and 9.0% born in low and middle income countries. Those born in Australia or high income countries were more likely to be male (96%) than those from low or middle income countries (76%), $p < 0.0001$ and more likely to have acquired HIV through sex with men (77%; 79%) compared with those from low or middle income countries (50%), $p < 0.0001$. At enrollment, mean CD4 count was higher in Australian born (528 cells/ μ L) than those from high income countries (468 cells/ μ L) or those from middle and low income countries (451 cells/ μ L), $p < 0.0001$; whereas the mean HIV viral load was similar in all three groups (4.44 vs 4.76 vs 4.26 log(copies/ml)), $p = 0.19$. There was no difference in adjusted incidence risk ratios for all-cause mortality and AIDS incidence in all three groups, $p = 0.39$.

Conclusion: All groups had similar all-cause mortality and AIDS incidence. This reflects the successful engagement of CALD populations in HIV care in Australia.

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POSTER NUMBER 30

THE SYNDROMIC MANAGEMENT APPROACH TO STI CONTROL IN RESOURCE-POOR SETTINGS: A SYSTEMATIC REVIEW OF THE EVIDENCE FOR THE ABNORMAL VAGINAL DISCHARGE ALGORITHM TO DETECT CHLAMYDIA AND GONORRHOEA

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Introduction: Syndromic management of STIs is the core strategy for national HIV and STI prevention and control in many resource-poor settings. Syndromic management programs may utilise World Health Organisation algorithms or be locally developed, and may include risk assessment and/or clinical examination. The abnormal vaginal discharge (AVD) algorithm is used to identify cervical infection (including chlamydia and gonorrhoea), infections that are commonly asymptomatic in women. This systematic review evaluates the diagnostic test performance of the AVD algorithm to detect chlamydia and gonorrhoea.

Method: Searches were conducted in two electronic databases (Scopus, PubMed) in April 2009 and January 2012 to identify studies eligible studies. Additional studies were identified through bibliography review and internet searches. Inclusion criteria included age of participants (18+), conducted in a resource-poor setting, English language publication, HIV- cohort, specified use of an AVD algorithm to detect cervical infection and reported on at least one measure of diagnostic test performance. Data extracted included sensitivity, specificity and positive predictive value (PPV) of individual algorithms evaluated. Clinically homogenous study data were pooled and a synthesis of the algorithms effect were calculated using random effect models.

Results: A total of 21 reports were included in the review, representing evaluation of 46 AVD algorithms. The pooled sensitivity estimates ranged between 36.9% (95%CI:7.3-81.4) for local algorithm using clinical examination only and 64.3% (95%CI:43.1-81.0,) for the WHO algorithm using risk assessment and clinical examination.

Conclusion: There is a lack of evidence for the AVD algorithm as a diagnostic tool to detect chlamydia and gonorrhoea in resource-poor settings. Many women will be missed and remain untreated (false negatives) and many women will be treated unnecessarily (false positive). Inclusion of the AVD algorithm in WHO syndromic management guidelines should be redressed.

Disclosure of Interest Statement: No pharmaceutical grants were received in the development of this study.

POSTER NUMBER 31

DRUG AND ALCOHOL CONSUMPTION AND CONDOM USE
AMONG FEMALE SEX WORKERS IN VANUATU, 2011

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Introduction: The use of alcohol and other drugs (AOD) is thought to play a role in modifying risk factors among female sex workers (FSW) globally. The association between AOD use and condom use has not been explored in Vanuatu. This study, part of an Integrated Bio-Behavioural Survey among female sex workers (FSW), explored AOD-related factors and condom use among FSW.

Method: Using respondent-driven sampling, 149 females aged 18+ years who reported transactional sex during the previous year and living in Port Vila were recruited in 2011. Descriptive analyses are presented.

Results: One-third of all FSW (35%) identified their primary reason for exchanging sex was to buy alcohol and/or drugs. One-third (36%) of FSW reporting consuming alcohol more than once per week, with 13% reported an average of six or more drinks per session. Over 80% of the sample had reported ever consuming Kava (a plant-based drink with sedative properties), with 92% of these individuals consuming in the past month. Half of the sample had ever used illicit drugs; of those, 75% had used drugs within the past month. The most common illicit drug used within the previous month was cannabis (35% of total sample). Only one-quarter of FSW reported using a condom at last sexual encounter (with either a transactional or non-transactional partner).

Conclusion: FSW in Vanuatu have high rates of alcohol and drug use, particularly kava and cannabis. The findings suggest that for some FSW, AOD use may be a motivating factor to engage in transaction sex work. Use of condoms when using drugs or alcohol should be further explored in order to inform sexual health promotion initiatives.

Disclosure of Interest Statement: Nil

POSTER NUMBER 32

RE-ATTENDANCE AND CHLAMYDIA RE-TESTING RATES AT 12 MONTHS AMONG YOUNG PEOPLE ATTENDING AUSTRALIAN GENERAL PRACTICE 2007–2010: A LONGITUDINAL STUDY

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England Local Health District; ⁶General Practice and Rural Medicine, James Cook University;

⁷General Practice and Primary Health Care Academic Centre, University of Melbourne

Background: Clinical guidelines commonly recommend annual chlamydia testing in young people. General practice clinics can play an important role in annual testing as a high proportion of young people attend these clinics each year, yet little is known about the timing of attendances and testing in this setting.

Method: The Australian Collaboration for Coordinated Enhanced Sentinel Surveillance of Sexually Transmitted Infections and Blood Borne Viruses (ACCESS) system extracted consultation and pathology data on 16–29 year olds attending 25 general practice (GP) clinics in 2007–2010. We calculated the proportion of individuals with a first negative test that re-attended at 12 months (+/- 3 months) and re-tested at 12 months (+/- 3 months). Individuals with an initial positive test were excluded as guidelines recommend re-test at three months.

Results: Among 3,852 individuals who had an initial negative test, 2,201 (57.1%) re-attended at around 12 months; re-attendance was higher among females (60.8%) than males (44.1%; $p < 0.001$) and higher among 16–19 year olds (64.2%) than 25–29 year olds (50.8%; $p < 0.001$). Of 2,201 individuals who re-attended at 12 months, 377 had a chlamydia test (re-testing rate of 9.8%); re-testing was higher among females (10.8%) than males (6.1%; $p < 0.01$) and higher among 16–19 year olds (13.3%) than 25–29 year olds (7.5%; $p < 0.001$).

Conclusion: Although over half of young people re-attended their GP clinic approximately a year after a negative chlamydia baseline test, only 9.8% were re-tested at this visit. Strategies are needed to promote regular attendance and testing to both patients and clinicians.

Disclosure of interest: None to declare.

POSTER NUMBER 33

SEROPREVALENCE AND SEROINCIDENCE OF HUMAN PAPILLOMAVIRUS AMONG TEENAGE MEN WHO HAVE SEX WITH MEN

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Background: Data on HPV seroprevalence and seroincidence among teenage men who have sex with men (MSM) are needed to inform HPV vaccination strategies.

Method: Observational study of a cohort of 200 MSM aged 16 to 20 years were recruited via community and other sources in Melbourne. Men were seen at baseline, month 3, 6 and 12. At each visit a blood sample was collected to test for antibodies of 4 vaccine-preventable HPV types (6, 11, 16 and 18). HPV seroprevalence required detection of antibody of a specific HPV type at baseline while HPV seroincidence required no detection of antibody of a specific HPV type at baseline and at least one detection of antibody of this HPV type during follow up.

Results: For HPV 6, 11, 16 and 18, the seroprevalence was 12.5% (95% confidence interval (CI) 8.3–17.9%), 7.0% (95%CI: 3.9–11.5%); 3.5% (95%CI: 1.4–7.1%) and 3.0% (95%CI: 1.1–6.4), respectively while the seroincidence was 18.8 (95% CI: 12.5–26.5), 6.7 (95%CI: 3.2–11.9), 3.9 (95%CI: 1.4–8.2) and 5.8 (95%CI: 2.7–10.7) per 100 person-years, respectively. Men with anal HPV 6/11 were more likely to seroconvert than men with anal HPV 16/18 (71.4% (15/21) vs 15.8% (3/19), $p=0.025$). About 70% (17/25) of men who seroconverted to HPV 6 had incident infection of HPV 6 and this figure was similar (70%, 7/10) for HPV 11. Only a third (2/6) of men who seroconverted to HPV 16 had incident infection of HPV 16 and this figure was 44% for HPV 18. Men with prevalent anal HPV 6/11/16/18 were more likely to seroconvert than men without it (log-rank test $p=0.008$). Men with incident anal HPV 6/11/16/18 were also more likely to seroconvert than men without it (log-rank test $p<0.001$).

Conclusion: HPV seroprevalence and seroincidence were high among teenage MSM. HPV 6/11 were more likely to seroconvert than HPV 16/18.

Conflict of Interest Disclosure: This investigator initiated study was funded by Merck. Merck had no input into the design, analysis or reporting of the

study. CKF has received honoraria from CSL Biotherapies and Merck and research funding from CSL Biotherapies. CKF owns shares in CSL Biotherapies the manufacturer for Gardasil. JSH has received an honorarium from CSL Biotherapies and is an investigator on an Australian Research Council funded project (LP0883831) that includes CSL Biotherapies as a research partner. AEG has received honoraria and untied research funding from CSL biotherapies, and has received honoraria from Merck. SMG has received advisory board fees and grant support from CSL and GlaxoSmithKline, and lecture fees from Merck, GSK and Sanofi Pasteur; in addition, she has received funding through her institution to conduct HPV vaccine studies for MSD and GSK. SMG is a member of the Merck Global Advisory Board as well as the Merck Scientific Advisory Committee for HPV. None of this relates to this specific work. MYC reported his institution received a grant from Merck Sharp Dohme that supported the conduct of the study. MGL receives grants from Bristol Myer Squibb, Gilead, GlaxoSmithKline, Janssen-Cilag, Merck, Pfizer and Roche which are not related to this project. All other authors have no conflicts of interest.

POSTER NUMBER 34

ROLE IN ANAL SEX AND RISK FOR HIV INFECTION AMONG MEN WHO HAVE SEX WITH MEN: A SYSTEMATIC REVIEW AND META-ANALYSIS ON GLOBAL DATA

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Background: The relative risk for HIV infection among men who have sex with men (MSM) engaging in different roles in anal sex is not well studied.

Method: In December 2013, we used keywords “homosexual” or “gay” or “bisexual” or “men who have sex with men” and “HIV” to search for articles in PubMed and Scopus. A total of 3152 papers were found. After screening the abstracts, full text of 21 shortlisted papers were obtained: 21 reported prevalent HIV infection and 2 reported incident HIV infection. Meta-analyses were performed to calculate pooled HIV prevalence or incidence, and odds ratio (OR) or risk ratio (RR) and their 95% confidence intervals (CIs), among men engaging in different roles in anal sex.

Results: Of the 21 papers, 9 were from North America, 1 from South America, 3 from Africa, 1 from Europe and 7 from Asia. These papers included a total of 6639 men engaging in insertive anal sex (IAS) only, 4234 in receptive anal sex (RAS) only and 14085 in both insertive and receptive anal sex (IRAS). By meta-analysis, pooled prevalence of HIV among men engaging in IAS only, RAS only and IRAS were 10.9% (95% CI: 7.7–14.1%), 20.7% (95% CI: 12.9–28.4%) and 21.5% (95% CI: 14.5–28.4%), respectively. Men engaging in RAS only and IRAS were 2.5 (95% CI: 2.2–2.8) and 2.6 (95% CI: 2.4–2.8) times more likely to be infected with HIV compared to men engaging in IAS only. Pooled incidence rates for HIV infection among men engaging in RAS only, IAS only and IRAS were 5.0 (95% CI: 2.0–7.0), 0.8 (95% CI: 0.4–1.4) and 6.4 (95% CI: 3.2–9.6) per 100 person years, respectively. Men engaging in RAS and IRAS were 6.2 (95% CI: 3.3–11.8) and 6.6 (95% CI: 3.8–11.7) times more likely to develop incident HIV infection compared to men engaging in IAS only.

Conclusion: Men engaging in RAS are at higher risk for HIV infection compared to men engaging in IAS. However HIV prevalence among men engaging in all roles in anal sex is high enough that all MSM should be aware of potential risk.

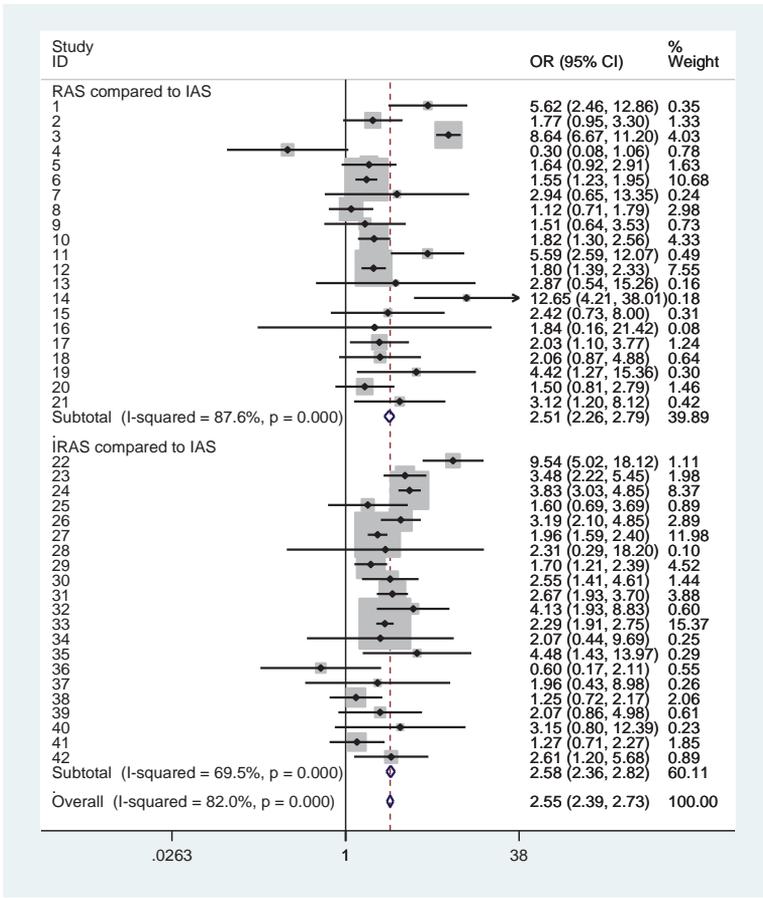


Fig. 1 Forest plots of relative risk for HIV infection among men engaging in RAS, IRAS and IAS.

POSTER NUMBER 35**NEPEAN DISTRICT NEWSPAPER STUDY – “A TEXTUAL PRINT MEDIA ANALYSIS OF THE SELLING OF SEXUAL SERVICES IN THE NEPEAN DISTRICT OF WESTERN SYDNEY”**

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Background: This study aims to understand the themes used to publicise commercial sex services in the print media in the Nepean district of western Sydney. These premises are supported by the Nepean Sexual Health and HIV Service. Commercial sex workers are one of the five high priority populations groups. Better understanding of themes utilised was seen as a building block to better craft health promotion activities to all people who participate in these services.

Method: A textual analysis of print media was undertaken in May – June 2014 by accessing advertising from the three local government weekly newspapers – St Marys Star, Penrith Press and Mt Druitt / St Marys Standard. Copy was excluded if a non-Nepean address was given. A qualitative analysis was performed based on the principles of grounded theory. NVivo 10 was utilised in supporting this analysis.

Results: Major themes identified by the text analysis will be presented. Interestingly safe sex or health measures were absent. Advertisements will also be categorised according to these themes and a range of key health and social variables. A further analysis of linkages to internet sites will assess opportunities for testing messages, safe sex messages and messages that promote better health.

Conclusion: Currently the absence of any overt health based message is noted. This finding highlights an increased scope for presentation of health based messages within this service domain.

Disclosure: Nothing to declare

POSTER NUMBER 36**A TALE OF TWO (SEX IN OTHER) CITIES**

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¹Western Australian AIDS Council (WAAC)

Background: Conceived in 2008, the Sex in Other Cities (SIOC) project was designed to respond to a rise in STIs (including HIV) originating amongst heterosexual travellers to particularly S.E. Asian destinations. Based on a literature review and primary research, SIOC offered a different social marketing initiative targeting condom use and later a focus on sexual health screening. Substantial investment was made in advertising in W.A. airports as well as advertising in inflight magazines. However, there has been little noticeable impact in W.A. epidemiology so a review was undertaken in 2012.

Method: An analysis of the program web traffic was completed and a measurement of the uptake of 'Z Cards' associated with airport advertising. Although web traffic was low, it was stable (35 – 50 hits per month), the bounce rate was high (c. 90%) and average page read of the remaining 10% was similarly low (< 1 minute). Much of the traffic was originating from search engines, and it was theorized that visitors were expecting different to what was presented. It was theorized that SIOC was presenting a 'sex-only' message that was centred on negative consequences.

Results: A completely new program was developed that retained airports for advertising, but incorporated a totally changed Internet presence as well as Facebook and Twitter. The new approach presents sex positively and places it within a context of fun (partying) while travelling. It incorporates more explicit imagery, less text and is geared to a younger demographic.

Since the relaunch, site visits are trending upwards, bounce rate is down and Facebook has a growing following.

Conclusion: Travellers will not engage with a safe sex only campaign because it is dissonant with their top of mind view of their travelling purpose. Embedded within a broader 'partying' context, they seem more likely to engage.

Disclosure of Interest: The Western Australian AIDS Council is funded by the Western Australian Department of Health. It receives no corporate or private funding in respect of this project.

POSTER NUMBER 37**DEVELOPING LOCAL SOLUTIONS: ENABLING ACCESS TO SEXUAL HEALTH SERVICES FOR ASIAN SEX WORKERS**

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Background: Early in 2012, increasing rates of gonorrhoea in the local area arising from Asian Sex Industry Parlours, demanded intervention. Initially a culturally appropriate on-site drop-in clinic for Asian Sex Industry Workers (SIW) was commenced in March 2012, followed by an Outreach service direct to the parlours.

Method: Collaboration with the Hunter-based Sex Workers Outreach Project (SWOP), and the HNELHD Multicultural Health Service resulted in the engagement of a female Mandarin speaking interpreter, to participate in and support the onsite clinic and the outreach screening project. SWOP supplied resources in different languages. The onsite clinic continues weekly as a nurse led clinic with the Interpreter and medical support. The outreach clinic encompasses an 80km round trip within the Greater Newcastle Area, providing a voluntary STI screening service for Asian Parlour SIW. Whilst on outreach, appointments can be made for SIW to be reviewed at the Pacific Clinic. Results and follow up occurs one week later utilising a telephone interpreter. Multilingual printed resources provided include health promotion material, self-collection kits with illustrated diagrams.

Results: Initially two SIW were diagnosed with gonorrhoea and treated. An additional four SIW were diagnosed with chlamydia throughout 2012. In the subsequent 12 months, gonorrhoea notifications declined from 95 to 33 total cases in the Hunter. In 2013, forty nine Asian female SIWs were seen on outreach. They ranged in age from 24 – 56 years (average 42.5 years), from March 2013 – March 2014, just 1 case of gonorrhoea has been diagnosed.

Conclusion: SIW are accessing the dedicated clinic on a regular basis, with over 300 STI screening tests arising from the clinic in the past 12 months. The commencement of a culturally appropriate onsite and outreach screening service has resulted in improved access and engagement of Asian SIWs and strengthened referral networks to the Pacific Clinic.

Disclosure of Interest Statement: Nil

POSTER NUMBER 38**CELEBRATING SAFELY – PROMOTING SAFER SEX TO SCHOOL LEAVERS WITH A ‘KISS’**Wernham R E¹, [Robbins, Carley¹](#)¹ Western Australian AIDS Council

Introduction: The Keep It Safe Summer (KISS) Project provides young people with information and resources to minimise potential harms from various risk taking behaviours during leavers celebrations in Western Australia (WA). KISS focuses on encouraging safer sex and the provision of alcohol and other drug (AOD) education to assist leavers to make healthier behavioural choices.

Method: KISS employs peer education methods. Young people are recruited to volunteer during the leaver’s celebrations. The volunteers undertake intensive training and are supported by staff during the leaver’s celebrations to conduct outreach work at various sites across WA. The messages and resources are taken to the leavers.

Results: In 2013 the KISS Project conducted 15 school talks to year 12 students in Perth and the Great Southern regions. The talk included information on leavers, as well as sexual health and AOD use. There were about 1,905 students who received a talk in semester two.

The KISS Team visited two locations, Rottnest Island and Dunsborough, which are the official leaver celebrations locations in WA. There were 1,034 leavers who went to Rottnest Island and approximately 6,431 leavers who attended the Dunsborough celebrations. KISS engaged with about one third (n=336; 33%) of the leavers based on Rottnest Island. While the team in Dunsborough engaged with approximately 5,975 leavers, about 93 percent of the leavers attending the Dunsborough celebrations. KISS distributed about 5,193 safer sex packs, 1,442 print resources and conducted diversionary activities with approximately 611 young people.

Conclusion: KISS has employed successful strategies to engage with young people about their sexual health in a holistic and positive way. With approximately 8,240 young people engaged in the KISS Project during 2013, one third of the total WA year 12 cohort in 2013 received information on the KISS Project.

Disclosure of Interest Statement: The Western Australian AIDS Council are funded by the Department of Health, WA and the KISS program receives additional funding from the Office of Crime Prevention, WA Police.

POSTER NUMBER 39**FORMING A CONSUMER REFERENCE GROUP TO PROVIDE INPUT INTO THE SERVICE DELIVERY OF AN INNER CITY SEXUAL HEALTH SERVICE.**

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Background: Sydney Local Health District's Sexual Health Service uniquely comprises both clinical and health promotion teams, supporting close collaboration and shared projects. Men who have sex with men (MSM) are a priority for the service as this group carry the highest burden of Sexually Transmissible Infections (STIs), including HIV in the community. A Consumer Reference Group (CRG) was formed in 2012 to provide feedback and to ensure the planning and implementation of sexual health programmes and clinical services were appropriately orientated. The benefits of consulting consumers of health services are well documented in current literature.

Method: Invitations to join the CRG were displayed in the sexual health clinic waiting room and distributed through local gay men's networks. Applicants were interviewed for suitability by the Sexual Health Service's Senior Counsellor and Health Promotion Manager.

Results: Seven men were accepted. The committee meets four times a year after business hours. The committee was consulted on the physical layout of the clinic; health promotion activity; the content and layout of new clinic information brochures and posters and the development of self-completed sexual histories; both paper and computerised version. Modifications have been made to a number of resources, programmes and innovations after consultation with the group. At the conclusion of the CRG first term six of seven men continued and two new people were accepted. The group membership is diverse with people from a variety of cultural backgrounds, including Aboriginal representation and an age range from men in their twenties to sixties.

Conclusion: The formation of a Consumer Reference Group is a useful strategy to successfully plan, deliver and evaluate sexual health services for the MSM community. Sexual health services could consider this strategy to better inform them of the needs of target populations.

POSTER NUMBER 40

THE CADDYSHACK PROJECT: IMPROVING SEXUAL HEALTH CAPACITY OF YOUNG PEOPLE AND THE YOUTH SERVICES SECTOR

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² Illawarra Sexual Health Service, ISLHD; ³ Healthy Cities Illawarra, Wollongong; ⁴ Southern Youth and Family Services, Wollongong

Background: The high incidence of undiagnosed Chlamydia continues to present potential long term health concerns for the population of young people. Health promotion activity to improve access to screening is an important component of action to increase diagnosis rates and reduce prevalence and transmission, especially in regional areas with poorer access to health services for young people.

Method: The CaddyShack Project, a comprehensive youth-focused sexual health program has been implemented in the Illawarra and Shoalhaven Local Health District (ISLHD) in NSW for the past 3 years. The Project is a partnership between the local sexual health clinic, health promoters, youth services and young people, and implements a number of strategies including social media, workforce development, service development, media promotion and a systematic event-based outreach Chlamydia screening activity.

Results: Since its inception the CaddyShack Project has increased knowledge and awareness of Chlamydia and Chlamydia screening for young people in ISLHD. The Project has become an accepted and respected component of the youth services sector in ISLHD, as well as the broader community. Through the range of activities implemented by the Project, a number of youth services have increased their own capacity in promoting sexual health and Chlamydia screening with young people, including one youth service that has commenced their own in-service Chlamydia screening program, while others have expressed interest in developing similar programs.

Conclusion: While the CaddyShack Project has been successful in meeting its aims of increasing knowledge and awareness, and access to Chlamydia screening for young people in the Illawarra and Shoalhaven, it has also improved local youth services' capacity in relation to sexual health. This has led to youth service in-house screening programs, and sustained and embedded sexual health capacity. Comprehensive youth focused sexual health programs are an important component of activity to reduce the rate of Chlamydia in young people, and with sustained action, can produce unforeseen positive impacts on youth services and young people.

Disclosure of Interest Statement: No external funding was received for this project

POSTER NUMBER 41**MEASURING STI AND BBV PREVENTIVE ADVICE AND TESTING REFERRALS AT A YOUTH MENTAL HEALTH SERVICE: A MEDICAL RECORDS AUDIT**

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¹ Population Health, Hunter New England Local Health District (HNELHD); ² headspace

Background: *headspace* is a youth mental health service, and is ideal for accessing young people who are at risk of sexually transmissible infections (STIs) and blood borne viruses (BBVs). Each client that enters headspace undergoes a comprehensive psychosocial assessment with questions around sexual activity, previous STI testing, injecting drug use and unlicensed tattooing/piercing. The clinician conducting the assessment is encouraged through a written prompt and a link to an STI testing tool to provide preventive advice and referral for testing if the young person is at risk of STIs/BBVs. A medical records audit was conducted to measure the uptake of these questions by clinicians and whether preventive advice and testing referrals were being provided.

Method: The audit was conducted at a headspace service in HNELHD. For confidentiality purposes the audit was conducted onsite by a trained headspace clinical staff member, and all of the data collected was de-identified. All clients aged 16–25 years who first visited the centre in February, March or April 2014 were included in the audit, which was conducted in June 2014. The audit tool was pre-tested by the auditor to ensure it was acceptable. Each client's medical record was measured against the following outcomes:

- Has the client ever injected a drug?
- Has the client gotten any unlicensed tattooing or piercing?
- Was the client given hep C preventive advice?
- Was the client offered or advised to get a hep C test?
- Has the client ever had sex (vaginal, oral or anal)?
- Has the client had an STI test in the last 12 months?
- Was the client given STI preventive advice?
- Was the client offered or advised to get an STI test?

Results: Results of the medical records audit will be presented at the conference. Feedback will be given to the headspace service as part of a quality improvement exercise and a follow-up audit will be completed in 2015.

Disclosure of interest statement: None to report

POSTER NUMBER 42

EVALUATION OF A COMMUNITY DEVELOPED ABORIGINAL SEXUAL AND REPRODUCTIVE HEALTH EDUCATION RESOURCE: THINK ABOUT THE CHOICES YOU MAKE DVD.

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Background: Aboriginal adolescents experience sexually transmitted infections (STI) at a greater rate than non-Aboriginal adolescents. As a way to address this Hunter New England (HNE) Population Health adapted the internationally accredited Making Proud Choices sexual and reproductive health education package for use in a rural community in NSW with a high percentage of Aboriginal people. In the adaptation Aboriginal sexual and reproductive health workers identified the lack of a culturally appropriate audiovisual resource for Aboriginal young people. As a result, the *Think About the Choices You Make* DVD was created.

Think About the Choices You Make is a sexual and reproductive health education DVD appropriate for use by Aboriginal health workers, youth workers, teachers and other health professional working with Aboriginal people. The DVD has been approved for use by NSW Health.

The 12 minute DVD portrays how a group of Aboriginal teenagers deal with the possible consequences of unprotected sex, including STI and unplanned pregnancy.

Aim: The aim of the DVD is to increase Aboriginal adolescent's sexual and reproductive health knowledge and attitudes.

Method: A pre-post study design will be undertaken to identify if there is an increase in Aboriginal student's sexual and reproductive knowledge and attitudes. The study will also identify if there is an increase in knowledge and attitudes in non-Aboriginal students. The evaluation is to be conducted in June/July 2014 with approximately 100 Aboriginal and non-Aboriginal year 9 to 10 school students in the HNE region.

Results: Results from the pre-post evaluation will be presented.

Conclusion: The DVD may be a very valuable resource for Aboriginal health workers, youth workers, sexual health workers and teachers when working with Aboriginal and non-Aboriginal teenager. A broader systematic dissemination strategy will be identified if the evaluation is found to be positive.

Disclosure of Interest Statement: No disclosure required

POSTER NUMBER 43

'GAY FRIENDLY GP' LIST – ENHANCING PRIMARY CARE MODELS FOR MEN WHO HAVE SEX WITH MEN (MSM)

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Background: MSM in Australia are disproportionately affected by sexually transmissible infections (STIs) including HIV. General Practitioners (GPs) play an important role in STI testing and diagnosis. It is important for gay men to feel comfortable when visiting GPs; especially as consultations present an opportunity to discuss sexual health. A 'Gay Friendly GP List' was developed to inform gay men of alternative GP options. However, the term 'gay friendly' appeared highly subjective and ambiguous to most. Development and implementation of this list presented several challenges.

Method: ACON recruited eighteen community members, over 18 years old, who had a recent (within the last six months) consultation with a GP. In November 2013, three focus group discussions with 18 participants were conducted.

Results: A qualitative analysis was undertaken of data collected from the three focus groups. The three most important qualities that group members identified as being from a 'gay friendly GP' included; firstly that they had a comprehensive knowledge of factors affecting gay men's health, secondly that they had an understanding of gay culture and coming out issues and thirdly that they had adequate interpersonal communications skills in order to be able to address challenging issues appropriately.

Recommendations proposed by the group to improve the program included; considering the assessment of GPs who self-elected to be on the list to ensure consistency, offering online training for GPs in health issues concerning gay men, developing a feedback mechanism and considering greater promotion of the program on social media and in the gay press.

Conclusion: The development of a gay friendly GP list would appear to meet the needs of MSM who are seeking a primary care provider that understands the needs of this group. Further development of the recommendations will assist in further enhancing primary care referral pathways.

POSTER NUMBER 44

RECENT TESTING FOR HUMAN IMMUNODEFICIENCY VIRUS HAS INCREASED MODESTLY AMONG MEN WHO HAVE SEX WITH MEN BETWEEN 2003 AND 2013 IN MELBOURNE, AUSTRALIA

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Background: Men who have sex with men (MSM) are the most affected by the human immunodeficiency virus (HIV) in Australia. Increasing the frequency of HIV testing is crucial to prevent the transmission of HIV. We investigated trends in HIV testing among MSM in Melbourne, Australia.

Method: A retrospective study was conducted using electronic medical records of MSM who attended Melbourne Sexual Health Centre between 2003 and 2013. Jonckheere–Terpstra tests were conducted to investigate trends over the study period in the self-reported time since the last HIV test. Factors associated with HIV testing including year, demographic characteristics and sexual practices were examined in multivariate logistic regression analyses.

Results: Of the 13,489 MSM included, the proportion who had an HIV test in the last 12 months among those ever tested increased from 43.6% in 2003 to 56.9% in 2013 (adjusted ptrend=0.030). The median months since the last HIV test decreased from 19 months (interquartile range (IQR) 6–42) in 2003 to 10 months (IQR4–24) in 2013 (ptrend<0.001). The proportion of high-risk MSM (reported unprotected anal intercourse and/or >20 partners in 12 months) who had an HIV test in the last 12 months did not change (ptrend0.242) despite a decrease in median months (13 months (IQR5–34) in 2003 to 10 months (IQR3–22) in 2013; ptrend<0.001). MSM who have sex with women are less likely to have an HIV test in the last 12 months than those who have sex with men only (adjusted odds ratio=0.69, 95% confidence interval=0.61–0.77, p<0.001).

Conclusion: Among MSM, the median months since the last HIV test decreased and the proportion tested in the last 12 months increased modestly over time. Multiple initiatives that target MSM, particularly those at high-risk, will be required to substantially increase HIV testing rates to levels necessary to reduce HIV transmission among MSM.

POSTER NUMBER 45

CAN WE DO IT IN BUNNINGS? SEXUAL HEALTH PROMOTION AND STI SCREENING FOR ADOLESCENT MALES

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Introduction: Young men are vulnerable in regard to sexual health. Chlamydia rates continue to rise and are highest in those under 25. Rates for women remain significantly higher than men suggesting a large undiagnosed male population. Young men attend general practitioners (GPs) less often than women and when they do are three times less likely to be tested for chlamydia. Despite being an at-risk group the voices of young men are largely absent from discussions around sexual health promotion.

Method: One-on-one semi-structured interviews were conducted with male TAFE students aged 16–18 years until data saturation was reached. Interviews were audio-recorded, transcribed and thematically analysed.

Results: The young men were uninformed about sexual health and were largely unaware of this. They were misinformed about what is involved in testing for sexually transmitted infections (STIs) and who might need this. GPs visits were perceived as a last resort and were reserved for consultations about symptoms, specifically those perceived as serious or of a long duration. They were unlikely to visit a GP for the purposes of testing or information seeking. Other barriers to accessing primary health care included privacy concerns, embarrassment, dependence on parents to make appointments and a dislike of waiting. The young men were open to more sexual health education and further opportunities for STI screening but only if it were provided in an acceptable and relevant form and forum. They offered novel ideas for the provision of sexual health information.

Conclusion: The unique status of adolescent males as they transition from dependent to independent and from immaturity to maturity must be considered in the provision of sexual health information and testing. For health promotion strategies targeting adolescent males to be successful they will need to be provided in a form and forum that is relevant to them.

Disclosure of Interest Statement: None.

POSTER NUMBER 46**THE LABIA LIBRARY: A UNIQUE HEALTH PROMOTION RESOURCE TO INCREASE KNOWLEDGE OF FEMALE GENITAL DIVERSITY**

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Introduction: Female genital cosmetic surgery is a growing trend in Australia. This is related to a lack of awareness about the natural diversity of female genitals. Women's Health Victoria has developed The Labia Library to provide women with information and advice about genital diversity.

Method: Women's Health Victoria developed an Issues Paper to explore female genital cosmetic surgery in Australia. This demonstrated the need for a health promotion resource that highlighted the extent of female genital diversity.

We developed a website, The Labia Library, to equip women with information about the diversity of women's genitals and to support positive genital body image. The website was developed with input from young women and health professionals from general practice, gynaecology, and psychology. Visitors to the website are invited to complete a short, online survey.

Results: The Labia Library addresses common concerns and provides advice to women on issues like labia size and shape. The website also features a photo gallery that shows images of 20 real vulvas from two different angles.

Since launching in September 2013, The Labia Library has been viewed over 280,000 times. The website receives between 1,200 and 2,000 hits per day, and 30.5% of page views originate within Australia.

There have been 3,278 respondents to the survey: 96.3% of respondents reported that they found The Labia Library to be useful; 90.0% of respondents reported increased knowledge of genital diversity. Direct feedback suggests that women are using The Labia Library as a tool to allay concerns they have about their labia and, as a result, are avoiding costly and invasive genital cosmetic surgery.

Conclusion: The Labia Library is a comprehensive health promotion resource for both women and health professionals. It can inform future health promotion interventions on genital diversity and address emerging concerns related to genital body image.

Disclosure of Interest Statement: The Labia Library was developed with a grant from the Victorian Women's Benevolent Trust. Women's Health Victoria also acknowledges the funding support of the Government of Victoria.

Photographs included in The Labia Library are reproduced with kind permission from Show Off Books. Photographs are taken from the book I'll Show You Mine. Photographer: Katie Huisman. Photographs © 2011 Show Off Books. All rights reserved.

POSTER NUMBER 47

SCREEN AND INTERVENE: DRUG USE IN A SEXUAL HEALTH CLINIC

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Background: Few data describe prevalent drug use in general sexual health clinic populations. Most published data is limited to HIV positive or MSM populations, or single drug use. There are also very limited data describing brief interventions (BI) for drug and alcohol (D&A) use, or client acceptability of screening in this setting.

Method: Consecutive asymptomatic clients aged 18 years or more attending a sexual health clinic were screened using the WHO Alcohol, Smoking and Substance Involvement Screening Test (ASSIST) and those determined to be at moderate to high risk of adverse events were offered the linked BI. Clients provided feedback using a 2 question 5 point Likert scale. Stata 12.0 was used to analyse simple descriptive statistics.

Results: The mean age of 158 respondents recruited was 28.3 years (range 18–66, SD 8.41) and 62% were male (n=98/158). Nearly half (49%, n=77) had used tobacco in the last 3 months, almost one third (32%, n=51) and most (96%, n=152) had used alcohol. 9% (n=14) had used amphetamines. Moderate to high risk tobacco use was identified in 55 (35%) respondents, 36 (23%) alcohol, 26 (16%) cannabis and 8 (5%) amphetamine users.

Nearly half respondents were eligible for an intervention (45%, n=71). 25% (n=41) clients received a BI. 24 eligible clients refused. The average time taken to complete the survey and intervention was 4.8 minutes (SD 2.03).

Client feedback (n=99) indicated 93% of clients were comfortable doing the survey and 80% thought it should be part of the clinic's routine service.

Conclusion: Data show high levels of current harmful D&A use among general sexual health clinic attendees, well above national population levels. Asymptomatic clients are comfortable being assessed for D&A use and value it as part of the clinic service. Sexual health clinics offer a unique opportunity to screen and intervene for D&A use.

There are no competing interests.

POSTER NUMBER 48**“MEN OUT WEST ” SEXUAL INFECTIONS IN OLDER MSM IN WESTERN SYDNEY**

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Introduction: The Nepean sexual health clinic introduced two key initiatives to promote sexual health screening in men who have sex with men (MSM) and bisexual men (BSM). A male sexual health nurse (MSHN) and the only publically funded male sexual health clinic in Western Sydney – The Men Out West clinic (MOW). We describe the first two years of this project.

Method: A retrospective case note review of all MSM and BSM (lifetime same sex and opposite sex partners) attending the Nepean sexual health clinic since the appointment of a MSHN (Jan 2012) and the introduction of the MOW clinic (June 2012) till June 2014 .Clients demographic profiles, risk exposure, sexually transmitted infections (STI) were obtained from the electronic patient record and analyzed on an access database.

Results: A total of 666 MSM with average age of 34 years attended clinic during this period, a significant increase of about 45% in number of clients compared to previous three years before MOW. 87% of these MSM were new clients.

There was bimodal age distribution of MSM with 42% aged between 20–29 and 22% from 40–54 age group. Approximately 2/3 were Caucasians, 27(4%) were Indigenous.

75% of clients were bisexual (449 reported having partners of opposite sex in the past 12 months), 21% had exclusive same sex partners, and 8.8% were IDUs.

There were 24 new HIV diagnoses, over 2/3 of them were asymptomatic, 133 new STIs (Chlamydia 24%, Gonorrhea 20%, HPV 15%, Syphilis15%, Herpes genitalis 9%).

Conclusion: The first tailored sexual health service, delivered by male only staff for MSM and BSM has resulted in a dramatic increase in attendances. It has attracted mainly Anglo BSM who may not have accessed mainstream STI testing and health promotion services.

Disclosure of Interest Statement: No disclosures

POSTER NUMBER 49**H3 EXPRESS: GETTING YOUNG PEOPLE TO PASS SEXUAL HEALTH MESSAGES THROUGH MUSIC, DANCE AND SPOKEN WORDS**

Coelho A & Neophytou K

Background: More than half of Victoria's humanitarian entrants are 25 years old or younger upon arrival. Most of these young people have little awareness of sexual and reproductive health. The H3 Express project provides an opportunity for the young people to learn about blood borne viruses (BBV) and sexually transmissible infections (STIs) and use their creativity to pass this knowledge to others through hip hop, dance, music and spoken word in a live performance.

Objective: The key element of this peer-led project is training the young people promoting their self-determination in preventing BBV/STI. The guiding pillar for the project is the right of expression for young people (Article 13 of Convention on the Rights of the Child).

This year MHSS has introduced H3 Express Ambassadors, young people who will support the performers and have direct decision-making capabilities in regards to project. The Ambassadors will act as peer advocates regarding sexual health beyond the event.

Activities: The young people are provided with the opportunity to share their understandings and messages of BBV/STI prevention in a live performance coinciding with AIDS 2014 conference in Melbourne. These performances will be recorded and a dissemination plan developed.

POSTER NUMBER 50

ARE “HOTSPOTS” STILL “HOT”? ONLINE SURVEY AMONG YOUNG URBAN MSMS IN PHILIPPINES SUGGEST OTHERWISE.

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Introduction: In HIV prevention, outreach is usually conducted in “hotspots” defined as cruising areas where MSMs and their partners usually meet or hangout. Common hotspots include parks, bars, and cinemas. Outreach work and site visits are often targeted in these areas. However, the changing pattern of sexual networking, especially with the increase in internet use begs the question, are the traditional “hotspots” still “hot”? Should hotspots still be the target areas where outreach has to be conducted? This study presents an examination of the “hotspot phenomenon” with data from an online survey among young, urban, relatively affluent MSMs in the Philippines.

Method: An online research survey with 12 key questions was uploaded into a handheld ICT-based device. 413 clients answered the survey as they attended key events or visited the clinic of a local MSM-TG NGO.

Results: For the question “ Have you been approached by someone before (e.g. volunteer or peer educator) to discuss HIV-AIDS, STI, and related topics?”, the majority of the respondents replied “No” (– N=392 or 95%) while only 21 respondents or 5% replied “Yes” . This means that young MSMs with age range of 18 to 41, and mean age of 27.78 have not experience field counseling/outreach on HIV. This group does not frequent the usual hotspots such as parks and bars, where outreach takes place. Hence, for this group, the majority of HIV-AIDS information is accessed through the internet.

Conclusion: Filipino young urban MSMs in the survey have never been to traditional “hotspots” where they were accessed by peer educators and outreach workers. Hence, we need to further explore the details of the approaches to Face-to-Face Counseling currently in use in various programs. Specifically, re-think the concept of “hotspots” which do not seem to apply anymore to young MSMs in the “internet age”.

Disclosure of Interest Statement: No pharmaceutical grants were received in the development of this study.

POSTER NUMBER 51**RISKY BEHAVIOURS, OR NOT? SEX AND THE MINING BOOM**O'Mullan C¹, Debattista J² & Browne M¹¹CQ University, Bundaberg, Australia; ²Metro North Public Health Unit, Brisbane, Australia

Background: Information about sexual risk taking behaviours amongst those working in the mining industry is anecdotal at best. Particular notifications of heterosexual HIV transmission amongst men have fuelled speculation about sexual risk taking amongst the 'Fly -In, Fly Out' (FIFO) workforce, despite no evidence of a causal relationship. This study explored sexual risk taking behaviours and perceptions of risk amongst a cohort of residential and FIFO miners working in Queensland.

Method: A cross-sectional survey was administered face to face and online using a number of different recruitment strategies. The 49 question survey contained questions relating to knowledge, attitudes and behaviour and included demographics and specific items related to sex and relationships. Questions included type and frequency of sexual relationships, type and number of partners, condom use, sexual experience overseas, payment for sex, testing for sexually transmitted infections and HIV, reasons for undertaking a test, diagnosis with an STI, self report of symptoms suggestive of an STI, perceived risks and concern of becoming infected.

Results: Data were analysed from 444 completed surveys. The majority of respondents were FIFO workers (n=333) and mean age was 38 years (SD=11.68) A bivariate correlation found FIFO status was not associated with differential sexual risk taking behaviours, except for an increased probability of reporting ever being diagnosed with an STI; 10.8% of FIFO respondents versus 3.6% of others ($\chi^2(1)=4.43, p=.035$).

Conclusion: Whilst some form of risk categorisation is useful for the design and delivery of sexual health programs and services, this study suggests it would be costly and unwarranted to assume sexual risk taking is higher in FIFO workers. Miners are not a homogenous group, and further research needs to be undertaken to understand contextual and relational factors which have the potential to influence sexual behaviours amongst this group.

Disclosure of Interest Statement: This study has been funded through Queensland Health.

POSTER NUMBER 52

“DON'T START TALKING ABOUT HIV” – THE ONLINE APPROACH TO PROMOTE SEXUAL HEALTH AND RIGHTS FOR YOUNG GAY, BISEXUAL MEN AND OTHER MSM IN INDONESIA

Setia Perdana

Media department coordinator GWL-INA

Background: Young MSM in Indonesia faced a rising HIV prevalence (4% in the 15–19 and 7% in the 20–24 years age) . But the coverage of the programs are still remain low. Stigma and the lack of understanding on Sexual Orientation & Gender Identity had been affected to the self-stigma and become one of the barriers in advocating for their rights. Although Indonesia is one of the largest social media user in the world, but it's still not optimally used to reach young MSM . GWL-INA established an online platform to provide knowledge about sexuality, to reduce self-stigma and increase health seeking behaviors among young MSM. It's named Brondongmanis.com

Method: Brondongmanis.com offers 65% of sexuality knowledge, included relationship and social interaction to improve self-acceptance, 35% of health education to influence health seeking behaviors. It integrates the popular social medias with the website. 20 postings of daily updates posted in social media and the website publishes 25 content of articles every month. This platform is linked with the MSM friendly health clinic to make HIV testing accessible.

Results: With a low cost under 10.000 \$, Brondongmanis.com engaged 161,000 visitors and centered at some big cities between January 2012 to March 2014. The three top viewed informations are Healthy behaviors, Sexuality and culture, Relationship. A group discussion with Brondongmanis.com's respondents in 2013 showed that this platform helps them to understand their identity clearly and interact with the MSM community. Some respondents also feel encouraged to practice safer sexual behaviors and get HIV & STI test in some clinics affiliated with the website.

Conclusion: Brondongmanis.com is a low cost effective approach to reach young MSM in Indonesia and help them to clearly understand their identity and encourage HIV & STI testing.

Disclosure of Interest: The author of this abstract presentation has support in implementing the project from Hivos, through HIVS-GDT program. The terms of this arrangement have been reviewed and approved by the GWL-INA National network in accordance with its policy on objectivity in the project.

POSTER NUMBER 53

ASSOCIATIONS WITH LATE MATERNAL HIV TESTING AND LATE HIV TESTING AMONG EXPOSED INFANTS, HO CHI MINH CITY, VIETNAM, 2007–2011

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Background: Timely HIV testing among pregnant women and exposed infants is essential for early antiretroviral therapy to improve maternal and infant health outcomes.

Method: We conducted a retrospective cohort study among HIV-infected mothers and their exposed infants born 2007–2011 in Ho Chi Minh City (HCMC), Vietnam. Data were abstracted from medical records at all ten prevention of mother-to-child transmission (PMTCT) sites and both pediatric HIV outpatient clinics (OPCs). Maternal and infant records were linked by maternal HIV testing code. Late infant testing was defined as a DNA polymerase chain reaction (PCR) test conducted >14 days after the first scheduled appointment; recommended age for infant testing changed from 8–6 weeks during 2007–2011.

Results: Among 2,068 infants registered at pediatric OPCs and with linked maternal PMTCT data, 2,059 (99.6%) received PCR tests. Twenty-eight percent of infants' mothers were diagnosed with HIV at labor and delivery (L&D); 87% received antiretroviral prophylaxis or treatment (ART). Median age at PCR testing was 55 days (range, 43–65); 17% of infants were tested late. Median age at testing decreased from 62 to 39 days during 2007–2011 (p-value <0.05). Infants with unemployed mothers were more likely to be tested late than infants with employed mothers (crude OR=1.33, 95% CI= 1.04–1.77). No associations were identified between late infant PCR testing and timing of maternal HIV testing, education, antiretroviral use, or residence. Women living outside HCMC or unemployed were 70% (crude OR=1.7, 95% CI= 1.30–2.09) and 53% (crude OR=1.53, 95% CI= 1.25–1.87) more likely to be tested at L&D than in ANC, respectively.

Conclusion: More than 15% of HIV-exposed infants received PCR testing were tested late. Maternal unemployment was associated with late infant testing, and residence and unemployment were associated with late maternal HIV testing. Targeted interventions for unemployed women and improved ANC testing for women outside HCMC are needed.

POSTER NUMBER 54

IMPROVING STUDENT SEXUAL WELLBEING AT UNSW AUSTRALIA

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Introduction: Sexual wellbeing is a complex topic to address on campus, given the sensitive nature of the topic and the social and ethnic diversity of Australian university students.

Consultation with UNSW Australia staff identified that sexual wellbeing issues can have a negative effect on the overall wellbeing of students and affect their achievement.

The UNSW Sexual Health Working Group developed and implemented the Love Sex? Love Condoms! (LSLC) chlamydia info-booth targeting students and a Forum on sexual wellbeing targeting academic and support service staff.

Method: A post-event questionnaire gathered information from students volunteering at the Info-Booth on the usefulness of the games and resources in engaging students.

Pre- and post Forum questionnaires were distributed to Forum participants to assess their level of knowledge on sexual health issues facing students and confidence in engaging students in conversation about these issues.

Results: In total 20 volunteers completed the questionnaire, 13 were female and 5 were international students.

Ten volunteers (50%) rated the Info-Booth as good, 6 volunteers (30%) as very good and 4 volunteers (20%) as excellent. Over 80% of volunteers indicated that the games were useful in engaging students and the amount of resources was adequate.

Twenty four participants completed the post-Forum questionnaire. The post-Forum questionnaire showed the Forum contributed to a significant increase in knowledge of sexual health issues facing students (from 42.9% pre-Forum, to 83.4% post-Forum), confidence in engaging students in conversation about these issues (from 52.3% pre-Forum to 92% post-Forum).

Conclusion: The evaluation has suggested that:

- The Info-Booth was successful in engaging students, raising awareness and distributing a significant number of sexual health resources.
- The Staff Forum was successful in addressing the needs of staff.
- Ongoing multifaceted sexual health promotion activities need to be implemented in UNSW Australia to address the sexual health needs of students.

Disclosure of Interest Statement: Nothing to disclose.

POSTER NUMBER 55

USE OF LOCATION BASED MOBILE APPLICATION GRINDR TO INCREASE MSM TESTING RATES IN NORTHERN SYDNEY, AUSTRALIA

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Background: Grindr is a geo location smartphone application popular amongst men who have sex with men (MSM) to find sexual partners. In December 2013, Clinic 16 initiated a 6-month pilot study to assess if testing rates among MSM increased by placing direct advertising on Grindr in order to educate users about testing services in their area.

Method: The methods used to assess this intervention included; measuring the number of individual website hits created by users clicking through from the application; analysis of self-reported registration data and by the comparison of MSM client data including comparison with the same period for the previous 5 years.

Results: Since the start of the intervention the Clinic 16 website (www.clinic16.com.au) has received 11,799 unique hits from the application; 36 clients self-reported that they had found out about our service from Grindr and there has been an increase in attendances of MSM clients by 35.7% (n=513) compared with the same period for the previous year (n=378). There was also a 39.7 % increase compared with 5 year mean attendances (n=340), seasonally adjusted for this period. HIV testing rates amongst MSM also increased 38.9% (n=378) compared to the previous year (n=272), reflecting the increased attendance of patients at the service.

Conclusion: The results of this pilot study suggest that Grindr is effective as a means of increasing attendance and STI/HIV testing rates amongst MSM in Northern Sydney. As well, our data may underestimate reporting by MSM if Grindr was their referral source, due to embarrassment.

Disclosure of Interest Statement: North Shore Sexual Health Service and the HIV and Related Programs Unit of Northern Sydney Local Health District are funded by the NSW Ministry of Health.

POSTER NUMBER 56

“HOW DO I MANAGE IT?” EVALUATING THE PARTNER NOTIFICATION ATTITUDES AND PRACTICES OF AUSTRALIAN GENERAL PRACTITIONERS: A MIXED METHODS ANALYSIS

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Background: Partner notification (PN) is an integral component of chlamydia control, and the majority of cases of chlamydia are diagnosed in general practice. This mixed methods analysis investigates the chlamydia PN attitudes and practices of Australian general practitioners (GPs).

Method: Quantitative and qualitative data collected as part of the Australian Chlamydia Control Effectiveness Pilot (ACCEPt) were analysed. The chlamydia PN attitudes and practices of participating GPs were examined at recruitment using a questionnaire and semi-structured interviews.

Results: 649 GPs (382 male, 267 female) completed questionnaires (response rate = 65%) and 44 GPs were interviewed. All questionnaire respondents (99.5%) usually or always encouraged patients to notify partners after a chlamydia diagnosis. Less than two thirds of GPs (59.4%) reported offering to notify partners on behalf of patients. More than half (59.5%) had requested assistance with chlamydia PN from government health departments, and some interview participants believed it was the responsibility of health departments. Many interview participants felt that managing PN was time-consuming, and some didn't view chlamydia PN as crucial compared to "more serious" STIs. Only half (49.7%) of surveyed GPs had directed patients to a website for information or assistance with PN and many interviewees were unaware of the existence of such websites. 43.8% of GPs reported using patient-delivered partner therapy (PDPT) for chlamydia at least occasionally.

Conclusion: Many GPs are using PDPT at least occasionally, suggesting that it is an acceptable practice in chlamydia control despite the fact that medico-legal barriers exist in most Australian jurisdictions. Incorrect assumptions that health departments routinely undertake PN for chlamydia suggest that GPs require additional training and clarification of their own role in chlamydia PN. GPs are infrequently using websites to assist patients with PN and further promotion of these websites is needed.

Disclosure of Interest Statement: ACCEPt was commissioned and funded by the Australian Government Department of Health and Ageing. Additional funding has been received from the National Health and Medical Research Council, the Victorian Department of Health and NSW Health.

POSTER NUMBER 57**SEXUAL HEALTH OF MANDARIN SPEAKING CLIENTS IN WESTERN SYDNEY**

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Introduction: The Western Sydney Local Health District serves a culturally and linguistically diverse (CALD) population with high rates of immigration. Opportunistic attendance by sex workers (SW) or symptomatic clients without an available interpreter may result in sub optimal care. A new mandarin clinic (MC) was introduced with onsite health interpreters (OHI)

Method: A retrospective case note review of all clients who attended the MC between January to May 2014. Rates of attendances, numbers of clients screened and sexually transmitted infections (STI) diagnosis, hepatitis B virus immunity, were obtained from the electronic patient record and case file analyzed on an access database. Additional information on sex work (SW), time spent in Australia and utilization of OHI was noted.

Results: A total of 81 episodes of clinical care (including telephone consultations), comprising 54 women (59% were 36 years or older) and 17 men (47% were aged over 36 years) .70/81(86.4%) episodes involved OHI, 33% consultations lasting more than 45 minutes. 18/71(25.4%) were new attendees to the service. 37/81 (45.7%) episodes related to SW. 11/36 (30%) SW were diagnosed with a STI including 11% with chronic HBV, 5/36 (14%) had been in Australia less than six months when documented; 10/36(28%) had been a SW for less than one year at the time of consultation.

Conclusion: This cross sectional review of mandarin speaking clients attending a tailored service reveals high rates of STI and chronic HBV. Mandarin speaking SW may not access resources prior to work or be aware of STI prevention strategies. The significant resource issues in terms of health care provider time and OHI usage is justified in accessing this CALD population.

Disclosure of Interest Statement: No disclosures

POSTER NUMBER 58

TAKING CARE OF ME

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Introduction: The policy for all Victorian government schools requires sexuality education to be included in the curriculum and taught from Prep to Year 10. Despite this a 2008 study involving almost 3,000 Australian students in Years 10 and 12 found that STI knowledge is relatively poor (Smith, Agius, Mitchell, Barrett & Pitts, 2009).

The 2008 study found that 70 per cent of Year 10 students reported having already experienced some form of sexual activity (Smith et al, 2009).

In 2010 a local, Shepparton, inter-agency partnership developed a sexual health promotion strategy 'Taking Care of Me' which is designed to raise sexual health awareness and knowledge in local secondary school students. It was funded by the Sexual Health and Diversity Enterprise (SHADE) community grants program through Family Planning Victoria.

The target group is Year 9 students as it complements the curriculum at this level with the opportunity for such information to be reinforced in the classroom. Topics covered included:

- STIs and Blood borne viruses (BBVs)
- Pornography
- Contraception
- Condom use
- Respectful relationships
- Sex and the Law

This program has now been delivered for 4 years and evaluation via student feedback has been positive.

All state secondary schools in the Shepparton and Mooroopna area participate, which includes Aboriginal and Torres Strait Islander (ATSI) students and those from culturally and linguistically diverse backgrounds (CALD). Delivery of the program has expanded into neighbouring towns.

Results: It was found that 95.3% of respondents believed 'Taking Care of Me' had provided them with a greater understanding of topics associated with sexual health.

The initial post-program survey revealed 89.5% of respondents felt the program should continue.

Conclusion: The 'Taking Care of Me' program is successful in engaging the target group and provides an effective model for the acquisition of sexual health knowledge.

POSTER NUMBER 59

POST-GRADUATE SEXUAL HEALTH NURSING EDUCATION:
WHAT DO THEY WANT AND WHEN DO THEY WANT IT?

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Introduction: Specialist post-graduate nursing degrees dedicated to the study of blood-borne viruses (BBVs), sexual health and/or hepatology do not exist in Australia, despite these being considered domains of specialised nursing practice.

The Australasian Society for HIV Medicine (ASHM) evaluated the demand amongst Australian nurses for postgraduate education in BBVs, sexual health and/or hepatology. Support was provided by the Australasian Hepatology Association (AHA), the Australasian Sexual Health and HIV Nurses Association (ASHHNA) and the University of Sydney.

Method: An electronic survey was developed and disseminated throughout the networks of ASHM and supporting partners between November 2013 and February 2014. The survey aimed to gather data on the learning needs of nurses and their capacity to undertake post-graduate education.

Results: In total, 265 nurses completed the survey. Over 80% (n=212) of respondents were experienced nurses with over 10 years experience. The majority of respondents (58%; n=147) considered that there were insufficient post-graduate nursing education opportunities for nurses, however only 44% (n=106) had enrolled in post-graduate education (mainly Graduate Certificate and Masters level) in the previous 5 years, with an additional 30% (n=79) having considered the option. Of those who had not enrolled in the previous 5 years, only 10% (n=26) indicated they would not consider undertaking post-graduate education. The opportunity to expand professional skills was the key driver for enrolment, while the barriers were often multiple, with financial obligations (78%, n=207), time commitment (71%, n=188), and limited recognition or reward for undertaking post-graduate education (38%, n=101), being identified as the key issues.

Conclusion: There is considerable interest amongst Australian nurses in undertaking post-graduate education in BBVs, sexual health and/or hepatology nursing. Many nurses are enrolled in the available post-graduate education, despite it not being in their specialty area. Financial and time commitments are the main barriers, while limited recognition is also identified as an obstacle.

Disclosure of Interest Statement: The funding for this ASHM project was provided by the Department of Health and Ageing. No pharmaceutical grants were received to undertake this project.

POSTER NUMBER 60**RETROSPECTIVE AUDIT TO ASSESS THE EFFICACY OF A CLINICAL PROTOCOL TO IMPROVE NPEP COMPLETION AND FOLLOW-UP RATES**

White K A

Gold Coast Sexual Health Service & O'Sullivan M F Gold Coast Sexual Health Service

Background: The Gold Coast Sexual Health Service (GCSHS) completed two clinical audits during 2001–2007 and 2011 to examine patient adherence to nPEP follow-up guidelines. These audits found that completion and follow-up rates were low with rates no higher than 50%. Consequently the GCSHS developed a clinical protocol to improve attendance which involved implementing an active recall system (e.g., SMS and email reminders). The purpose of this study was to examine the effectiveness of this protocol by comparing completion and follow-up rates across the three audit points.

Method: A retrospective chart review of patients who presented for nPEP over a 6 month period was undertaken.

Results: 28 men (80%) and 7 (20%) women attended the GCSHS for nPEP during the months of March to August 2013. All participants were aged between 19 and 63 years (M = 33years, SD = 12 years) and approximately two-thirds identified as being men who have sex with men (MSM) (63%). This demography was consistent with this services client profile and previous audits thereby permitting comparisons.

71% of participants completed nPEP in 2013 which was nearly double the two previous audit points of 2001–2007 (35%) and 2011 (43%). Attendance at day 30 was also higher at 69% for 2013 compared to previous audits (52% and 25% respectively). as was 90 at 46% for the current audit compared to 38% and 18% respectively for previous audits.

Conclusion: These results highlight the efficacy of protocols which improve client completion and follow up of HIV preventive measures such as nPEP. Treatment as prevention including nPEP and PREP need to be considered in the real world setting where compliance is less than ideal.

POSTER NUMBER 61**RETROSPECTIVE AUDIT TO ASSESS THE EFFICACY OF NEW EXPRESS MODELS OF CARE TO IMPROVE RATES OF SCREENING IN ASYMPTOMATIC CLIENTS.**

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¹ Gold Coast Sexual Health Service

Background: With increasing client demand both in numbers and for ease of access, the Gold Coast Sexual Health Service (GCSHS) has adopted new models of service provision which are effective, affordable and sustainable. The services are administration lead. Clients can attend at anytime during clinic opening hours and on average spend these than 10 minutes in the clinic. Since the initial introduction of the express screening for heterosexual people in 2013, the service has expanded to a screen for men who have sex with men. The express services are based on self collected specimens with phlebotomy as indicated being provided by clinical staff. Client satisfaction surveys have been conducted to ensure this need is being meet in both a timely and appropriate manner.

Method: A retrospective audit of the Sexual Health Information Package (SHIP) of people who accessed the express services at the GCSHS will be conducted. A client satisfaction survey from these clients will also be presented.

Conclusion: Express screening of asymptomatic clients is feasible within a traditional sexual health clinical setting. Number trends and positivity rates will be presented.

The service is acceptable and responds to the needs of key target populations especially youth and men who have sex with men. Express screening balances the increased needs of clients with the reality of resource limitation within a clinical setting.

POSTER NUMBER 62

IMPROVING ACCESS TO SEXUAL AND REPRODUCTIVE HEALTH INFORMATION AND CARE FOR ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLE AGED 15–29 RESIDING IN VICTORIA. A SUMMARY OF CLOSE THE GAP FUNDED HEALTH PROMOTION PROGRAMS DEVELOPED AND DELIVERED BY THE WULUMPERI UNIT AT MELBOURNE SEXUAL HEALTH CENTRE.

Whitton B¹, Kinsey R¹, Greet B¹, Sutton K¹

¹ Melbourne Sexual Health Centre

Background: Aboriginal and Torres Strait Islander (ATSI) people aged 15–29 experience high chlamydia and hepatitis C infection and unplanned pregnancy rates nationally.

The Wulumperi ATSI Unit developed three innovative culturally and educationally peer reviewed health promotion programs to positively influence sexual and reproductive health knowledge, reduce STIs, BBVs, and decrease unplanned pregnancies for the Victorian Aboriginal Community aged 15–29.

Method: The programs are

1. Young Peoples Sexual and Reproductive Health
2. Sacred Sistas
3. Deadly Dudes

They deliver specific information about chlamydia and hepatitis C transmission, harm reduction messages about safer sex, injecting, tattooing, and body piercing, fertility, pregnancy, contraception and where to access sexual and reproductive health information, screening and treatment services provided by local ATSI and community health organisations.

Young people aged 15–29 participated in the programs. Health care workers from ATSI and community health organisations participated and some were trained to continue sustainable delivery of the programs in the future. Culturally specific sexual and reproductive health resources developed by Aboriginal communities and agencies were sourced and used extensively within the programs. Evaluation of the young people and health care workers after attending the programs measured knowledge of key messages delivered.

Results: After participation most young people identified the risks for acquiring chlamydia or hepatitis C infection or becoming pregnant. Using condoms for contraception and safer sex was identified, as was using clean injecting, tattooing, and body piercing equipment. Participants could identify where to access relevant information and health services in their local area. Healthcare workers indicated a high level of satisfaction with the programs, improved personal knowledge and confidence to discuss sexual and reproductive health issues with young people, and an increased willingness to deliver the programs themselves.

Conclusion: The programs increase knowledge about sexual and reproductive health and health care provision. Continued delivery aims to decrease STIs, BBVs and unplanned pregnancies.

Disclosure of Interest Statement: N/A

POSTER NUMBER 63**THE BOTTOM LINE: GAY MEN, HPV & ANAL CANCER**Wilcock B¹¹ Australian Federation of AIDS Organisations

Background: Human Papilloma Virus (HPV) is the most common sexually transmitted infection and the cause of a range of cancers, including cancers of the cervix, vulva, anus, penis, neck and throat. Men who have sex with men (MSM), and particularly HIV-positive MSM, are at significantly increased risk of developing HPV-related anal cancer, compared to the general population. There is still much to be learnt about anal cancer, and there are several areas that need to be addressed in order to improve prevention and treatment (including improved access to vaccination and testing services). However, it is important that these men are aware of the issues and learn what they can do now.

Method: The Australian Federation of AIDS Organisations (AFAO) developed a health promotion campaign to inform gay men and other MSM about HPV and the diseases it can cause, specifically anal cancer. 'The Bottom Line' campaign provides information on prevention (including vaccinations) and screening options for anal cancer. It also provides information, including personal stories, on treatment and management for men who have been diagnosed with anal cancer.

Results: The campaign is being implemented nationally by AFAO through its state and territory member organisations and other community-based HIV agencies, and has also utilised national and state-based cancer organisations for its promotion. The campaign has been promoted to clinicians, particularly to HIV specialists, as one of the tools to raise their awareness of both the issue of anal cancer amongst MSM and the screening options and training requirements.

Conclusion: The development and implementation of this campaign demonstrates the benefits of strategically engaging and collaborating with other areas of the health sector to address emerging health issues such as anal cancer.

Disclosure of Interest Statement: The website and campaign was developed by AFAO with the support of an unrestricted educational grant from bioCSL. Complete content and design control remained with AFAO, with no input from bioCSL.

POSTER NUMBER 64

“IT OPENED MY EYES” – GPs’ OPINIONS ON THE AUSTRALIAN CHLAMYDIA CONTROL EFFECTIVENESS PILOT (ACCEPT)

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Background: Although notifications have quadrupled over the last decade, chlamydia testing rates in general practice remain low. As part of the evaluation of ACCEPt, a randomised controlled trial of an intervention to increase chlamydia testing, participating general practitioners (GPs) were interviewed at recruitment and halfway through the trial (midpoint) to investigate their current chlamydia management practices, barriers and facilitators to chlamydia testing and their thoughts about the ACCEPt chlamydia testing intervention. To facilitate increased testing, GPs in the intervention arm received computer alerts, incentive payments and regular feedback on testing performance.

Method: At recruitment, semi-structured interviews were conducted with 44 GPs purposively sampled from participating clinics prior to randomisation to ensure a representation of GPs. Midpoint interviews were conducted with 23 GPs selected from clinics participating in the intervention arm.

Results: At recruitment, the majority of GPs said they remembered to offer a test when the patient was symptomatic or requesting an STI screen, but few reported testing on the basis of patient age. All GPs recognized that chlamydia was an issue in young people but opinions varied on the importance of the issue. Barriers to offering a test included the lack of time to manage testing, maintaining patient confidentiality and minimizing embarrassment, a lack of funding or resources to support testing and lack of awareness in patients. At midpoint, the majority of GPs (n=15) cited that they would test on the basis of patient age as it reduced the stigma associated with testing. Many GPs cited that feedback, financial incentives and reminders were contributing factors to increasing testing.

Conclusion: GPs report that ACCEPt has been effective at facilitating testing in general practice and has shifted GP thinking from testing only symptomatic patients to testing based on age.

Disclosure of Interest: ACCEPt was commissioned and funded by the Australian Government Department of Health and Ageing. Additional funding has been received from the National Health and Medical Research Council, the Victorian Department of Health and NSW Health.

POSTER NUMBER 65**SEX AND STIS IN THE WEST – CHANGES IN NEPEAN AND BLUE MOUNTAINS SEXUAL HEALTH AND HIV CLINICS SERVICE PROVISION 2003 COMPARED TO 2013**

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Introduction: The Nepean and Blue Mountains Sexual Health and HIV Clinics (NBMSHHC) have provided services to their communities for over twenty years. The profile of sexually transmitted diseases – chlamydia, gonococcus, syphilis, human Papilloma virus and herpes simplex type 2 – continues to change. A review of incidence of these diseases between the years of 2003 and 2013 is presented.

Method: A clinical audit was undertaken of patients and their presentations for five sexually transmitted infections. This was accessed from the services data base. Regression analyses were used to reflect on changes in presentation.

Results: We have looked at five STIs. A review of the trends from 2003 to 2013 profiles is made. Increasing incidences of Gonorrhoea and Syphilis is noted, a decreasing incidence of both Human Papilloma Virus and Herpes Simplex Type 2 is noted, while a Chlamydia trend is less apparent. Further stratifications according to age group and sex will also be presented.

Conclusion: NBMSHHC services continue to adapt and change with community and client needs. Major changes in disease presentation are noted in this ten year period. The service will need to continue to monitor community needs and creatively respond to new challenges.

Disclosure of Interest: There is no conflict of interest to declare.

POSTER NUMBER 66

THE PHILIPPINE PERSPECTIVE ON TRANSGENDER WOMEN TOWARDS DEVELOPING A COMPREHENSIVETRANSGENDER-SPECIFIC HEALTH PROGRAM IN THE PHILIPPINES

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¹ Islands of Southeast Asian Network on Male and Transgender Sexual Health

Introduction: The Philippines do not have localized term to refer to transgender (TG) persons. In fact, the common local terms “bakla”, “bading” and “bayot” are negatively used to refer to TG women. Even the Philippine Integrated HIV Behavioral and Serological Surveillance (IHBS) do not disaggregate data for men having sex with men (MSM) and TG but are lumped together, which creates both a socio-political and behavioral risk issue. Thus, it is important to look at how TG women themselves define and understand the concept of TG in order to provide a context in developing TG-specific health services and HIV prevention programs.

Method: The methods used were facilitating a self-administered questionnaire to forty-six (46) self-identified TG women, and conducted four (4) focus group discussions to TG women members from community-based organizations (CBOs) in Metro Manila, Cebu City and Davao City.

Results: The findings revealed that majority of the respondents/participants, being affiliated with a CBO, defines TG as persons whose gender identity and/or expression does not conform with their sex assigned at birth. Their differentiation of a TG woman from a transsexual (TS) is that the latter is related more to the concept of body modifications (i.e. hormone replacement therapy, collagen injection and implants). Some TG CBOs coined “transpinay”, “transwomen” and “binabae” as a local term for TG women which are useful to reach the unaware Filipino TG women community.

Conclusion: TG-specific health services should include both empowerment of their TG identities and addressing risky behaviors such as “versatile” sexual role and engaging in various forms of body modifications, especially those who self-inject hormones and collagens. In order to identify and target TG women clients in peer education, qualifier questions or criteria can be used but always give the target clients the opportunity to self-identify for self-empowerment – both strategies should complement each other.

Disclosure of Interest Statement: The study was done with support from the ISEAN-Hivos Program through the Philippine NGO Council on Population, Health and Welfare, Inc. The ISEAN-Hivos Program is a multi-country Global Fund Round 10 grant focused on community systems strengthening in four countries in Insular Southeast Asia including the Philippines, Malaysia, Indonesia and Timor Leste.

POSTER NUMBER 67**SMALL SPACE FOR BIG IDEAS; PROMISING RESULTS FOR PEOPLE WHO INJECT DRUGS**

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Introduction: Health ConneXions at Liverpool is a primary NSP (Needle Syringe Program) for PWID (People Who Inject Drugs) in South Western Sydney Local Health District (SWSLHD). In a 2011 Health ConneXions' survey, 41% of clients were either unvaccinated or did not know their hepatitis B immune status. A previous client survey in 2006 indicated strong interest in hepatitis B vaccination if offered at the NSP.

A pilot vaccination program was commenced in January 2013 at Health ConneXions for an eight month period with the following objectives for the PWID cohort: To reduce hepatitis B transmission, to increase Hepatitis B immunisation rates, to improve access to health services in the SWSLHD as the two services are not collocated.

Method: A partnership was formed between SWSLHD services; Drug Health Harm Reduction Program and Community Health Sexual Health Service (clinical and health promotion). An advisory committee was established to oversee the pilot project with one staff member from each service together with a consumer representative.

A Hepatitis B vaccination clinic was established in January 2013. Located in the client area proximal to the reception desk, it ran for a 2 hour period on the same day once a week. It was staffed by an accredited immunisation nurse from the Sexual Health Clinic and supported by Health ConneXions' staff.

Results: A total of 34 clients received at least one Hepatitis B vaccination at the outreach clinic. Of these, 27 were naive vaccinations and 7 received vaccination to complete a previously started course. Four clients have since presented to the Liverpool Sexual Health Service for further vaccination and/or screening following first contact through the vaccination clinic at Health ConneXions.

Conclusion: Even though the vaccination area was small in size and situated in the reception area, this posed no problem in providing the clinical service and did not appear to deter clients from receiving the vaccination. Promotion of the clinic needed to be ongoing as the client group is transient, and was attended out of opportunity rather than planning. Factors which contributed to difficultly recalling clients to return for the next scheduled vaccine and points for consideration if the clinic is maintained will be addressed.

Disclosure of Interest Statement: The authors have not received funding from any source for this research.

POSTER NUMBER 68**WHO ARE THE YOUNG ADOLESCENTS ATTENDING SEXUAL HEALTH SERVICES IN SOUTH WESTERN SYDNEY AND WHAT ARE THE IMPLICATIONS FOR SERVICE DELIVERY?**

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Introduction: Research has shown there is a link between early sexual debut and adverse sexual and reproductive health. We aimed to investigate the socio-demographics, behavioural risk factors and clinical needs of young adolescents attending our clinics; review our clinical practice; and compare this to best practice in the field.

Method: We audited case notes on all clients 14 years and under between 2010–2013, and reviewed current literature, legislation and policy.

Results: Fifty one adolescents 14 years and under were seen; 17 males and 34 females. 22 (43%) identified as Aboriginal or Torres Strait Islander of whom 10 were boys attending an outreach public event. 28 (55%) lived in a suburb classified as most disadvantaged on the SEIFA index. 17 (33%) were smokers and 18 (35%) engaged in regular drug or alcohol use. 8 (16%) were not yet sexually active.

Thirty one females and two males were sexually active and attended the clinic in person. Of these, 17 (51) requested a screen, 3 (9%) reported sexually assault, 7 (21%) sought contraception, 1 (3%) was pregnant, and 7 (21%) had anogenital symptoms. 11 (33%) reported no condom use at their last sex. 5 (15%) were treated for chlamydia and/or gonorrhoea and 3 (9%) for genital herpes. 11 (33%) were notified to the Department of Community Services, or were already in their care.

Clinical assessment was comprehensive however documentation related to the age of sexual partners, potentially coercive or abusive sex, ability to understand the clinical content and psychosocial assessment was inconsistent. Guidelines vary significantly by agency.

Conclusion: The young adolescents seen were at high risk of adverse health and social outcomes. We are developing a best practice model to improve our service provision to this high risk cohort.

Disclosure of Interest Statement: The authors have not received funding from any source for this research.

POSTER NUMBER 69

DISCORDANCE BETWEEN HIV RELATED KNOWLEDGE AND ATTITUDES – DILEMMA FOR EDUCATIONAL INTERVENTIONS

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Background: Discriminatory attitudes and actions by health professionals towards people living with and at risk of HIV, pose potential barriers to effective prevention, testing and treatment efforts. Evidence-based interventions are required to address HIV-related stigma and discrimination

Method: Mid-career professionals from eight Asian and African countries attending a full time, three month course on HIV in 2012 and 2013 were invited to participate. Participants were given a self administered questionnaire at the commencement and the end of their course. Individuals who answered $\geq 75\%$ of HIV-related knowledge questions correctly were considered as “high scorers”, whilst those who scored $< 75\%$ were considered as “low scorers”. Answers to questions assessing attitudes were compared separately.

Results: Of those who completed both questionnaires, 44% (n=18) were females with a mean age of 40.3 years (SD 7.3) and a range of 25–55 years. About 44% (n=18) were doctors, 17% (n=7) were nurses and 39% (n=16) were other professionals working in fields related to HIV. 90.2% (n=37) correctly answered ≥ 75 of questions on HIV related knowledge in both tests. Self-rating of “advanced knowledge of HIV” increased from 25% (n=10) to 66% (n=27) between the pre and post assessments.

No change in discriminatory attitudes was observed in the participants’ views of the following areas: that medical/nursing students should be allowed to opt out of providing services to people living with HIV, the acceptability of testing for HIV without patient’s consent and reluctance to buying food from a food seller with HIV.

Conclusion: Although our educational intervention resulted in substantial improvement in self-rating of HIV related knowledge, there remained disappointing levels of discriminatory attitudes. Further research is required to develop the most effective and culturally appropriate means of tackling HIV-related stigma and discrimination in HIV training programmes.

POSTER NUMBER 70

ACCEPTABILITY OF NOVEL HIV TESTING AND RESULTS DELIVERY AMONG GAY AND BISEXUAL MEN: EXPERIENCE FROM THE COUNT STUDY OF UNDIAGNOSED HIV

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Introduction: Undiagnosed HIV infection contributes disproportionately to transmission in Australia. As a result, a focus of HIV strategies has been to increase uptake and frequency of testing, including through novel testing models, including community-based, home-based and outreach programs.

Method: In the COUNT study of undiagnosed HIV, Gay Community Periodic Survey participants recruited at gay venues and events in Canberra, Melbourne, Perth and Sydney from November 2013 to February 2014 were asked to provide an oral fluid specimen for HIV antibody testing. Participants could opt to receive their results (via phone or SMS) or participate anonymously (not receive their results). Multivariate logistic regression compared characteristics of non-HIV positive men participating in each arm of the study to identify participant characteristics associated with opting to receive results.

Results: 2,201 participants who self-reported as HIV-negative or untested for HIV provided samples for testing, of whom 72.6% opted to receive their result. Compared with men not opting to receive their test results, those who did were significantly more likely to be younger (adjusted odds ratio [AOR]=0.98, 95% CI: 0.97-0.99), report having casual partners (AOR=1.57, 95% CI: 1.09-2.26), regular and casual partners (AOR=1.53, 95% CI: 1.05-2.23) and unprotected anal sex with regular partners (AOR=1.29, 95% CI: 1.01-1.63). They were significantly less likely to report accessing PEP in the last six months (AOR=0.43, 95% CI: 0.25-0.74), having had an HIV test in the last 12 months (AOR=0.59, 95% CI: 0.44-0.79) and having received an STI diagnosis in the last 12 months (AOR=0.61, 95% CI: 0.46-0.83). Participants' feedback at data collection and communication of test results suggested high acceptability for the model of testing and results delivery.

Conclusion: The experience from COUNT suggests that novel methods of HIV testing and results delivery are highly acceptable to gay and bisexual men, particularly younger men and infrequent testers.

Disclosure of Interest Statement: The COUNT Study is a collaboration between the Centre for Social Research in Health (UNSW), the Burnet Institute and the Kirby Institute (UNSW) and is funded through a NHMRC project grant. The Centre for Social Research in Health and the Kirby Institute receive funding from the Australian Government Department of Health.

POSTER NUMBER 71

“MOST YOUNG MEN THINK YOU HAVE TO BE NAKED IN FRONT OF THE GP”: CHANGING YOUNG MEN’S PERCEPTIONS ON SEXUAL HEALTH CAREEwert C¹, Temple-Smith M¹¹ General Practice and Primary Health Care Academic Centre, University of Melbourne

Introduction: Young men attending General Practice rarely present with sexual health complaints, making it difficult for GPs to offer opportunistic education and STI screening. In Australia 75% of all STI diagnoses occur within 15–29 year olds and STI rates among young men are high and rising. Little is known of the barriers preventing young men from accessing General Practice for their sexual health care or of the sexual health promotional strategies which may be acceptable to young men.

Method: Semi-structured interviews were conducted with young men attending university, aged 18–24 years. All interviews were recorded and then transcribed verbatim. The interviews were analysed using content and thematic analysis.

Results: 13 interviews were conducted of 26–50 minutes duration. Self-imposed ideas about what it is to be a young man along with concerns about privacy and embarrassment were the main barriers preventing young men from accessing GPs for their sexual health care. This was compounded by poor understanding and knowledge of STIs and not knowing when or where to go for their sexual health care. Young men perceived high school to be the most important avenue for sexual health education although quality varied between schools. There were mixed feelings about using social media and text messaging for sexual health promotion, however, the internet was by far the most popular source of information. The international students identified sexual health lectures at university as desirable while most agreed better information could be made available at university.

Conclusion: We should rethink the expectations placed on young men and offer novel strategies to help them look after their sexual health. GPs can help young men feel more at ease to discuss sexual health by affirming privacy, acknowledging sensitivities and bringing up sexual health appropriately. Universities should provide young men with appropriate sexual health information.

Disclosure of Interest Statement: No conflict of interest.

POSTER NUMBER 72**PRE-EXPOSURE PROPHYLAXIS FOR HIV PREVENTION IN WESTERN AUSTRALIA**

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Introduction: Pre-exposure prophylaxis (PrEP) is the prophylactic use of antiviral medication by people who do not have HIV but who are at substantial risk of getting it to prevent HIV infection. In July 2012, the United States (US) Food and Drug Administration (FDA) approved the use of Truvada™ (tenofovir and emtricitabine) for the prevention of sexually acquired Human Immunodeficiency Virus (HIV). In May 2014 the US Public Health Service released clinical practice guidelines for PrEP.

The epidemiology of HIV in WA differs from other Australian jurisdictions and most developed countries. The proportion of cases acquired through heterosexual contact has been increasing steadily and in between 2008 and 2012, was the most commonly reported exposure category (54%), followed by men who have sex with men (40%).

In light of these considerations, policy makers and clinicians in Western Australia (WA) are faced with unique decisions about how PrEP should be used and funded here.

Method: A review of systematic analysis of the historical and contemporary use of PrEP, including current guidelines and published literature will explore the issues surrounding the use of antiviral medication for HIV prevention and how these might apply in the WA context. In addition, the views of key stakeholders in WA will be sought, especially with regard to implementation of PrEP in WA.

Results: As this discussion paper is in the early stages of conception, the findings achieved and conclusion drawn will be presented at the conference. A discussion of the barriers and enablers to the implementation of PrEP as a preventive measure, as well as ethical issues that need to be considered, will be presented at the conference.

Conclusion: This timely discussion is significant to informing the future practices surrounding PrEP within Western Australia.

Disclosure of Interest Statement: This discussion paper is supported and funded by the WA Department of Health.

POSTER NUMBER 73

GET THE FACTS: EVALUATION AND CONTINUAL QUALITY IMPROVEMENT OF A SEXUAL HEALTH AND BLOOD-BORNE VIRUS HEALTH EDUCATION WEBSITE FOR YOUTH

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Introduction: Within Australia, young people are recognised as being at an increased risk of acquiring sexually transmitted infections (STIs) and blood-borne virus (BBVs) due to factors such as peer and societal pressures, reluctance to access sexual health services and to discuss sexual health with parents and other adults. The 'Get the Facts' (GTF) website was established in March 2009 with the intention of equipping Western Australian youth, aged between 14-17 years, with information about sexual health, relationships, BBVs and how to access youth-friendly health services. An evaluation of the website conducted in 2011 examined the improvements required to better meet the target audience's needs and the effectiveness of marketing the website. Based on evidence collected through consultation with young people, recommendations were made and implemented. This paper will discuss their effects on GTF website traffic.

Method: Data regarding improvements to the GTF website were obtained by viewing the website, reviewing documents detailing development requests and interviewing key informants. Google Analytics was used to track changes in GTF website traffic and usage since the implementation of these improvements.

Results: Website changes included adding information on sexting, pop-up "teasers" that prompt viewers to visit a page/feature, a "find a service" location search and optimising the website for access from mobile devices. Since the implementation of these new features, data has shown that mobile devices remain the most common platform used to access the website, and that using Facebook advertising during periods such as Leaver's Week, is successful at increasing website traffic. As Google Analytics data for these features has only recently been accessible, further findings will be presented at the conference.

Conclusion: Continual improvement of the GTF website is required to ensure that the website remains relevant to, and useful for, its target audience.

Disclosure of Interest Statement: This paper is supported and funded by the WA Department of Health.

POSTER NUMBER 74

ADOLESCENTS AND SEXUAL RISK TAKING BEHAVIOUR. IS THIS A FORM OF SELF-HARM?

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Barwon Health

Jigsaw

Background: Several descriptive studies link sexual compulsivity to those who report childhood sexual abuse. Further significant studies of adolescent mental health conditions describe high risk sexual and sexualised behaviours. Additional adolescent risk taking behaviours including drug and alcohol consumption can either lead to sexual risk taking, or sexual abuse outcome. So this broad area of risk poses the question: "Is sexual risk taking behaviour a display of self harm?"

Method: Review of the literature by key words and retrospective findings of clinical presentations of presenting clientele aged between 12 – 25years.

Results: A literature search and retrospective findings were able to draw data to highlight such a hypothesis: that self harm within the definition associated with mental health is often described within the context of injury to self. Here, sexual harm of self can be recognised as a 'coping strategy' that is a harmful habit. Recently, this behaviour has been identified as a link between the abnormal and normal sexual behaviours of young people and the association to self harm.

Conclusion: Existing research identifies resilience as a major protective factor in adolescent years. Factors influencing resilience include life events—such as birth weight and milestones; self – such as personal attributes and academic abilities; family – identifying supports, parenting styles; school – positive role modeling and friendships; community – social framework, sporting groups and cultural framework. Resilience is also cited as an effective coping strategy when someone is experiencing increased stressors. This cohort experience extremes of psychosocial distress through the normal navigation of adolescence. Commonalties with regard to identified psychosocial distress may highlight /reflect early intervention signs that may be able to address the 'abnormal' sexual behaviours with improved outcome. Literature is clearly defining a relationship between sexual behaviour patterns and self harm within the younger population but this is still emerging and requires further research.

Disclosure of Interest: Nil

POSTER NUMBER 75

NEAT, DISCREET AND UNSEEN – YOUNG WOMEN'S VIEWS ON VULVAL ANATOMY

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Background: From 2000–2011, Medicare claims for Victorian women undergoing labiaplasty (surgical reduction of the labia minora) increased from 444 to 1,565 per annum. To understand young women's motivations for seeking Female Genital Cosmetic Surgery (FGCS) this novel study explored young women's knowledge and perceptions of vulval appearance and their views on genital cosmetic surgery.

Method: Female students aged 18–28 years, recruited via the University of Melbourne Student Portal, were interviewed about perceptions of "normal" and "ideal" vulval anatomy, FGCS and sources of information. Standardised photographs and an anatomical line drawing facilitated discussion. All interviews were recorded, transcribed and analysed thematically.

Results: Interviews ranged from 25–80 minutes. Six major themes ("normal", "ideal", sources of information, influences, terms, FGCS) and nine subthemes were identified. Young women commonly refer to their genital area as "vagina", even though some acknowledge that this is not anatomically correct. Young women were unsure what constitutes "normal" vulval anatomy. A lack of opportunity to view "normal" female genitals and access realistic depictions in educational resources was noted. Despite this uncertainty, all participants identified Picture D (hairless with no visible labia minora) as the socially accepted "ideal" vulva. Influences cited in shaping women's views of "normal" included the media, internet, family and peers.

Conclusion: Knowledge and perceptions of genital anatomy have important psycho-social and sexual health implications. Results indicated that women would benefit from access to resources showing the range of normal vulval anatomy, and that General Practitioners (GPs) receiving requests for referral for FGCS should explore women's understanding of this. GPs play an essential role in patient education and reassurance of normality. It is important that doctors do not assume women have an inherent knowledge of their genitalia and the anatomical terms used to describe it.

Disclosure of Interest Statement: None to declare.

POSTER NUMBER 76

STI AND HIV TESTING IN IRELAND: FINDINGS FROM TWO NATIONALLY REPRESENTATIVE STUDIES

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Background: Notifiable sexually transmitted infection (STI) rates are increasing. STI prevention and control is a cost effective health intervention; however, little is known at a national level in Ireland about epidemiological patterns of STI and HIV testing. We aim to identify socio-demographic characteristics and the sexual health history of people living in Ireland who have ever had an STI/HIV test.

Method: Data were from two nationally representative sexual health surveys, conducted in Ireland in 2004–2005 and 2010. Adults aged 18–45 years who had ever had sexual intercourse were included in the analysis (n=7348). Descriptive and chi square analyses and binary logistic regression were used.

Results: Twenty-five per cent (n=1811) of respondents reported a history of a STI/HIV test. An increased likelihood of reporting a history of a STI/HIV test was associated with: being female, being resident in an urban location, and being surveyed in 2010. Being homosexual, not using contraception on the occasion of first heterosexual intercourse and the length of time being sexually active were also associated with an increased likelihood of testing. Participants less likely to report a history of STI/HIV testing were more likely to be from more socio-economically disadvantaged social classes, be currently married, have lower levels of education and have received no sex education.

Conclusion: We found higher levels of STI/HIV than previously reported. Increased STI/HIV testing in certain demographic groups may reflect more health conscious, health seeking behaviour or increased risk behaviour. The increase in screening between 2006 and 2010 may be a sign of a promising trend in STI/HIV testing behaviours in Ireland. These findings contribute to the existing limited knowledge-base on the surveillance of STIs in Ireland which can inform targeted preventative strategies and service planning and come as a timely contribution to the planned launch of Ireland's first national sexual health strategy.

POSTER NUMBER 77

PAP SMEAR RATES AMONG AUSTRALIAN LESBIAN AND BISEXUAL WOMEN: SOME GOOD NEWS BUT DISPARITIES PERSIST

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Background: Cervical cancer is the second most prevalent cancer among women worldwide. In many western industrialised countries, women are encouraged to attend for routine Papanicolaou (Pap smear) tests to detect pre-cancerous changes. Lesbian women in the US and UK are less likely than their heterosexual peers to attend for routine Pap smear tests. Our study explored testing rates, change in testing between 2002 and 2012, and predictors of test attendance among lesbian, bisexual and queer (LBQ) women in New South Wales.

Method: Data was taken from the Sydney Women and Sexual Health (SWASH) survey, a self-completed biennial questionnaire of LBQ women's health and wellbeing.

Results: Of the 3947 completed questionnaires available for analysis, 73% of respondents had ever attended for a Pap smear test. Attendance rates were similar to the general NSW population. There was no significant variation between 202 and 2012. Significant predictors of attendance (ever) were age, ever having had an STI test, being out about sexuality to a regular doctor, and ever having had sex with men.

Conclusion: Pap smear rates among LBQ women are encouraging when compared to studies in similar countries. However, continued low rates of Pap smear tests among women who have never had sex with a man are concerning (2.7 times less likely to have ever had a Pap smear). This is despite educational campaigns and Australian national guidelines stating all women who have ever had sex should have regular screening. More work is needed to understand why this is and what can be done to change it.

Disclosure of Interest Statement: Nothing to declare

POSTER NUMBER 78

COMPARATIVE ANALYSIS ON CLIENTS' PERCEPTIONS ON THE EFFECTIVENESS OF FACE-TO-FACE CONVENTIONAL AND ICT-BASED BCC METHODOLOGIES – RESULTS FROM AN ONLINE SURVEY IN THE PHILIPPINES AMONG MSM AND TG GROUPS

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Introduction: To describe the perception of effectiveness when MSM and TG clients participate in BCC outreach activities on HIV-prevention, an online research was conducted in the Philippines. The research aims to describe and compare the experience of MSM and TG clients when they receive information on HIV-AIDS and related topics through Face-to-Face discussions (outreach) versus through ICT (internet)-based options.

Method: An Online research questionnaire was developed and implemented with assistance from The Loveyourself (TLY) Philippines. This survey was a rapid web-based research comprising of 12 questions that were uploaded into a handheld ICT-based device (i.e Ipad). Clients answered the survey as they attended TLY key events or visited their clinic/counseling services site.

Results: The overall demographics reflect a profile of young, upwardly mobile, probably educated and internet savvy Filipino urban-based MSMs. Majority have not been approached by a volunteer or outreach worker during BCC using Face-to-Face Counseling strategies. The internet was cited as a common source of information and communication. However, in terms of general preferences, the majority still prefer Face-to-Face approaches due to its being able to provide a more personalized approach. It is more effective in answering their questions in real time and provides them comfort and sense of credibility during discussions on what is perceived as a sensitive topic.

Conclusion: Overall, clients acknowledge the advantages and disadvantages of both ICT and Face to Face approaches. These can be used as complementary approaches to target MSM and TG groups for HIV prevention BCC purposes. The data indicates that respondents do not frequent hotspots anymore or may not be accessed by OW-Peer Educators in those hot spots. Hence the internet offers them a more viable avenue for information sharing and interaction but Face-to-Face follow-up if still necessary.

Disclosure of Interest Statement: No pharmaceutical grants were received in the development of this study.

POSTER NUMBER 79

THE SEXUAL LITERACY OF THE STUDENT POPULATION OF THE UNIVERSITY OF TASMANIA: RESULTS OF THE RUSSL STUDY

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Background: Evidence suggests a varied deficit in the sexual literacy among university student populations. This being so, we sought to evaluate the sexual literacy among students at the University of Tasmania.

Method: Students were solicited to participate in our study and complete an anonymous online questionnaire. Recruitment was during August 2013 and including email invitations, flyers and social media. The questionnaire assessed sexual literacy using the ARCSHS National Survey of Australian Secondary Students and Sexual Health Survey and the Sexual Health Questionnaire, and queried demographics, sexual education and sexual experience. Predictors of literacy scores were evaluated by linear regression.

Results: The study recruited 1,786 participants, or 8.2% of the student population, of similar composition to the general university population.

Sexual literacy was significantly higher among females and those of older age. Sexual education was a positive predictor of literacy, as was an open communication about sexuality in the household. Literacy scores increased with sexual experience, in terms of absolute experience, partner number (same and opposite sex), diversity of sexual activity and earlier age of sexual debut.

As we had hypothesised a priori, students in medical disciplines had the highest sexual literacy. Less expected were the stark and significant differences by birthplace and religious affiliation. Compared to Australasian students, overseas-born students had significantly lower sexual literacy scores. Students with certain religious affiliations also had significantly lower scores compared to those who identified as agnostic or atheist. Importantly, many of these associations were robust to adjustment for age, sex, and sexual education.

Conclusion: This study has found a varied sexual literacy by sex, age, sexual education and sexual experience, as well as by birthplace and some religious affiliations. These findings have import for orientation and education programs at the University of Tasmania.

POSTER NUMBER 80

WHY NOT THE GP? CLIENT PREFERENCES FOR OBTAINING SEXUAL HEALTH SERVICES IN WESTERN SYDNEY

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Background: Western Sydney Sexual Health Centre (WSSHC) is a publicly-funded, specialist centre offering clinical services to people from priority population groups, including people living with HIV, men who have sex with men, sex workers and Aboriginal and Torres Strait Islander people. Other people from non-priority populations are triaged out to primary care, mainly General Practitioners (GPs). Anecdotally, attendees frequently voice reluctance to attend a GP for what they perceive is a specialist area of healthcare. We aimed to determine client preferences for sexual health care, including their willingness to visit a GP and the factors that are important to them in choosing a sexual health care provider.

Method: An anonymous self-administered questionnaire was offered to clients attending WSSHC during March 2014. The questionnaire included tick boxes and provision for free text responses. Likert scales were used to rate the importance of factors in choosing a sexual health provider. Data was analysed using SPSS statistical package.

Results: Questionnaires were completed by 249 attendees, a response rate of 68%. Over 90% of respondents had visited a GP at least once within the previous year, however only 51% had ever had an STI screen at the GP. Of these, 56.9% would return to the GP for STI screening. The most important factors recorded when choosing a service provider were confidentiality; staff knowledge of HIV and STIs and provision of accurate information by staff. Availability of anonymous testing and no requirement for Medicare card were rated of lower importance. The concept of comfort was a reoccurring theme in clients choice of sexual health care provider.

Conclusion: This study confirms the importance of confidentiality when seeking sexual health care, regardless of which service is chosen. Triage of non-priority population members to primary care settings for STI/HIV screening is likely to be acceptable to most people when they perceive the service as confidential.

Disclosure of Interest Statement: The authors have no conflict of interest to declare.

POSTER NUMBER 81**THE IMPORTANCE OF REPRODUCTIVE HEALTH AND SEXUALITY EDUCATION IN INDONESIA BETWEEN NECESSITY AND TABOO**

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Background: Youth (15–24 years old) in Indonesia make up about one-fifth of its population and there is no national policy to support a reproductive health and sexuality education (RHSE) system for them. The Center for Gender and Sexuality Studies, University of Indonesia in June to August 2013 conducted research about the importance of RHSE.

Method: The study was conducted in eight cities: Jakarta, Lampung, Pontianak, Bandung, Semarang, Yogyakarta, Jombang, and Banyuwangi, using quantitative and qualitative methods. Surveys were conducted in 23 schools (19 public schools and 4 Islamic/boarding schools). The total respondents were 847 students (325 male and 593 female) and 135 teachers. The qualitative data was collected through in-depth interviews and focus group discussions (FGDs). The in-depth interviews were conducted within the school (with the school's principals), parents' representatives, local legislators, and religious and community leaders. FGDs were conducted in each city with the youth forum, a civil society organization (CSO), and the teachers' forum.

Results: This study showed that most of students' knowledge of reproductive health and sexuality is categorized as low (64.7%). The study also found that many (81.2%) had experienced sexual harassment/abuse. Many students (87%) learned about reproductive health and sexuality issues when they were at high school. Many of the students found that the RHSE were useful (96.9%). 67.9% of teachers surveyed wanted to teach RHSE as a subject with its own national curriculum guidelines and policies.

The study also indicates the students, parents, teachers, legislator, the CSO, and the youth forum need a comprehensive RHSE. As a subject, RHSE could be taught (1) as a separate subject; (2) as a subject with local/regional content; (3) along with other subject; (4) as an extra-curricular subject.

POSTER NUMBER 82

ROUTINE CD4 CELL COUNT MONITORING SELDOM CONTRIBUTES TO CLINICAL DECISION MAKING ON ANTIRETROVIRAL THERAPY IN VIROLOGICALLY SUPPRESSED HIV PATIENTS

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Introduction: In Australia, CD4 cell count is approximately monitored every six months in HIV patients during antiretroviral therapy (ART). In patients who have commenced ART at CD4 cell count above 300 cells/ μ L, subsequent CD4 counts almost never fall below the level of 200 cells/ μ L, suggesting a routine CD4 monitoring may not be necessary. The aim of this study was to determine if routine CD4 monitoring contributed to decisions on changes to antiretroviral therapy, and to estimate how reduced CD4 monitoring could contribute to cost savings in Australia.

Method: We conducted a retrospective cohort analysis investigating all HIV patients attended the Melbourne Sexual Health Centre (MSHC) in Australia from 1 April 2011 to 1 October 2013. We reviewed the electronic medical record of all patients who changed or stopped antiretroviral regimens during this time period to determine whether CD4 cell count could have contributed to this clinical decision.

Results: Among 744 eligible patients who were on treatment, 162 changed or stopped treatment during the period but none (95% confidence interval 0–2.3%) of the clinical decisions were influenced by the CD4 cell count. The current biannual CD4 monitoring strategy cost ~AU\$ 153,400 per year in MSHC in this cohort. If CD4 monitoring is reduced to once every 12 months, ~AU\$ 75,000 could be saved annually in MSHC. Additionally, reducing the current biannually CD4 monitoring strategy to annually could potentially save ~AU\$ 1.5 million each year in Australia (i.e. ~AU\$ 74,700 could be saved per 1000 HIV patients during ART).

Conclusion: Routine CD4 monitoring in HIV patients during ART could be reduced from biannually to annually as it rarely influences any clinical decision in patients' management. This could not only avoid patients' unnecessary anxiety about their normal fluctuations in their CD4 counts but also would result in cost savings.

Disclosure of Interest Statement: None.

POSTER NUMBER 83

REINFECTION RATES IN MEN WHO HAVE SEX WITH MEN FOR CHLAMYDIA TRACHOMATIS AND NEISSERIA GONORRHOEA, RETROSPECTIVE COHORT STUDY

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Introduction: Partner notification and treatment is an important element of effective sexually transmitted infections (STI) control. We aimed to calculate and compare to the overall clinic rate, the rate of chlamydia and gonorrhoea infection in the quarters following primary infection.

Method: A retrospective cohort analysis of men who have sex with men (MSM) attending Melbourne Sexual Health Clinic at least once between 2006 and 2013 was created. For both infections, we calculated overall incidence and that following diagnosis and treatment.

Results: 13,053 MSM generated 26,379 years of follow-up and were diagnosed (excluding diagnoses at first visit) with 2,246 cases of chlamydia and 1,639 cases of gonorrhoea, which corresponded to an incidence of 8.5 (95% CI:8.2–8.9) per 100 person-years and 6.2 (95% CI:5.9–6.5) per 100 person-years, respectively. 71% of chlamydia cases and 75% of gonorrhoea cases were re-tested between 10 and 365 days after diagnosis and treatment. The post-treatment rate of chlamydia after primary chlamydia infection was 16 times higher than the background clinic rate in the first quarter. The rate of gonorrhoea in these individuals during this period was 8 times higher than the background clinic rate. Similarly, post-treatment rates of gonorrhoea after a primary gonorrhoea infection was 17 times higher than the background clinic rate in the first quarter. The rate of chlamydia in these individuals during this period was 10 times higher than the background clinic rate. The magnitude difference between these infection rates and the background clinic population become similar after the first quarter for those who initially tested positive for chlamydia or gonorrhoea.

Conclusion: These data suggest about half who test positive for chlamydia or gonorrhoea after an initial infection are reinfection, and half reflect the high STI risk of MSM who test positive for chlamydia or gonorrhoea. More effective partner notification and treatment is required.

Disclosure of Interest Statement: This work does not represent a conflict of interest for any of the authors. Funding for this project was in part supplied by a National Health and Medical Research Council Grant (number 568971).

POSTER NUMBER 84

IMPROVING THE MANAGEMENT OF PELVIC INFLAMMATORY DISEASE THROUGH CLINICAL AUDIT

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Introduction: Pelvic Inflammatory Disease (PID) predominantly affects young women. Prompt diagnosis and treatment reduces the likelihood of serious long-term consequences. Canberra Sexual Health Centre (CSHC) conducted a quality improvement exercise to support consistency in assessment, treatment, patient information and follow-up of women diagnosed with PID.

Method: Six key criteria for optimal PID management were identified by literature review. Audit cycle 1 reviewed medical records of 56 patients diagnosed with PID in 2012 and early 2013 and revealed inconsistencies in management and gaps in documentation. CSHC clinical staff were provided with results and education on optimal documentation and management of PID. Audit cycle 2 reviewed the medical records of 43 patients diagnosed with PID over the subsequent 12 months.

Results: Improvements occurred in documentation in 5 of 6 key criteria. Documentation of PID symptoms and signs, pregnancy testing, medication regimen and patient information all improved.

Conclusion: Audit can be a useful tool in improving patient care and medical record documentation. To support sustained improvement, a PID management flow chart was developed. This has been incorporated into Registrar and Nurse Practitioner orientation and is available as a reference and teaching resource in each clinic room.

Disclosure of Interest Statement: The authors have no conflicts of interest to disclose

POSTER NUMBER 85

QUICK START A LARC: PREGNANCY TEST FOLLOW UP FOR CONTRACEPTIVE IMPLANT QUICK START AT A SERVICE FOR YOUNG PEOPLE

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Introduction: Quick Start, starting a method of contraception immediately, reduces the risk of unintended pregnancy compared to waiting. It improves access to insertion of the contraceptive implant because pregnancy does not need to be excluded before insertion.

At Family Planning Victoria's city reproductive and sexual health clinic for young people (<25 years), clinical experience with Quick Start has guided development of a protocol, consent form and pregnancy test reminder system. This incorporates a take home pregnancy test and Short Message Service (SMS) reminder.

Method: A retrospective audit covering 1/12/2013 to 31/5/2014 was conducted on records in electronic clinical software for all clients who initiated the contraceptive implant with Quick Start. Data was analysed for client choice for either at home, or in clinic, urine pregnancy test, whether the client consented to SMS reminder, and documentation of pregnancy test result.

Results: Our model for Quick Start is presented, including protocol, consent form and take home pregnancy test kit.

Data will be presented for all young women who initiated the contraceptive implant with Quick Start during the audit period. Results show that most women choose take home pregnancy test, and most young women consent to SMS reminder.

We demonstrate that our model has improved documentation of follow up pregnancy test for young women choosing Quick Start of the contraceptive implant compared with an audit conducted in 2011–12 at the same service.

Conclusion: Our current model for Quick Start has improved rates of documented follow up pregnancy test, utilising the option of SMS reminder for at home pregnancy test. This model provides guidance for other services to use Quick Start, and to inform our education for health practitioners. Using this model to promote Quick Start in our community may improve access to Long Acting Reversible Contraception (LARC) for young people.

Disclosure of Interest Statement: Family Planning Victoria provide training in Implanon NXT for Merck Sharp & Dohme. Family Planning Victoria has been paid by Merck Sharp & Dohme for providing lectures.

POSTER NUMBER 86

PREVALENCE AND RISK FACTORS FOR OROPHARYGEAL CHLAMYDIA TRACHOMATIS INFECTION IN MEN WHO HAVE SEX WITH MEN ATTENDING A LARGE URBAN SEXUAL HEALTH CLINIC.

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Introduction: The prevalence of Chlamydia trachomatis (CT) and Neisseria gonorrhoeae (NG) continues to increase globally especially amongst men who have sex with men (MSM). In 2014, the STI Gay Men's Action Group (STIGMA) guidelines were updated and routine screening for oropharyngeal Chlamydia trachomatis (OCT) was a new recommendation. We describe the prevalence and risk factors associated with OCT in MSM attending a large urban sexual health clinic

Method: At SSHC, MSM are routinely screened for OCT using the Roche Cobas duplex assay for NG and CT. Retrospective data was extracted on all MSM who were diagnosed with OCT between 1/10/2012 and 31/04/2014. Controls consisted of MSM who only had a negative OCT swab in the study period and each patient was only counted once.

Summary statistics were used to describe the characteristics of the study group. Categorical variables were compared with Chi-2 tests and continuous variables were compared using Ranksum tests. OCT prevalence was calculated on all MSM tests conducted at the service during the study period.

Results: In the study period, a total of 74 out of 2920 MSM were diagnosed with OCT. The 2920 MSM had a total of 11,226 tests performed, with an average of 3.8 tests per MSM during the study period. Demonstrating an OCT prevalence in MSM of 1%.

Compared to controls, MSM with OCT were younger ($p=0.01$), more likely to present as a STI contact ($p=0.04$), report ≥ 5 partners in 3 months ($p<0.001$), and have a STI co-infection ($p<0.001$). Of the positive OCT (74) cases, 80% (59) of MSM had CT co-infection at another site, 6% (4) with urethral CT and 74% (55) with rectal CT.

Conclusion: The majority of MSM with positive OCT swabs would have been treated regardless, due to CT co-infection at another site. Based on the study prevalence, the cost benefit of screening in this population should be reconsidered.

Disclosure of Interest Statement: The Australasian Society for HIV Medicine recognises the considerable contribution that industry partners make to professional and research activities. We also recognise the need for transparency of disclosure of potential conflicts of interest by acknowledging these relationships in publications and presentations.

POSTER NUMBER 87

EVERYONE WANTS A VAGINA THAT LOOKS LESS LIKE A VAGINA': AUSTRALIAN WOMEN'S VIEWS ON GENITAL DISSATISFACTION

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University of Queensland

Background: Research shows that genital dissatisfaction is a reality for many women and that demand for female genital cosmetic surgery (FGCS) is increasing.

Method: A discursive thematic analysis of 94 women's comments on female genital dissatisfaction to examine constructions of women's bodies and vaginas in general, and also women's subjective experiences of their own bodies.

Results: Two themes emerged, 'from natural to normal' and 'the challenge of resistance'. The first theme demonstrates how women make sense of genital dissatisfaction by drawing on constructions of hegemonic femininity, postfeminist and neoliberal discourses which position the natural female body as pathological and inadequate, with normality and acceptability achievable through commodification practices such as grooming and cosmetic surgery. The second theme demonstrates how normative discourses which position the vagina as unpleasant and taboo reinforce the pathologisation of the natural body and the idea that modification is necessary to render the vagina normal and desirable.

Conclusion: Our analysis suggests that, although genital dissatisfaction is socially and culturally produced, it has a reality in women's lives and has a range of negative sexual health implications. This dissatisfaction has provided fertile ground for insecurity and the perfect conditions for FGCS to emerge, in the name of commodifying and normalising women's pathological bodies.

It is thus imperative that people are equipped with the tools to challenge these cultural norms. Sexuality education at home and in school is central to encouraging girls to develop a health relationship with their genitals, learn and use the correct names for their anatomy, and be free from feelings of embarrassment and shame. Sexuality education and public awareness of natural genital diversity also needs to be encouraged and the widespread positioning of FGCS as beneficial, safe and straightforward needs to be a challenged, with evidence-based media reporting on the actual risks of FGCS.

Disclosure of interests: None.

POSTER NUMBER 88

“MEN OUT WEST ” OR “BI- OUT WEST” ? TAILORED SEXUAL HEALTH CLINIC FOR MEN WHO HAVE SEX WITH MENVarma R, [Mwasakifwa GE](#), Dubois B

Nepean and Blue Mountains Sexual Health clinic

Introduction: The Nepean sexual health clinic introduced two key initiatives to promote sexual health screening in men who have sex with men (MSM) and bisexual men (BSM). A male sexual health nurse (MSHN) and the only publically funded male sexual health clinic in Western Sydney - The Men Out West clinic (MOW).

Method: We describe health promotion strategies employed in promoting our services since appointment of MSHN (Jan 2012) and the introduction of the MOW clinic (June 2012) till June 2014 and its impact on the rate of attendance and screening for sexually transmitted infection (STIs).

Results: Our Sexual Health Promotion Team in partnership with other organizations have developed sexual health resources like website, posters, banners, business cards, brochures targeting MSM in Western Sydney (WS), promoting sexual health literacy and our “under one roof” services. We used newsletter and local newspaper to inform men about sexual health services available at our clinic.

We participated in community events like “Mardi Gras” and “Parramatta Pride”, education sessions at Sex On the Premise (SOPs) and Backrooms and linking clients to our services.

Through mobile phone app “Grindr®” we have had a pop up advertisement, with 100,000 impressions in a 10 km radius around Penrith, advertising our service and linking people to our website.

During this period, we have had a total of 338 MSM clients, 52% of them were new. Significant numbers (30%) of our clients were bisexual. Age groups 20- 29 years and 40- 49 years constituted 33% and 23% of the total clients respectively. 426 HIV and 500 tests for Chlamydia, Syphilis, and Gonorrhoea were done.

Conclusion: Our tailored sexual health service with innovative health promotional strategies are important in addressing the needs of MSM in the west who may not have disclosed their sexuality to other health care providers.

Disclosure of Interest Statement: No disclosures

POSTER NUMBER 89**AN XPRESS SEXUAL HEALTH SERVICE: IN AND OUT IN A JIFFY**

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Background: An express or fast-track clinic is an option for screening asymptomatic clients for sexually transmitted infections (STIs). Express clinics for STI screening are available in sexual health services in Australia and internationally for low risk, asymptomatic individuals. They have been shown to reduce waiting times and have the ability to increase clinic capacity and create cost savings. Western Sydney Sexual Health Clinic (WSSHC) is a publicly funded sexual health clinic. With changes in funding arrangements and a need to increase clinic capacity and facilitate access for priority populations, an express clinic (Xpress) was introduced.

Method: An initial satisfaction survey was conducted to assess waiting times and satisfaction with traditional services, as well as interest in an express option. A pilot of Xpress was commenced in May 2013. Exclusion criteria for the express service included clients with genital symptoms, new clients, contact of an STI, and poor English language skills. A follow-up satisfaction survey was completed in December 2013. All clients coming through the clinic at these times were asked to complete the survey.

Results: A total of 262 initial (pre-Xpress) surveys and 181 follow-up (post-Xpress) surveys were completed. Between one quarter and one third of clients presented to WSSHC for STI screening (26.6% pre-Xpress, 34.8% post-Xpress). Only a small number of clients had used Xpress at the time of the follow-up survey (12.2% on the day and 7.2% in the past). But there was a high level of interest with 107 clients (59.1% of respondents) reporting they would be interested in using Xpress in the future. Of those clients who had used Xpress the vast majority reported that they would use the service again (88.6%) and they also rated their experience of the service highly with most rating it as excellent (65.8%) or good (26.3%). Waiting times for the main consultation improved from pre-Xpress to post-Xpress, and satisfaction with waiting times also improved.

Conclusion: Despite only small numbers of clients having used Xpress at the time of the survey, there was a lot of interest in the service. Overall the express service was well received by clients at the WSSHC. This service has the potential to reduce overall waiting times within WSSHC, increase clinic capacity and improve the client journey throughout the clinic.

Disclosure of Interest: This research received no specific grant from any funding agency, commercial or no-for-profit sectors.



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