

providers, 36.4% from friends or sexual contacts, and 24.2% from media outlets (internet, television).

**Conclusion** YMSM receiving care at the BCHD STD Clinics are likely to be aware and interested in PrEP but fewer than 10% may be taking PrEP. Given that STD Clinics serve primarily minority young males disproportionately affected by HIV, future work should seek to improve youth-friendly services at public health clinics and leverage awareness and interest in PrEP in order to improve uptake in this vulnerable population.

#### 015.6 DIFFERENCES IN REPORTED TESTING BARRIERS BETWEEN CLIENTS OF AN ONLINE STI TESTING SERVICE (GETCHECKEDONLINE.COM) AND A PROVINCIAL STI CLINIC IN VANCOUVER, CANADA

<sup>1</sup>Mark Gilbert, <sup>1</sup>Kimberly Thomson, <sup>1</sup>Travis Hottes, <sup>1</sup>Devon Haag, <sup>2</sup>Anna Carson, <sup>1</sup>Troy Grennan, <sup>3</sup>Christopher Fairley, <sup>2</sup>Thomas Kerr, <sup>4</sup>Chris Buchner, <sup>5</sup>Mel Kraiden, <sup>6</sup>Perry Kendall, <sup>2</sup>Gina Oglivie, <sup>2</sup>Jean Shoveller. <sup>1</sup>British Columbia Centre for Disease Control, Vancouver, Canada; <sup>2</sup>University of British Columbia, Vancouver, Canada; <sup>3</sup>Melbourne Sexual Health Centre, Melbourne, Australia; <sup>4</sup>Fraser Health Authority, Vancouver, Canada; <sup>5</sup>British Columbia Public Health Laboratory, Vancouver, Canada; <sup>6</sup>British Columbia Ministry of Health, Victoria, Canada

10.1136/sextrans-2017-053264.89

**Introduction** Online STI testing programs are thought to overcome barriers posed by in-clinic testing, though uptake could reflect social gradients (e.g., technology access, higher education). To understand types of barriers mitigated by online STI testing we compared clients of a large STI clinic to clients of *GetCheckedOnline* (GCO).

**Methods** Our study was conducted in Vancouver after GCO was promoted to provincial STI clinic clients and men who have sex with men (MSM). Clinic and GCO clients were invited to an online survey 2 weeks after receiving test results. Survey questions included barriers/facilitators of testing at individual, provider, clinic and societal levels. We conducted bivariate comparisons between groups (significant results shown at  $p < 0.01$ ).

**Results** GCO ( $n=87$ ) were older than clinic clients ( $n=424$ ; median 35 vs. 31 years) and a higher proportion were MSM (40.2% vs. 24.4%). More GCO clients reported their reason for testing as routine (58.1% vs. 38.9%) and fewer for symptoms or STI contact (10.3% vs 33.5%). More GCO clients considered accessing online health resources important (76.1% vs 56.5%) but otherwise did not differ on technology skills/use. GCO clients were more likely to report delaying testing in the past year due to clinic distance (22.4% vs 9.7%), less likely to agree that clinic hours were convenient (58.2% vs 77.2%) or that making appointments was easy (49.4% vs. 65.4%), and more likely to report long wait times to see a health care provider (HCP) (47.6% vs 20.7%). GCO clients were more likely to be uncomfortable discussing their sexual history with HCP in general (15.5% vs 5.7%) and where they usually presented for health care (34.9% vs 20.6%), as well as reporting more fear of being judged by HCP (28.6% vs 15.4%).

**Conclusion** Our study in Vancouver suggests that online testing services may effectively engage individuals with barriers to testing (i.e., clinic access, discomfort with HCP) with few social gradients in uptake. Further evaluation to verify these findings within different cities/populations is needed.

## Oral Presentation Session 16

### HIV

#### 016.1 QUALITY OF LIFE AND HIV – A BIBLIOMETRIC ANALYSIS OF PUBLICATION TRENDS BETWEEN 1995 TO 2013

<sup>1</sup>Parangimalai Diwakar Madan Kumar, <sup>2</sup>Poorni Saravanan. <sup>1</sup>Ragas Dental College and Hospital, Chennai, India; <sup>2</sup>Sri Venkateswara Dental College and Hospital, Chennai, India

10.1136/sextrans-2017-053264.90

**Introduction** With an increased longevity achievable with current therapeutic strategies for persons with HIV infection, Quality of Life (QoL) has emerged as a significant medical outcome, and its enhancement has an important goal. Though lacking clarity of definition, assessment of QoL assumes significant as a constellation of HIV-related symptoms negatively affect it. Nevertheless present literature has focused on the various domains of QoL in different setting, an analysis of their pattern of publication and their impact on the vertical transmission of knowledge is vital for a holistic approach in the management of HIV. Hence this study was aimed to analyse the trends of such articles using a new article level metric measure, the Relative Citation Ratio (RCR) which has been published in peer-reviewed journals.

**Methods** Publications during 1993–2013 were collected using appropriate search words, their RCR and associated factors like total citations, citations per year were calculated.

**Results** The trend of publications seems to increase from a mere 69 publications in 1995–97 to 423 articles between 2010–2013. However the mean RCR seems to be constant throughout the study period, with an overall mean RCR value of 1.42. Further only 9.5% of the published articles had an RCR value of above 3.

**Conclusion** Though not designed to be an indicator of long-term impact, citation rates have the potential to track patterns of scientific productivity over time. Data from the present findings sheds light that though the publication trend is increasing, the relative citation of the articles published on QoL is constant, well below the acceptable average. Hence efforts should be directed to improve the quality of research in this field, as this information could be used by various professional societies, individual scientists, and funding organisations to frame essential policies regarding the improvement of the QoL and thus promote positive health amongst this population.

#### 016.2 EVALUATING THE PRESENT AND PROJECTING THE FUTURE: NATIONAL NETWORK OF YOUNG PEOPLE LIVING WITH HIV/AIDS – RJ: LIFE STORIES

<sup>1</sup>Regina Célia De Oliveira Bueno, <sup>2</sup>Gabriel Levrini. <sup>1</sup>Instituto de Medicina Social – UERJ, RJ Brazil; <sup>2</sup>Puc – Rio de Janeiro – Rj, Brazil

10.1136/sextrans-2017-053264.91

**Introduction** This study aims to understand the impact of HIV/AIDS related issues on the lives of teenagers and young people, activists from the “National network of teenagers and young people living with HIV/AIDS (RNAJVHA) and the State network of teenagers and young people living with HIV/AIDS of Rio de Janeiro (REAJVHA-RJ)”.

**Methods** The methodology used was qualitative research through the narratives of life stories giving voice to young people living with HIV, infected by HIV transmission (horizontal and vertical), which are part of the construction of the Social activism of the 3rd. Phase of the epidemic, post-universal and free access to public health treatments, a successful policy promoted by the Ministry of Health, provided by the Unified Health System (SUS).

**Results** We seek to understand: feelings, motivations, processes of composition and recomposition of identities, health risk management, relationship with social networks, integration of individual history in the broader collective history of the social movement, In an effort to expand opportunities to understand and reflect on the impact of the HIV/AIDS epidemic on their lives as teenagers and young people who are part of National Network. To reconstruct the individual historical experiences of their lives and cultures, to identify the moments of these adolescents and young people before and after their entry into youth activism, and to identify the moments of confronting the facts of life as positive HIV serology. We analyse the movements present in the social life and in the existence of teenagers and young people who exercise their role as actors/authors of their own life histories.

**Conclusion** Young people bring the proposal of an emergence of activism and a public health more integrated in the care and not only in the control of the disease. They want spaces to be heard and to be able to speak about their experiences, understanding that only in this way can they build their own life trajectory in this society in which discrimination and disinformation in HIV/AIDS are preponderant factors.

### 016.3 LOSS TO FOLLOW-UP AND PATIENT SELF-DISCONTINUATION OF HIV PRE-EXPOSURE PROPHYLAXIS (PREP) IN AN STD CLINIC-BASED PREP PROGRAM WITH ADHERENCE SUPPORT

<sup>1</sup>Julie Dombrowski, <sup>2</sup>CM Khosropour, <sup>1</sup>LA Barbee, <sup>1</sup>MR Golden. <sup>1</sup>University of Washington and Public Health, Seattle and King County, USA; <sup>2</sup>University of Washington – Seattle, USA

10.1136/sextrans-2017-053264.92

**Introduction** The municipal STD Clinic in Seattle, Washington provides PrEP to persons at high risk for HIV infection. Our objective was to determine the timing of and rationale for PrEP discontinuation among men who have sex with men (MSM) in the clinic.

**Methods** Two disease intervention specialists (DIS) coordinate the PrEP Clinic, assist patients with payment assistance program enrollment, remind patients of appointments, and manage a two way text message-based adherence support program. The DIS collect data for each patient at each visit in an electronic database. When patients stop PrEP, DIS assign a categorical reason for discontinuation. Patients are defined as lost to follow-up if they fail to attend a follow-up appointment and do not respond to a call, text message or letter. We reviewed the clinic database from 10/2014-12/2016 to evaluate the prevalence of and reasons for first PrEP discontinuation for each patient.

**Results** A total of 334 MSM agreed to start PrEP. Most were non-Hispanic white (52%), followed by Hispanic (24%), Asian or Pacific Islander (12%), and non-Hispanic black (8%). 27 men (8%) moved or transferred their care during the observation period. Of the remaining 307 men, 52 (17%) did not

start PrEP and 81 (26%) discontinued PrEP at least once at a median time of 6 [interquartile range (IQR): 3–11] months post-initiation for the following reasons: 53 (65%) lost to follow-up or unknown; 13 (16%) monogamous relationship with HIV-seronegative partner; 4 (5%) otherwise believed they were no longer at risk for HIV; 11 (14%) side effects. Race/ethnicity was not associated with discontinuation. Overall, the median observation time was 12 [IQR: 6–18] months. The prevalence of >1 discontinuation was 17% by 3 months (n=39/227), 26% by 6 months (45/174), 34% by 9 months (45/131), and 39% by 12 months (39/101). Of the 81 who discontinued, 5 (6%) restarted PrEP in our clinic a median of 6 months later.

**Conclusions** Patient attrition was most common prior to starting PrEP and occurred steadily thereafter. Few men restarted PrEP after discontinuation.

### 016.4 PRIVACY VS. HEALTH RIGHTS? SHOULD HOSPITALS DISCLOSE HIV STATUS WITH PATIENTS? PARTNERS? AN ANALYSIS OF PERSPECTIVES ON SOCIAL NETWORKING IN CHINA

Li Stephen. University of Macau – Taipa, Macau

10.1136/sextrans-2017-053264.93

**Introduction** Little is known about the role, tone, and nature of Sina Weibo, Chinese version of Twitter in discussions of HIV-positive patients' privacy and their partner's health rights. To further explore these issues, we focused on a recent lawsuit in China in which, a man (Mr. X) sued a local hospital for negligently failing to inform him of his fiancée's HIV-positive status after a medical checkup that resulted in his HIV infection.

**Methods** Using the Sina Weibo's built-in search tool, we extracted 342 Chinese-language original micro-blogs about Mr. X's HIV infection case that were posted in the month following January 10, 2016, the date that this case appeared in the news. We then conducted a content analysis focusing on the following issues: attitudes of micro-blog users towards the doctor's duty to inform Mr. X of his fiancée's HIV status and reasons for these attitudes; laws referred by micro-blogs; and whether a deliberate non-disclosure is deemed a criminal offence by micro-blog users.

**Results** 47.08% of micro-blogs (n=161) believe the doctor should have informed Mr. X of his fiancée's HIV status, and almost half of them argued that patient's confidentiality should be compromised. 22.51% of micro-blogs (n=77) were in support of maintaining the absolute confidentiality of the HIV-positive patient. Relevant Chinese laws were cited in 77 micro-blogs, and 8 Weibo users asserted that both the doctors' and the wife's deliberate non-disclosure constituted a criminal offence.

**Conclusion** More than half of Weibo users did not support the compromise of patient's privacy when discussing the doctor's role in the disclosure of HIV-positive status in Mr. X's case. The dilemma over privacy of HIV-positive patients and the legislative conflicts claimed by Weibo users indicate that clear counselling guidelines for HIV/AIDS disclosures should be made available to healthcare providers. We also believe that this case provides an opportunity for the Chinese court to decide how to balance partners' health rights and patients' confidentiality regarding the HIV infection.