017 SEXUAL BEHAVIOUR IN YOUNGER MSM AND SELF-PERCEIVED SEXUAL RISK USING A LOCAL HIV RISK ASSESSMENT TOOL (HIVRAT)

doi:10.1136/sextrans-2012-050601a.17

J Alagaratnam,* A Black, A Smith. *St Mary's Hospital*

Background HIV infection continues to disproportionately affect MSM in the UK. The 2011 HPA report "Sexually Transmitted Infections in MSM in the UK" highlights the need for one-to-one behavioural interventions. Thus, identifying those at highest risk is essential.
Aims To profile the sexual behaviour of younger MSM attending a dedicated clinic. To establish how MSM perceive their sexual risk and explore the use of a simple HIV Risk Assessment Tool (HIVRAT).
Methods MSM attending a weekly clinic offering HIV testing self-complete a 6 question HIVRAT in addition to standard history. The HIVRAT records number of male partners in previous 12 months, and number of unprotected anal intercourse (UPAI) partners (previous 3 and 12 months). It also contains a Likert scale of perceived sexual risk. Data was collected over 6 months from June 2011. Statistical analysis was performed in Excel and correlated using Spearman's Rank methodology.
Results 138 men completed the HIVRAT (aged 18–35). Median number of sexual partners in preceding 12 months = 8 (range 1–250, 42% reported >10 partners). Median number of UPAI partners in preceding 3 months =0 (range 0–5) and 12 months =1 (range 0–8). Perceived risk was scored as 1= Very low (20.4%), 2 (44.5%), 3 (28.5%), 4 (4.4%) and 5= Very high (2.2%). There was poor correlation between sexual behaviour and perceived risk. For MSM who had UPAI with one or more partners in the previous 3 and 12 months, there was a moderately positive correlation between actual risk and perceived risk (SRCC 0.517 and 0.544 respectively).
Conclusions Only 6.6% of MSM judged their personal HIV risk as high in a cohort where 36% reported UPAI with two or more partners in 12 months. Tools like HIVRAT provide valuable information which is not routinely collected. Asking about UPAI during the 12-month period prior to testing showed the strongest correlation between actual and perceived risk, and could help identify MSM who would benefit most from behavioural intervention.

018 SEXUAL BEHAVIOUR, PARTNERSHIP PATTERNS AND STI DIAGNOSES AMONG HIV POSITIVE MSM: IMPLICATIONS FOR HIV/STIS TRANSMISSION AND PARTNER NOTIFICATION

doi:10.1136/sextrans-2012-050601a.18

[1]S Wayal, [1]G Hart, [1]A Copas, [2]S Edwards, [3]JA Cassell.* *[1]University College London, London, UK; [2]NHS Camden Provider Services, London, UK; [3]Brighton and Sussex Medical School, Brighton, UK*

Aims In the UK, HIV+ve men who have sex with men (MSM) are disproportionately affected with sexually transmitted infections (STIs). STIs can enhance HIV transmission. We examined factors associated with STIs diagnoses and partner notification, and explored preferred methods for STIs notification among HIV+ve MSM.
Methods 429 HIV+ve MSM attending a central London HIV clinic completed a computer-assisted survey (May–September 2010). Multivariate logistic regression analyses were conducted.
Results 86% men (368/429) were sexually active in the last year. Of these sexually active men, 84% (305/362) had tested for STIs. Among men who tested for STIs, 57% (174/305) reported engaging in unprotected anal intercourse (UAI) and 32% (98/305) were diagnosed with STIs. UAI, particularly non-concordant unprotected anal intercourse, age <35 years, concurrent sexual partnerships were independently associated with STIs diagnoses. 58% men had notified ¡Ý1 partner following STIs diagnosis. Being employed, born in the UK, concerns about breach of HIV confidentiality were negatively associated; while clinic advice and support were positively associated with partner notification following STIs diagnosis. 79% (339/429) men reported willingness to notify partners of STIs in the future. Of these, 76% men were willing to notify a boyfriend themselves. 11% men expressed preference for provider referral. Most men were willing to notify regular partners by phone. Men expressed willingness to notify casual partners by phone, text message, or anonymous provider-led methods.
Conclusions The high level of risky sexual behaviour, STIs diagnosis and its association with non-concordant unprotected anal intercourse among HIV+ve MSM suggests that partner notification provides opportunities for HIV and STIs case-finding and treatment. The offer of a choice of notification methods to HIV+ve MSM, particularly young men and men with multiple/concurrent, casual partners, may override personal, partnership, and structural barriers to partner notification.

019 SEXUAL PARTNERSHIP PATTERNS AND SEXUALLY TRANSMITTED INFECTIONS IN HIV POSITIVE MEN WHO HAVE SEX WITH MEN: IMPLICATIONS FOR PARTNER NOTIFICATION

doi:10.1136/sextrans-2012-050601a.19

[1]S Wayal,* [2]J A Cassell, [3]S Edwards, [1]G Hart. *[1]University College London, London, UK; [2]Brighton and Sussex Medical School, Brighton, UK; [3]NHS Camden Provider Services, London, UK*

Aims It is essential to understand the implications of sexual partnerships, sexual networks and type of sexually transmitted infections (STIs) on partner notification to maximise its effectiveness. We examined the relationship of these factors with HIV+ve men who have sex with men's (MSM) attitudes towards partner notification.
Methods 24 purposively selected men participated in semi-structured interviews (May 2010–February 2011). Piloted vignettes about different types of STIs diagnosis and sexual partners were used to facilitate discussion. Framework analysis was conducted.
Results Men perceived the personal and public health benefits of HIV/STIs notification. However, HIV was perceived as a "fatal illness" and partner notification as "imperative" to facilitate partners' access to antiretroviral treatment. Some men preferred immediate HIV partner notification to allow post-exposure prophylaxis; others preferred to wait due to their own emotional burden of HIV diagnosis. Men perceived HIV notification with greater fear of stigma and "blame culture" than STIs notification. Concerns regarding breach of confidentiality and long-term relationships were perceived barriers to HIV partner notification, while clinic advice and support was favoured. Men who intentionally engaged in bareback sex perceived STIs partner notification as "the norm". However, some men emphasised their and partners' "personal responsibility" to test for STIs regularly. Men favoured notifying a boyfriend and regular partners personally, especially for non-curable STIs like Hepatitis C (HCV). However, fear of being blamed or blaming group/casual sex partners, especially for HCV, were barriers to STIs notification. Provider-led or anonymous-notification methods were preferred in such cases.
Conclusions HIV+ve MSM should be offered clinic support for patient-led HIV notification, provider-led methods for HCV