

P11.28 'GAY FRIENDLY GP' ONLINE TRAINING: STRENGTHENING CAPACITY OF PRIMARY CARE IN WORKING WITH GAY MEN AND MEN WHO HAVE SEX WITH MEN PATIENTS

¹A Mudie*, ²D Baker*, ³C Pell, ⁴J Dabbhadatta*, ⁵B Crozier, ⁶T Munro, ⁶J Gray, ⁷A Ubrihien, ¹J Chu, ⁶B Clifton, on behalf of the STIs in Gay Men Action Group's Clinicians Communication Project Working Group. ¹Australasian Society for HIV Medicine, Australia; ²East Sydney Doctors, Australia; ³Taylor Square Private Clinic, Australia; ⁴HIV/AIDS and Related Programs Unit, South Eastern Sydney Local Health District, Australia; ⁵Albion Centre, South Eastern Sydney Local Health District, Australia; ⁶ACON, Australia; ⁷Western Sydney Sexual Health Centre, Western Sydney Local Health District, Australia

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Introduction Sexually transmissible infections (STIs) including HIV remain a significant public health issue for gay men and men who have sex with men (MSM). General Practitioners (GPs) play an essential role in STI testing and management with over 50% of testing in NSW occurring within general practice settings. In 2014 the Sydney Gay Friendly GP list was updated by the STIs in Gay Men Action Group and through this process, it was identified that some GPs needed further training.

Methods A literature review was conducted mid-2014 which identified online learning as an effective modality for providing GPs with MSM relevant training. An expert committee was established including GP and community representatives to provide input and guide the development of the online learning module (OLM). Key issues around primary care experiences of MSM were identified and a 60 min self-paced OLM was developed. The interactive OLM aims to increase the competence and confidence of GPs and other health professionals in identifying and addressing issues related to sexual health and wellbeing relevant to MSM.

Results The OLM consists of three modules; towards a better understanding of gay men and MSM, discussing sexual history and testing for STIs, and issues facing this population group. As an incentive for GPs to participate, the Royal Australian College of General Practitioners' Continuing Professional Development points are allocated to those who complete the training.

Conclusion The Gay Friendly GP OLM is Australia's first online training that promotes optimal care for MSM in general practice settings. Responding to the needs of key populations in general practice can help bridge the gap between health professionals and the populations they serve. This training package will assist GPs to improve consumer engagement, understand sexual diversity and promote effective screening and treatment of STIs in gay men and MSM.

Disclosure of interest statement Nil.

P11.29 USING QUALITATIVE RESEARCH METHODS TO ELUCIDATE "EMIC" CONSTRUCTIONS OF RISK AND SEROADAPTIVE BEHAVIOURS AMONG MEN WHO HAVE SEX WITH MEN (MSM)

¹RR Patel, ²LN Jacobi, ^{1,2}BP Stoner*. ¹Washington University School of Medicine; ²Washington University Department of Anthropology, St. Louis, MO, USA

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Introduction Anthropologists use qualitative methods to elicit cultural frameworks which structure patterns of behaviour and social organisation. These resultant "emic" models offer a window on the world of meaning for social actors in their engagement with others. We employed ethnographic approaches to

investigate how men who have sex with men (MSM) identify potential sex partners, determine partner risk profiles, and adopt specific seroadaptive behaviours and strategies to minimise risk of STI/HIV transmission.

Methods Sexually-active MSM in St. Louis, MO USA were recruited from online advertisements on a variety of social networking sites, as well as flyers posted at bars, clubs, and other venues. Participants completed extended, in-depth qualitative interviews about sex partner selection, sexual practices, and seroadaptive approaches for STI/HIV prevention, including knowledge and use of pre-exposure prophylaxis (PrEP).

Results As of 13 March 2015, 11 subjects were enrolled in the study, with median age 30 (IQR 27 – 35). Participants reported increasingly nuanced categories of partner risk perception, including "HIV-negative plus PrEP," "HIV-negative," "HIV-positive, undetectable," "HIV-positive, detectable," "HIV-positive, unknown viral load" and "HIV-unknown." Serosorting was observed. Seropositioning was universal for HIV prevention – subjects reporting active engagement to minimise risk of HIV transmission (but not syphilis or other STIs) to negative or status-unknown partners. Knowledge of PrEP was variable. Emic conceptions of risk invoked existential models of concern for self and others. Adoption and performance of specific behaviours validated and confirmed perceptions of benevolence toward self and others.

Conclusion HIV prevention was highly valued and actively sought by sexually-active MSM. Risk conceptions were mediated through complex understandings of partner risk profiles, and performance of seroadaptive behaviours served to validate perceptions of well-being and benevolence. The need for syphilis prevention was under-appreciated. These findings have implications for improving STI/HIV prevention approaches among MSM.

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P11.30 OUT LATER IN LIFE: WORKING WITH OLDER SAME-SEX ATTRACTED MEN

B Sudarto*. Victorian AIDS Council (VAC)

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Introduction Coming to terms with one's sexuality can be a lengthy process. Coming out in this context refers to the process of accepting same-sex attraction and informing others of one's sexual identity. Coming out is different for each individual, with some men come out later in life after years of denying their sexuality.

There are issues specific to this population. These include overcoming internalised prejudice resulting from prolonged exposure to homophobia, disclosing same-sex attraction to their opposite-sex partners and children, as well as re-establishing the self as a gay or bisexual man to their social and professional network.

To date, there are limited services available for men who come out later in life. As a result, many of these men feel isolated, especially from the mainstream youth-centric gay culture. Internalised prejudice can also prevent them from befriending other gay men, seeking support and education. All of these can have a detrimental effect on their well being.

Methods Momentum is a peer-based workshop for same-sex attracted men aged 27 years and above. The workshop provides

support and education relating to sexuality and sexual health. Feedback from Momentum participants for the period of February 2014 to April 2015 are collected and analysed.

Results Participants expressed heightened knowledge of their sexuality after attending the workshop. The workshop also provided them with an educational environment relating to sexual health. Additionally, many stated the social benefit of the workshop, as they formed friendships that expand their social support network. Many participants felt supported and connected to the gay community, indicating positive benefits gained from attending the workshop.

Conclusion The needs of gay men who came out later in life must be recognised to assist them overcoming homophobia, construct a supportive social network, and provide sexual health education relevant to their lived experiences to improve their well being.

Disclosure of interest statement The Victorian AIDS Council is funded by the Victorian Department of Health and Human Services. No pharmaceutical grants were received in the delivery of the program.

P11.31 HIV/STI PREVALENCE, SEXUAL RISK, AND DRUG USE AMONG MEN WHO HAVE SEX WITH MEN IN URBAN SETTINGS IN VIET NAM

DC Thanh*, TD Quang, LA Tuan, NTT Ha, HTT Ha, HT Tram, PH Thang, NA Tuan. *National Institute of Hygiene and Epidemiology, Ha Noi, Viet Nam*

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Introduction HIV epidemic is still concentrated in most at risk populations including people who inject drugs (PWID), female sex workers (FSW), and men who have sex with men (MSM) in Viet Nam. This aims to describe HIV/STI prevalence and drug use among MSM in Ha Noi, Hai Phong, and Can Tho, Viet Nam.

Methods Cross-sectional surveys were conducted among MSM in 2013. Biologic and behavioural data were collected with the main objectives of obtaining HIV/STI prevalence, risk and preventive behaviours which focused on sexual and drug-using behaviours and exposure to HIV/AIDS intervention programs.

Results HIV prevalence was 4.0%, 5.4%, and 1.1% in Ha Noi, Hai Phong, and Can Tho, respectively. *Chlamydia Trachomatis* (CT) was 4.4%, 5.0%, and 3.5% in Ha Noi, Hai Phong, and Can Tho, respectively. *Neisseria Gonorrhoea* (NG) was 3.4%, 0.3%, and 3.2% in rectal and 0.0%, 0.3%, and 0.9% in genital in Ha Noi, Hai Phong, and Can Tho, respectively. Consistently condom use with non-commercial male partners in past month was 59.1%, 78.6%, and 62.3% in Ha Noi, Hai Phong, and Can Tho, respectively. Reported ever drug use was 13.2%, 13.1%, and 1.5% in Ha Noi, Hai Phong, and Can Tho, respectively. Opiate in urinalysis was 5.3%, 11.0%, and 1.2% in Ha Noi, Hai Phong, and Can Tho, respectively. Amphetamine-type stimulants (ATS) positive in urinalysis was 2.8%, 0.7%, and 0.0% in Ha Noi, Hai Phong, and Can Tho, respectively.

Conclusion HIV prevalence was relatively high in Ha Noi and Hai Phong. There was an evidence of unsafe sex since the presence of other STIs. Non-injection drug use, particularly ATS use, among MSM has gained increasing attention. HIV prevention efforts need a refocus on sexual and drug using risk reduction for MSM.

Disclosure of interest None.

P11.32 SOCIO-DEMOGRAPHIC AND BEHAVIOURAL CHARACTERISTICS OF MEN WHO HAVE SEX WITH MEN (MSM) IN THE NETHERLANDS WHO HAVE NEVER BEEN TESTED FOR HIV

C Den Daas, M Doppen, E Op de Coul*. *Centre for Infectious Disease Control (RIVM), The Netherlands*

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Introduction The proportion of MSM unaware of their HIV infection is 31% in the Netherlands. People who are unaware of HIV are more likely to transmit HIV to others and are unable to benefit from (early) treatment. To improve HIV testing, it is crucial to identify characteristics of MSM who were never tested.

Methods We analysed HIV testing behaviour in the Dutch sample (n = 3,787) of the European MSM Internet Survey (EMIS) in relation to socio-demographic and behavioural factors by logistic regression.

Results Of the MSM, 20.5% reported to be 'never tested for HIV'. The adjusted model showed that MSM of younger age (<25 yrs aOR 4.6 CI 3.7–5.8 vs >40 yrs), with lower education (2.1 CI 1.8–2.4 vs high), with lower HIV knowledge (5.5 CI 3.8–8.0 vs higher) had higher odds on 'never tested for HIV'. Further, MSM with lower sexual risks were more likely to be never tested for HIV; MSM with no UAI <12 months (3.8 CI 3.1–4.8 vs yes), never visiting gay venues (3.9 CI 3.3–4.7 vs ever), with no STIs < 12 months (11.3 CI 6.6–19.3 vs yes), no sex/party drugs (2.7 CI 2.0–3.7 vs yes), outness (3.4 CI 2.9–4.0 vs other), and having more gay friends (few 6.0 CI 4.6–7.9 vs most are gay). Additionally, of all MSM who were never tested for HIV 70.3% had anal intercourse with ≥1 casual partner (s) <12 months and 47% had unprotected intercourse.

Conclusion MSM with lower sexual risks were more likely to be never tested for HIV, suggesting that MSM make risk assessments to inform their choices about HIV testing. Nevertheless, MSM who never tested for HIV also showed sexual behaviour that put them at HIV risk, and are therefore important to target for HIV interventions.

Disclosure of interest statement The study is funded by the RIVM. No pharmaceutical grants were received in the development of this study.

P12 – STI care

P12.01 GETTING YOUR CHLAMYDIA CARE ONLINE: QUALITATIVE STUDY AMONG USERS OF THE CHLAMYDIA ONLINE CLINICAL CARE PATHWAY (CHLAMYDIA-OCCP), IN A PROOF OF CONCEPT STUDY

¹CRH Aicken, ²LJ Sutcliffe, ²CS Estcourt*, ²J Gibbs, ²LJ Tickle, ¹P Sonnenberg, ³ST Sadiq, ¹M Shahmanesh. ¹University College London; ²Queen Mary University of London; ³St George's, University of London

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Background Online clinical care was offered to people receiving positive chlamydia results, following testing in Genitourinary Medicine clinics or through six National Chlamydia Screening Programme areas' online postal self-sampling service: 21.07.14–13.3.15, in a proof-of-concept study within the eSTI² consortium (www.esti2.org.uk). Chlamydia-OCCP included: STI results service; clinical consultation; electronic prescription via community pharmacy; partner notification; and a telephone helpline