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P17.08 USING GRINDR™, A SMARTPHONE SOCIAL NETWORKING APPLICATION, TO INCREASE HIV SELF-TESTING AMONG MEN WHO HAVE SEX WITH MEN IN LOS ANGELES

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Introduction In Los Angeles County, about 25% of men who have sex with men (MSM) are unaware of their HIV positive status. Using smartphone social networking applications (apps) to promote free HIV self-testing might help reduce common barriers for testing, including poor access, stigma, and fear of loss of confidentiality.

Methods We advertised free HIV self-tests on Grindr™, a smartphone geosocial networking app popular with MSM, from April 17 to May 29, 2014, and from October 13 to November 11, 2014. The advertisements linked users to <http://freehivselftests.weebly.com/to> to choose a self-test delivery method: US mail, a drugstore voucher, or from a vending machine. African American or Latino MSM ≥18 years old were invited to take a survey on testing experiences.

Results During the two waves of the campaign, the website received 16,328 unique visitors (average: 227 per day) and 667 self-test requests. Of those 667, 471 (71%) were requests for mailed self-tests, 157 (23%) were for vouchers, and 39 (6%) were to use the vending machine. Among 112 (63%) survey respondents of 178 invited, study-eligible participants, 64% were between 18–30 years old, 18% were Black/African American, 77% reported at least one episode of condomless anal sex in the past three months, and 38% last tested for HIV over a year ago or had never tested. One hundred six (95%) reported using the self-test was easy; 4 persons reported testing HIV positive and all 4 (100%) sought medical care.

Conclusion Free HIV self-testing promotion through Grindr™ resulted in a large number of HIV self-test requests. Users preferred US mail self-test delivery, found the self-tests easy to use, and sought medical care if testing positive. Future work should evaluate different smartphone apps and compare smartphone social networking app promotion of self-testing with other HIV testing services.

Disclosure of interest statement The authors have no conflicts of interest to disclose.

P17.09 COST-EFFECTIVENESS OF HIV SELF-TESTING PROMOTION THROUGH GRINDR™, A SMARTPHONE SOCIAL NETWORKING APPLICATION

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Introduction Currently, the cost per new HIV diagnosis in the United States is estimated at \$17,700. HIV self-testing promotion through smartphone social networking applications (apps) might present an affordable way to help improve case finding. We evaluated the cost-effectiveness of an HIV self-testing program that linked geo-targeted mobile advertisements to an online self-test request system.

Methods The HIV self-testing program was offered in Los Angeles from April 17 to May 29, 2014, and from October 13 to November 11, 2014. During those periods, we placed advertisements for free HIV self-tests on Grindr™, a smartphone geosocial networking app popular with men who have sex with men (MSM). Users were linked to <http://freehivselftests.weebly.com/to> to submit self-test requests. African American and Latino MSM ≥18 years old were asked if they used the self-test and what the result of the self-test was. Cost-effectiveness was measured by the cost per person tested and the cost per new case of HIV identified.

Results Through the two offerings of the program, an estimated 455 users received and used an HIV self-test. Among 112 (63%) survey respondents of 178 invited, study-eligible participants who self-identified as not being previously diagnosed with HIV, 4 (4%) reported testing HIV positive; all 4 (100%) sought medical care. The total direct costs of the program incurred from two waves of advertising (US\$2,670), self-test purchases (US\$13,130 at US\$26 per test), and personnel time (US\$1,800) was US\$17,600. The cost per person tested was US\$39, and the cost per new case of HIV identified was US\$4,400.

Conclusion Free HIV self-testing promotion through Grindr™ is an effective and affordable means of identifying previously undiagnosed cases of HIV among African American and Latino MSM. Future work should compare advertising on different smartphone social networking apps and evaluate methods to confirm self-reported HIV test results and linkage-to-care activities.

Disclosure of interest statement The authors have no conflicts of interest to disclose.

P17.10 HIV TESTING SELF-EFFICACY IS ASSOCIATED WITH HIGHER HIV TESTING FREQUENCY AND PERCEIVED LIKELIHOOD TO SELF-TEST AMONG GAY AND BISEXUAL MEN

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Introduction Regular testing of individuals at high risk of HIV is central to current prevention strategies, and crucial to decrease the time-to-diagnosis. Little research has been conducted on ‘self-efficacy’: the perceived ability to undertake HIV testing among gay and bisexual men (GBM). We examined self-efficacy in relation to HIV testing frequency and likelihood to self-test among GBM.

Methods Participants were HIV-negative GBM at increased risk of HIV (>5 partners or any condomless anal intercourse in

previous 3 months) in a randomised controlled trial of HIV self-testing (FORTH). Participants completed a baseline survey at enrolment. We constructed a HIV Testing Self-Efficacy (HTSE) scale measuring confidence in one's perceived ability to undertake HIV testing comprising 8 items ('not at all confident' = 0 to 'completely confident' = 4; Cronbach's α = 0.81). Total HTSE score consisted of the sum of scores for all items. We determined the factors associated with HIV testing frequency in the past 12 months and perceived likelihood to self-test in the future using logistic regression.

Results A total of 355 GBM were included. Median age was 33 years (inter-quartile range [IQR] = 26–41), and 63% were Australian-born. Overall, 95% reported having previously tested for HIV, and 65% reported being 'very likely' to self-test for HIV. The median HTSE score was 26 (IQR = 23–29, range = 8–32). In multivariate analysis, factors independently associated with ≥ 3 HIV tests in past 12 months were: HTSE score (adjusted odds ratio [AOR] = 1.07 for one unit increase, 95% CI = 1.02–1.13, p = 0.011); and >10 partners in past 6 months (AOR = 1.85, 95% CI = 1.10–3.12, p = 0.020). Only HTSE score was associated with being 'very likely' to self-test (OR = 1.08, 95% CI = 1.03–1.13, p = 0.001).

Conclusion HIV testing self-efficacy is independently associated with testing frequency and likelihood to self-test. Improving GBM's confidence in HIV testing, by improving their knowledge and experience may lead to higher testing frequency. Future longitudinal analysis will provide information about the causal pathways between HTSE, testing frequency and actual self-testing measured in the trial.

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P17.11 PUBLIC SEXUAL HEALTH CLINICS INCREASE ACCESS, HIV TESTING AND RE-TESTING AMONG HIGHER RISK GAY AND BISEXUAL MEN

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Introduction Most HIV diagnoses in Australia occur in gay and bisexual men (GBM), however the majority of higher-risk GBM are testing for HIV at less than recommended frequency (3–6 monthly). In recent years, public sexual health clinics (SHCs) have implemented a range of initiatives to increase access to HIV testing in GBM including express clinical models, after-hours/drop-in services, online-booking, rapid-testing, and SMS reminders. We measured HIV testing trends among GBM at New South Wales (NSW) SHCs in the time period of the initiatives.

Methods We utilised routinely collected data from 33 SHCs in NSW, and calculated the following annual indicators among HIV negative GBM from 2009–2013: number attending clinics; proportion tested for HIV at least once; proportion re-tested within 1–12 months; and HIV positivity. Indicators were calculated for all GBM and higher-risk GBM (>5 partners in last 3 months or previous sexually transmissible infection diagnosis). Chi-square tests were used to assess trends over time.

Results In the 5-year period, 29,623 unique HIV-negative GBM attended participating SHCs and 21% were higher-risk men. Among all HIV-negative GBM, there were significant increasing trends (p -values <0.001) in: the number of individuals attending (4,748 in 2009 to 7,387 in 2013, relative increase:56%); proportion tested (73% to 85%, relative increase:16%); and proportion re-tested within 1–12 months (42% to 52%, relative increase:24%). Among higher-risk GBM, greater increases were observed in individuals attending (934 to 1,667, relative increase:78%) and proportion re-testing (51% to 64%, relative increase:26%), but a smaller change in the proportion tested (89% to 93%, relative increase:5%), though starting from a higher base (significant increasing trends, p -values <0.001). HIV-positivity in all GBM fluctuated (1.3–1.1%) with no significant trend over time (p = 0.790).

Conclusion NSW SHCs have successfully increased attendance and HIV testing among GBM, particularly in higher-risk men. HIV-positivity suggests that testing increases have been well-targeted to higher-risk GBM. There is potential to further improve testing uptake and re-testing.

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P17.12 PROVIDING EVIDENCE TO SUPPORT COMMUNITY BASED HCT SCREENING PROGRAMS – THE VOICE OF VULNERABLE RURAL YOUTHS IN SOUTH-WEST NIGERIA

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Background Low uptake of HIV testing services (HCT) in healthcare settings was reported by a study carried out in the South-south region of Nigeria. High acceptability of home based HCT has been reported in a previous study in South Africa. Home based testing also increased uptake of screening for HIV and syphilis among previously untested individuals in Brazil.

Methods A cross sectional descriptive study was carried out among out-of-school youths in two rural communities in south-west Nigeria. The aim of the study was to determine the prevalence of HIV testing and the preferred venue for the tests. Multistage sampling method was used to select 360 respondents in each of the communities. Information was collected by trained interviewer's using a pretested questionnaire. Data was analysed using Epi info statistical software version 3.6.3 and IBM SPSS version 20. Bivariate and multivariate analysis was carried out at $p < 0.05$.

Results Mean age of respondents was 19.85 ± 2.71 , majority were males (55.0%) and had at least secondary school education (66.7%). Most (86.5%) had heard of HCT, the commonest source of information being TV/Radio (49.0%), Health worker (14.2%), friends/family members (12.3%). Only 14.6% had been tested for HIV. Among this group, 8.3% were tested for medical