## Section 1 Oral presentations

0001

DIGITAL SEX AND THE CITY: PREVALENT USE OF DATING APPS AMONGST HETEROSEXUAL ATTENDEES OF GENITO-URINARY MEDICINE (GUM) CLINICS

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Background/introduction Studies show that use of dating apps amongst men who have sex with men (MSM) is associated with an increased risk of sexually transmitted infections (STIs), including HIV. There is a paucity of research regarding the use of similar apps amongst the heterosexual population.

Aim(s)/objectives To quantify heterosexual use of dating apps and explore the sexual practices of app users.

Methods Anonymised questionnaires were offered to heterosexual attendees of two GUM clinics, throughout August 2015. Respondents self-completed information relating to purpose and frequency of app use, number of sexual partners, recreational drug use (RDU), condomless sex and STI diagnoses.

Results Questionnaires were returned by 539 attendees: 70% (377) women, 30% (162) men. Median age was 21–30 years.

Discussion A quarter of heterosexual GUM attendees frequent apps to find partners. This study identified high rates of STIs, condomless sex and RDU amongst app users, with rates mirroring those seen amongst MSM. Sexual health promotion and/or STI testing packages would be welcomed by most app users.

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	Total	Men	Women
Ever used dating app	132 (24%)	45/132 (34%)	87/132 (66%
Frequency of app use			
Monthly	34/132 (26%)	14/45 (31%)	20/87 (23%)
Every few months	16/132 (12%)	7/45 (16%)	9/87 (10%)
Reason for app use			
Seeking long term relationship	85 (64%)	11 (24%)	74 (85%)
Seeking casual sex	13 (10%)	9 (20%)	4 (5%)
Sex with app partner			
Unprotected	52 (39%)	25 (56%)	27 (31%)
Protected	59 (45%)	13 (29%)	46 (53%)
RDU with app partner	13 (10%)	12 (26%)	1 (1%)
Diagnosed with STI after	6 (5%)	2 (4%)	4 (5%)
meeting app partner			
Would request STI testing	62%		
kit via app			
Would value sexual health	57%		

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## RATES OF ASYMPTOMATIC LYMPHOGRANULOMA VENEREUM (LGV) IN MEN WHO HAVE SEX WITH MEN (MSM)

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Background/introduction The 2015 BASHH Chlamydia guidelines recommend LGV testing in asymptomatic HIV positive, but not HIV negative, MSM with rectal chlamydia. Despite evidence for serosorting among MSM having condomless sex, up to 16% are unaware of, or have different HIV status to their sex partners. HIV positive MSM may therefore transmit LGV to serodiscordent partners, resulting in higher than expected infection rates in HIV negative MSM.

Aim(s)/objectives To compare rates of asymptomatic and symptomatic LGV in HIV positive and negative MSM attending a sexual health service.

Methods Case notes of individuals with confirmed LGV from 8/6/2015–31/12/2015 were reviewed and data on demographics, symptoms, HIV status and presence of other STIs collected.

Results We identified 105 cases of LGV (79% White; median age 35.3 years). 48 (46%) were HIV negative. 73% of HIV negative and 56% of HIV positive individuals were asymptomatic. 50 patients (47.7%) had one or more other STIs at time of initial LGV diagnosis; 62% were HIV positive. At time of censor, 95% of individuals attending for test of cure had a negative result.

Discussion/conclusion Asymptomatic LGV was identified in 73% of HIV negative individuals which is likely to have been missed had they not been tested at initial chlamydia diagnosis. STIs facilitate onward transmission of HIV and our findings highlight the importance of continuing to recommend regular screening in all MSM regardless of HIV status to identify infections and offer timely treatment. We recommend LGV testing be extended to asymptomatic HIV negative MSM with rectal chlamydia.

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## SALIVA USE AS A LUBRICANT FOR ANAL SEX IS A RISK FACTOR FOR RECTAL GONORRHOEA AMONG MEN WHO HAVE SEX WITH MEN, A NEW PUBLIC HEALTH MESSAGE: A CROSS-SECTIONAL SURVEY

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Background/introduction Apart from penile-anal intercourse, other anal sexual practices (oral-anal contact or rimming, fingering and saliva use as a lubricant for anal sex) are common among men who have sex with men (MSM).

Aim(s)/objectives The aim of this study is to evaluate whether these anal sexual practices are risk factors for rectal gonorrhoea in MSM.

Methods A cross-sectional survey was conducted among MSM attending a large urban sexual health centre between July 2014 and June 2015. Rectal gonorrhoea cases were identified by culture.