

Oral Presentations

001 RECENT TRENDS IN HIV DIAGNOSES AND TESTS AMONG MEN WHO HAVE SEX WITH MEN ATTENDING SEXUAL HEALTH CLINICS IN ENGLAND

Dana Ogaz*, Martina Furegato, Alison E Brown, Hamish Mohammed, Peter Kirwan, Mandy Yung, Sophie Nash, Nicky Connor, Noel Gill, Valerie Delped, Gwenda Hughes. *Public Health England, London, UK*

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Introduction Men who have sex with men (MSM) remain at highest risk of HIV acquisition in England. We assessed recent national trends in HIV diagnoses and tests among MSM attending specialist sexual health clinics (SHCs) in England.

Methods Numbers of HIV diagnoses and tests in MSM were obtained from GUMCADv2, the national surveillance system for sexually transmitted infections. Trends were stratified by HIV testing history (new/repeat-testers in last 2 years) and service location (London/Outside-London). Student's t-tests were used to assess the differences in mean numbers of HIV diagnoses and tests between Q4/2014–Q3/2015 and Q4/2015–Q3/2016.

Results A decline in HIV diagnoses from 515 to 427 (17%) was observed between Q4/2014–Q3/2015 and Q4/2015–Q3/2016 ($p=0.05$). Greatest declines were in London SHCs (276–209; 24%; $p=0.04$) and among new-testers (390–308; 21%; $p=0.03$). In London SHCs, there was a 29% diagnosis decline among new-testers (195–138; $p=0.03$) with no evidence of a difference in repeat-testers (81–71; $p=0.33$); HIV tests in repeat-testers increased 15% (9,768–11,270; $p=0.02$) but remained stable among new-testers (7,166–6,638; $p=0.28$). In Outside-London SHCs, HIV diagnoses remained stable in new- (194–170; $p=0.06$) and repeat-testers (44–48; $p=0.52$) while HIV testing increased 14% in new- (7,679–8,734; $p=0.05$) and 16% in repeat-testers (7,423–8,602; $p=0.02$).

Discussion HIV diagnoses among MSM have decreased despite overall increased testing at SHCs. Stable levels of testing in new-testers as well as scale-up of repeat-testing may be contributing to diagnosis declines by earlier identification of undiagnosed infections. Further investigation of treatment and prevention initiatives among new- and repeat-testers in London SHCs is necessary.

002 WHAT ARE THE MOTIVATIONS AND BARRIERS TO EFFECTIVE HIV PRE-EXPOSURE PROPHYLAXIS (PREP) USE FOR BLACK MEN WHO HAVE SEX WITH MEN (BMSM) AGED 18–45 IN LONDON? RESULTS FROM A QUALITATIVE STUDY

¹T Charles Witzel*, ¹William R Nutland, ²Adam H Bourne. ¹London School of Hygiene and Tropical Medicine, London, UK; ²La Trobe University, Melbourne, Victoria, Australia

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Introduction PrEP has the potential to transform the HIV epidemic in the UK. BMSM experience a significantly higher HIV prevalence compared with other MSM meaning that PrEP rollout should be attentive to reducing health inequalities

in this group. This research aims to describe the motivations and barriers to PrEP use for BMSM aged 18–45 in London.

Methods Twenty-five BMSM were recruited through social sexual apps for semi-structured interviews. All participants reported sexual behaviours consistent with PrEP candidacy. Interviews were transcribed verbatim and analysed using a thematic framework informed by inter-sectionality theory.

Results An 'ideal' PrEP candidate was frequently perceived to embody characteristics that participants themselves did not necessarily identify with (e.g. that they were insufficiently risky or sexually active to require PrEP). Many already felt marginalised by virtue of being both black and gay, or felt 'type-cast' as sexually dominant within the gay scene. Concern was expressed that taking PrEP may exacerbate such marginalisation by suggesting that they were also promiscuous. For others, however, taking PrEP meant avoiding another marginalised identity: that of someone with HIV. Participants tended to prefer conveniently located clinics outside of traditionally 'black' areas. Accessing services from staff of similar ethnic backgrounds was difficult for many, except for staff also perceived as gay.

Discussion Marginalisation remains a key barrier for this group, and should be considered when developing PrEP interventions. Existing services are acceptable for delivering PrEP interventions, but staff need to be mindful, sex affirmative and focus on developing rapport with BMSM of similar ethnic backgrounds as themselves.

003 IMPACT OF PREP ON SEXUAL BEHAVIOUR? SIGNIFICANTLY LOWER RATE OF RECTAL CT IN NON-PREP USERS IN THE DEFERRED PHASE OF PROUD DISAPPEARED WHEN EVERYONE HAD ACCESS TO PREP

¹Ann Sullivan*, ²Charles Lacey*, ³Ellen White, ⁴Nicky Mackie, ⁵Amanda Clarke, ³Richard Gilson, ⁶Mags Portman, ⁷Claire Dewsnap, ⁸Steve Taylor, ³David Dunn, ³Sheena McCormack. ¹Chelsea and Westminster NHS Foundation Trust, London, UK; ²HYMS Medical School, York, UK; ³UCL, London, UK; ⁴Imperial NHS Trust, London, UK; ⁵Brighton and Sussex University Hospitals NHS Trust, Brighton, UK; ⁶Mortimer Market Centre, London, UK; ⁷Sheffield Teaching Hospital NHS Trust, Sheffield, UK; ⁸Birmingham Heartlands NHS Trust, Birmingham, UK

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Introduction PROUD is uniquely placed to compare rates of STIs between PrEP users and non-PrEP users, and to provide longitudinal data in PrEP users between Nov12–Nov16. We describe reported STIs in the year prior to enrolment, and rates during the deferred and post-deferred phases of PROUD when all participants had access to PrEP.

Methods Data were extracted from baseline self-completed questionnaires. Staff were asked to capture STI screens and diagnoses from quarterly study and interim routine clinic visits. We compared incidence rates of selected STIs for those with immediate (IMM) access to deferred (DEF) access during the deferred and post-deferred phase.

Results 517 participants completed the STI baseline questions, reporting a median (IQR) of 3 (2–4) screens in the 12m prior to enrolment; 172 (89 IMM, 83 DEF) reported a rectal infection. Rectal STI rates were similar by phase and arm with the exception of lower rates of rectal CT in the DEF arm during the deferred phase (p -value=0.024):