Oral Presentations

O01 RECENT TRENDS IN HIV DIAGNOSES AND TESTS AMONG MEN WHO HAVE SEX WITH MEN ATTENDING SEXUAL HEALTH CLINICS IN ENGLAND

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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.

O02 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

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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.

O03 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

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10.1136/sextrans-2017-053232.3

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):

Abstract O03 Table 1 Rectal infections in PrEP

	Deferred Phase		Post-deferred Phase	
Rate (N/pyrs)	IMM	DEF	IMM	DEF
Rectal GC	35.3 (81/229)	33.7 (67/203)	31.4 (129/411)	32.7 (116/355)
Rectal CT	33.6 (77/229)	21.2 (43/203)	33.1 (136/411)	29.9 (106/355)

Discussion The ongoing high rates of rectal infections show that participants remaining in follow-up continued to need PrEP. The significantly reduced incidence of rectal CT in those allocated to deferred PrEP was not observed in the post-deferred phase when everyone had access to PrEP. This may be chance or may reflect an influence of PrEP on sexual practices.

O04 FINDINGS FROM THE MEN WHO HAVE SEX WITH MEN (MSM) INTERNET SURVEY IRELAND (MISI): ESTIMATED PROPORTION OF MISI RESPONDENTS ELIGIBLE FOR PRE-EXPOSURE PROPHYLAXIS (PREP)

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10.1136/sextrans-2017-053232.4

Introduction In Ireland, HIV infection predominantly occurs among men who have sex with men (MSM). Combination prevention approaches, including pre-exposure prophylaxis (PrEP), are recommended to reduce the risk of acquiring HIV. We used the 2015 MSM Internet Survey Ireland (MISI), a large-scale community survey among adult MSM in Ireland, to estimate the proportion of MISI respondents eligible for PrEP.
Methods We applied PrEP eligibility criteria from France to MISI variables. Where exact criteria could not be applied, the most similar form was used. French PrEP eligibility criteria include HIV negative MSM or transgender adults who had at least one of the following: condomless anal sex (CAI) with ≥2 different partners in the past six months; episodes of STIs in the past 12 months; used multiple post-exposure prophylaxis (PEP) treatment(s) or used drugs during sex.
Results MISI included 3,045 MSM aged 18–64 years; 2,870 (94%) were HIV negative or never HIV tested. In the past 12 months, 370(12%) reported CAI with ≥2 non-steady partners; 243(8%) reported an STI diagnosis and 181(6%) used drugs associated with chemsex. Four percent (n=119) were treated with PEP. Overall, 23% [95%CI(22–25)] of MISI respondents are eligible for PrEP.
Discussion An estimated one in four MISI respondents met French PrEP eligibility criteria. Applying this estimate to the MSM population in Ireland, taking study limitations, those engaged in services and assumed PrEP uptake into account, would enable calculation of the number of MSM eligible for PrEP. This estimate will be useful for informing PrEP policy in Ireland.

O05 EVALUATION OF THE IMPLEMENTATION OF AN EXPRESS 'TEST-AND-GO' HIV/STI TESTING SERVICE FOR MEN WHO HAVE SEX WITH MEN IN SEXUAL HEALTH CENTRE

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10.1136/sextrans-2017-053232.5

Introduction Men who have sex with men (MSM) who are asymptomatic and do not require treatment are eligible to use the new express HIV/STI testing service called 'Test-And-GO' (TAG) or the general clinic service for an asymptomatic screen. We aimed to evaluation the utilisation of the TAG service.
Methods MSM attending the clinic for a TAG service or a general clinic service between 5 August 2015 and 1 June 2016 were analysed. A general estimating equation regression model was constructed to examine the association between the use of TAG service and demographic characteristics, sexual behaviours, and HIV/STI diagnoses.
Results Of the 4,212 consultations, 750 (17.8%) were TAG consultations and 3,462 (82.2%) were routine consultations for asymptomatic MSM at the general clinic. MSM were more likely to use the TAG service if they were aged >30 years (OR=1.32 [95% CI 1.10–1.58]), were born in Australia (OR=1.40 [95% CI 1.16–1.70]), and had ≤4 male partners in the last 12 months (OR=1.30 [95% CI 1.12–1.52]) but there was no significant difference between condom use in the last 12 months. MSM who used the TAG service had less syphilis but there were no differences in detection of gonorrhoea, chlamydia and HIV diagnoses between the two services.
Discussion Demographic and some behavioural characteristics differed between the two services but other than syphilis there was no difference in STIs. The TAG service required less clinician time and hence created additional clinical capacity at the general clinic to see patients at higher risk.

O06 HEPATITIS C TRANSMISSION IN HIV NEGATIVE MEN WHO HAVE SEX WITH MEN (MSM) WHO DO NOT INJECT DRUGS

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Introduction Since 2000 there has been an increase in reported acute hepatitis C in HIV infected men who have sex with men which is associated with injecting drug use (IDU), condomless anal sex, pre-exposure prophylaxis (PrEP) use and sexual practices including fisting. There have been very few reports of acute Hepatitis C in HIV negative MSM who do not inject drugs. Locally we have been screening all MSM and IDUs per year for Hepatitis C since 2005.