

Introduction HIV disproportionately impacts African Americans (AAs) in the US. Atlanta has been identified as an HIV 'hot spot' for AA women and ranks 8th in the US with new infections. Yet little is known about PrEP eligibility or interest among young AA women in Atlanta.

Methods 1261 sexually active young AA women (14–24 years) provided baseline data on self-reported sexual behaviour and laboratory-confirmed STI testing (Chlamydia (CT) and gonorrhoea (GC)) prior to participating in an HIV prevention trial in Atlanta. A convenience sample of women were recruited from 2 settings: community venues (n=560, ages 18–24, 2012–2014) and sexual health clinics (n=701, ages 14–20, 2005–2008) from sexual health clinics. An HIV risk index capturing key HIV risk factors for women was calculated from the self-report data. For the clinic sample the index included recent (past 90 days) condomless vaginal sex, condomless anal sex, sex with partner who has had male partners, sex while high (self), sex while high (partner), and intimate partner violence (IPV) (range: 0–6). For the community sample, the index included condomless sex at last sex, exchanged sex for goods and experienced IPV in past 90 days (range: 0–3). A single item assessed PrEP interest in the community sample only.

Results Bacterial STI positivity, a primary indicator for PrEP eligibility, was 20.5% (17.1% CT, 6.3% GC) and 20.9% (18.8% CT, 5.2% GC) for the clinic and community samples, respectively. Of the 144 STI positive women from the clinic sample, HIV risk index scores ranged from 0–4, with 21.5% reporting no other HIV risk indicators, 31% had one, 27.8% two, 16.7% three and 2.8% had 4 additional indicators. Of the 117 STI positive women from the community sample, HIV risk index scores ranged from 0–3, with 51.3% reporting no other indicators, 36.8% one, 10.3% two and 1.7% had all 3 additional indicators. Among STI positive women, the most common HIV risk indicator was condomless vaginal sex, but 23.8% and 13.2% (only reported by those >18 years) of the community and clinic samples, respectively, reported recent IPV. 57.8% of the community sample reported they would be likely or very likely to use PrEP if available.

Conclusion Our findings indicate that young AA women in Atlanta, whether sampled from community venues or sexual health clinics, are at substantial risk for HIV and meet several PrEP eligibility criteria. Scaling up PrEP among women in Atlanta could have significant implications for HIV in this high burden region.

009.5 PREP AWARENESS, ELIGIBILITY, AND ACCEPTABILITY AMONG HETEROSEXUALS RECRUITED FROM COMMUNITY-BASED HIV TESTING SITES

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10.1136/sestrans-2017-053264.52

Introduction Studies demonstrate pre-exposure prophylaxis (PrEP) can decrease HIV transmission among heterosexual men and women. To inform targeted promotional campaigns, it is necessary to identify those most likely to benefit from this intervention and assess their knowledge and attitudes towards PrEP.

Methods We recruited individuals >18 years old from 4 community-based rapid HIV counselling and testing sites in Philadelphia. They completed a brief survey and screener for PrEP eligibility. Eligibility was based on reporting "yes" to: sex with a partner of unknown or HIV positive status, sex in exchange for drugs/money, recent sexually transmitted infection, or syringe sharing. Chi-squared tests were used to examine factors associated with eligibility, knowledge, and attitudes among 111 self-identified heterosexuals.

Results The sample is 61% male, with race/ethnicity of Black (48%), Latino (40%), White (9%) and other (3%), and median age 44. 31% screened PrEP eligible. Among males and females, eligibility was associated with reporting sex exchange, sex with persons of unknown HIV status, and recent STI (all $p < 0.05$). By race/ethnicity, only syringe sharing differs significantly: 41.7% of Latinos, 42.9% of White participants and no Black or Other participants ($p < 0.04$) reported sharing. Only 24% of participants had heard of PrEP; knowledge did not vary by group. A sizable minority reported concerns about side effects (44%) and talking to a doctor about PrEP (30%). However, 23% were extremely likely or somewhat likely (30%) to use PrEP to prevent HIV in the future.

Conclusion We identified a diverse and at-risk heterosexual population within community-based HIV counselling and testing. Most participants were unaware of PrEP, signifying promotional information is not reaching this population. Having rapid HIV testers screen for PrEP eligibility and educate clients about PrEP may be an effective way to increase PrEP awareness and acceptability among heterosexuals.

009.6 INTEGRATION OF PREP IN AN ACADEMIC ADOLESCENT CLINIC & IMPACT OF PREP USE ON SEXUALLY TRANSMITTED INFECTION (STI) RATES

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10.1136/sestrans-2017-053264.53

Introduction US youth are disproportionately affected by HIV. Pre-exposure prophylaxis (PrEP) significantly reduces the risk of HIV infection and may impact sexual risk. Clinics that serve adolescents are one site proposed in reaching sexually active youth. We sought to: 1) describe the integration of PrEP into an adolescent clinic; and 2) examine impact of PrEP use on sexually transmitted infection (STI) rates.

Methods Over 6 months, we integrated PrEP program into current family planning (FP) and HIV testing programs in an urban adolescent clinic. Patient lists were reviewed daily to identify those eligible for HIV testing/FP. Each eligible youth was asked about awareness of and interest in PrEP. We reviewed each chart to examine the PrEP cascade including: awareness, receipt of information, referral and referral acceptance, and PrEP use. We then examined whether PrEP use impacted rates of STI, comparing proportion of youth on PrEP with an STI in the 6 months before and after PrEP.

Results 234 youth were approached as part of the the HIV/FP program. The mean age was 17.7 (S.D. 3.0), 232 were black (99%), 101 were males (43%), 133 were females (57%), 2 transgender (1%), and 24 self-identified as lesbian, gay, or bisexual (LGB) (10%). Among the 234 youth seen, 17 (7.2%) were aware of PrEP, 49 (21%) received information, and 33 (14%) were referred for PrEP. Among those referred, 24