

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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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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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

(73%) accepted referral and 15 (45%) initiated PrEP. Rates of STI decreased from 60% (n=9) at baseline/6 months prior to 13% in the 6 months after PrEP (p=0.02).

Conclusions Few sexually active youth in this setting were aware of PrEP. Coupling HIV testing/FP with an assessment of interest in PrEP and referral to PrEP services may be one access point in increasing knowledge and use of PrEP.

009.7 KNOWLEDGE, ATTITUDES, AND BELIEFS ABOUT HIV PRE-EXPOSURE PROPHYLAXIS AMONG U.S. ARMY HEALTH CARE PROVIDERS

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Introduction Pre-exposure prophylaxis (PrEP) has become a promising modality in the global fight against HIV. No data is available about the current utilisation, knowledge, or attitudes about PrEP provision in the US Army. Recent analysis of HIV-infected Army personnel indicates men who have sex with men are most at risk. We conducted a survey to characterise the level of PrEP awareness and adoption and examine PrEP-related knowledge, attitudes, and beliefs associated with PrEP adoption.

Methods In October 2016 we initiated an online survey to eligible US Army healthcare providers in the fields of infectious disease, public health, internal medicine, family medicine, and flight medicine. Demographic and clinical practice data was collected as well as questions about PrEP knowledge, attitudes, and program implementation within the Army. Provider knowledge and attitudes were assessed in univariate and bivariate analysis.

Results 754 providers responded, largely from family medicine (58%) and internal medicine (18%) specialties. While a large proportion (31%) had been questioned by patients about PrEP, only 12% reported having prescribed it. Current experience with PrEP was highest (83%) among infectious disease providers. Concerns for widespread use included medication adverse effects (61%), compliance (56%), and a need for "more clear evidence" (54%), among others. While most (91%) endorsed the use of PrEP, and favoured the implementation of PrEP programs for service members at high risk, over half (54%) reported their knowledge of PrEP as 'poor'. Self-reported PrEP knowledge was associated with prior use of HIV antiretrovirals (p<0.0001). Almost half (43%) of providers surveyed felt that they had patients who would benefit from PrEP and a majority (83%) thought PrEP should be offered.

Conclusion There is widespread support and interest in US Army PrEP programs, however, self-reported knowledge is low. Successful PrEP implementation will require education and training of the healthcare provider workforce to improve knowledge and mitigate concerns about PrEP.

Oral Presentation Session 10

Novel Technologies for Molecular Analysis and Diagnosis

010.1 HIGH AMOUNTS OF VIABLE *CHLAMYDIA TRACHOMATIS* IN ANORECTAL POSITIVE WOMEN REVEALED BY VIABILITY-PCR

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Introduction In prior studies it is demonstrated that, in women, the prevalence of anorectal infections with *Chlamydia trachomatis* (CT) is comparable to genital CT. Yet, the clinical relevance and the role in overall transmission of anorectal CT in women is still under debate. The assessment of CT viability will gain new insight in current knowledge gaps. Recently, we validated the viability-PCR (V-PCR) method to assess CT viability in genital CT positive samples. In this study, V-PCR was utilised to assess CT viability in anorectal samples from CT positive women.

Methods COBAS 4800 CT/NG routine testing was used for CT diagnosis. Women positive for genital and/or anorectal CT (n=66), collected self-taken vaginal and anal swabs at our outpatient STI clinic (South Limburg Public Health Service) prior to treatment at the initial screening and at treatment consultation. V-PCR and culture were used to assess CT viability.

Results V-PCR results showed that in up to 31% (8/26) of anorectal positive samples less than 1% of the detected CT DNA originated from viable bacteria. However, in 62% (16/26) of anorectal positive samples more than 10% of the detected CT DNA originated from viable CT. In this category, routine COBAS results also showed a stable bacterial load between initial screening and treatment consultation, further supporting the presence of large amounts of viable CT. Finally, culture results confirmed results of V-PCR and showed a direct relation to the proportion of viable CT in clinical samples.

Conclusion Although the cohort was relatively small, results in this study showed that a substantial amount of anorectal CT positive samples contained viable CT. Overall, these results provide further evidence that anorectal CT infections in women are clinically relevant. In a currently ongoing larger cohort study, clinical samples from CT positive women (n=400) will be assessed for viability before and after treatment (FemCure Study).

010.2 A PERFORMANCE EVALUATION OF THE ATLAS GENETICS LTD IO® SYSTEM: A NOVEL AND RAPID POINT-OF-CARE IN VITRO DIAGNOSTIC TEST FOR *CHLAMYDIA TRACHOMATIS*

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