

(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

¹Eric Garges, ²Jason Blayock, ³Yuanzhang Li, ³Shannon Wood, ⁴Jason Okulicz, ⁵Charmagne Beckett, ⁶Clinton Murray, ⁷Nelson Michael, ⁷Paul Scott, ⁷Shilpa Hakre. ¹Uniformed Services University of the Health Sciences, USA; ²Infectious Disease Service, Walter Reed National Military Medical Centre, USA; ³Preventive Medicine Branch, Walter Reed Army Institute of Research, USA; ⁴Infectious Disease Service, San Antonio Military Medical Centre, USA; ⁵Navy Bloodborne Infection Management Centre, USA; ⁶Army Medical Department Centre and School, USA; ⁷US Military HIV Research Program, Walter Reed Army Institute of Research, USA

10.1136/sextrans-2017-053264.54

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

¹Janssen Kjh, ²Hoebe Cjpa, ²Dukers-Muijters Nhtm, ²L Eppings, ¹M Lucchesi, ¹Wolffs Pfg. ¹Maastricht University Medical Centre (Mumc+), Maastricht, The Netherlands; ²Maastricht University Medical Centre And Public Health Service South Limburg, Geleen, The Netherlands

10.1136/sextrans-2017-053264.55

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*

¹Emma Cousins, ¹Emma Harding-Esch, ¹Christine S-L Chow, ¹Laura T Phillips, ¹Cathrine Hall, ²Nick Cooper, ¹Sebastian S Fuller, ³David Pearce, ³Marc Green, ³Stephanie Bannister, ³John Clarkson, ²Kevin Dunbar, ²Cathy M Lowndes, ¹STariq Sadiq. ¹St George's University of London, UK; ²Public Health UK; ³Atlas Genetics Ltd, UK

10.1136/sextrans-2017-053264.56