

#### P4.97 UPTAKE OF, AND BARRIERS AND FACILITATORS TO, HIV TESTING IN AUSTRALIAN- AND VIETNAMESE-BORN ADULTS IN QUEENSLAND, AUSTRALIA

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**Introduction** In Australia, people born in South-East Asia have the highest proportion of late human immunodeficiency virus (HIV) diagnosis. Late diagnosis has important implications for prevention, treatment and management of HIV. Limited evidence is available, however, on the testing behaviours of the South-East Asian migrant population and general Australian population.

**Methods** The study used quantitative and qualitative methods to assess uptake of, and barriers and facilitators to, HIV testing in Vietnamese- and Australian-born adults (18–49 years) in Queensland, Australia. A 66-item self-administered survey was given to participants (Vietnamese: n=188 and Australian: n=195) at selected sites in Brisbane using convenience sampling. The survey included demographic, HIV knowledge, HIV stigma, HIV risk, HIV testing and healthcare access items. Materials were available in Vietnamese and English. Qualitative interviews (n=8) were done with Vietnamese-born survey participants to further explore survey findings.

**Results** No statistically significant differences were seen between the two groups in terms of ever tested, ever recommended a test, self-testing or same day testing. Vietnamese-born people were significantly more likely to have recently tested and to accept provider-initiated testing and counselling (PITC). Interview data also suggested a preference for PITC in the Vietnamese-born community, due to their trust in doctors. They also indicated potential high-risk sexual practices in Vietnamese-born men.

**Conclusion** The Australian- and Vietnamese-born populations had similar HIV testing practices. Preference for PITC, however, was greater in the Vietnamese-born population. PITC may help reduce late HIV diagnosis by overcoming a number of barriers associated with client-initiated testing, e.g. poor risk perception and knowledge. Further research on the preference for PITC in this population and with healthcare providers who would be offering PITC is needed. Additionally, research is needed into the risk of HIV exposure when travelling back to Vietnam.

#### P4.98 SPIRO, A PATIENT-MANAGED MOBILE APPLICATION TO IMPROVE SYPHILIS TREATMENT FOLLOW-UP AMONG MEN WHO HAVE SEX WITH MEN

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**Introduction** Syphilis incidence is rising in developed countries worldwide, and men who have sex with men (MSM) are disproportionately affected. Follow-up after treatment of syphilis is important as late complications (e.g. neurosyphilis), therapy failure and re-infections can occur, especially in HIV co-infected patients. Failure to complete follow-up occurs frequently. Moreover, medical history at follow-up is often

incomplete, as follow-up occurs often at various health care providers. Self-management of the relevant medical data might improve patient engagement, and ensure the availability of medical data required during follow-up visits.

**Methods** We developed a patient-managed mobile phone application – Spiro – that can be used by patients treated for syphilis, to record relevant data for follow-up like medical history, physical findings, treponomal (e.g. TTPA) and non-treponomal (e.g. VDRL) serum antibody results, conclusions and treatment. Spiro automatically summarises the data relevant for syphilis follow-up including a graphical depiction of the non-treponomal serum antibody titer over time. Follow-up data are stored locally on the mobile device. Optionally, encrypted online storage is available. Lay information on risk factors for, and symptoms, diagnosis and treatment of syphilis infections is available via the app.

**Results** After launching Spiro on World AIDS day 2016, we intend to measure its acceptability and usability among patients who use the app and their care providers. In addition, we plan to evaluate retention to follow-up, the availability of required data for syphilis treatment follow-up, health-literacy and self-reported level of disease control among MSM newly diagnosed with syphilis in a multi-centre RCT, comparing standard care plus the use of Spiro by patients to standard care alone.

**Conclusion** If feasible and effective, Spiro, a newly developed medical mobile phone application, can improve the engagement in, and retention to syphilis treatment follow-up among MSM.

#### P4.99 HIV STATUS DOES IT MAKE A DIFFERENCE? SEXUAL BEHAVIOUR OF HIV POSITIVE MEN ATTENDING A COMPREHENSIVE TREATMENT CENTRE IN LAGOS, NIGERIA

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**Introduction** In many sub-Saharan African countries, most new cases of Human Immunodeficiency Virus (HIV) infection occur in HIV sero-discordant couples. This study assessed the sexual behaviour of HIV positive men accessing comprehensive services at Nigerian Institute of Medical Research Lagos.

**Methods** A cross sectional study was carried out among men accessing ARV at a PEPFAR Clinic. Ethical approval was obtained. Respondents were recruited consecutively on clinic days among the attendees until calculated sample size of 384 was attained. Data was analysed using IBM SPSS version 20. Association was explored using  $p < 0.05$ .

**Results** The mean age was 43.06 years. 74.8% were married at diagnosis, 58.1% tested with their partner, 78.5% knows the HIV status of their partners and 79.2% had been on ARV for more than a year. With respect to sexual behaviour, 38.9% and 34.3% engage in transactional and intergenerational sex respectively. 21.1% and 8.3% were into concurrent multiple sexual partnerships in the twelve months and three months preceding the survey. 7.2% had sex with casual partners or sex workers, 45.4% did not use condom consistently, among these men, 18.1% did not use condom at last sex and the last sexual partner for 7.9% was a sex worker/casual friend. Unmarried respondents were more likely to have

concurrent multiple partners ( $p < 0.001$ ) and use condoms inconsistently ( $p < 0.001$ ). Married men were more likely to know the HIV status of their partners ( $p < 0.001$ ) and to have disclosed to others ( $p = 0.020$ ). Respondents who engage in intergenerational sex were more likely to have transactional sex ( $p < 0.001$ ) and not used condom at last sex ( $p = 0.010$ ). Transactional sex was commoner among men who practice concurrency ( $p < 0.001$ ) and did not use condom at last sex ( $p = 0.005$ ).

**Conclusion** The sexual behaviour of this study population closely aligns with that of men in the general population with respect to risk taking. Targeting HIV positive men for sexual behaviour change will therefore contribute towards eliminating new HIV infections.

#### P4.100 ADOLESCENTS' QUALITATIVE DESCRIPTIONS OF THEIR ATTITUDINAL CHANGES REGARDING HYPOTHETICAL CLINICAL TRIAL PARTICIPATION

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**Introduction** Little is known about how adolescents' attitudes about willingness to participate (WTP) in clinical trials change over time.

**Methods** Adolescents (14–17 years) were asked two times about WTP for a hypothetical microbicide safety trial a year apart. After rating their WTP at follow-up, the adolescents were asked how their thoughts about the study had changed. They were not reminded of their previous WTP response; qualitative coding of responses was blinded to their WTP.

**Results** The adolescents ( $n = 294$ ) were 69% Hispanic, 63% female, and had a mean age at baseline of 15.5 years. Most (60%) adolescents reported that their thoughts had stayed the same, 33% reported a change, which might or might not be associated with a perceived change in WTP, and 7% stated that they did not remember. Some adolescents reported understanding the study information better; either it had been explained better or they paid greater attention. This was not always associated with a perceived change in WTP. Others reported a change in the weight of the information, either for non-specific reasons or because of new experiences (*I had a yeast infection and they did the whole exam thing and it wasn't that bad*) or new information (*in high school I've learned about it*). Others attributed changes to maturation/age (*I think I'm older and I can focus more*) or to a personality change (e.g. less shy). Parental impact included a few who reported an influential conversation with a parent (*I know more because my parents have been talking about it*) or the ability to make an independent decision.

**Conclusion** Most adolescents did not report a change in thinking. Some did not feel they had all the information the first time; for others, their attitudes about the information changed. For a few, independence from parents led to a change. Adolescents should be given continued opportunities to participate in clinical research over time. Future research should explore ways to ensure that adolescents understand key information to make the best decision, and to balance parental guidance with autonomy.

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#### P4.101 ADOLESCENTS' AND THEIR PARENTS' ATTITUDES OVER TIME ABOUT PARENTAL INVOLVEMENT IN CLINICAL RESEARCH

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**Introduction** Adolescent participation in reproductive health clinical trials requires balancing adolescent autonomy and parental involvement. Previous work indicated that adolescents and parents viewed parental involvement as having two aspects, learning information (e.g., test results, risk behaviours) and involvement in the process (e.g. accompanying them to the appointment).

**Methods** Adolescents (ages 14 to 17 years) and their parents were enrolled in a longitudinal study assessing willingness to participate in a hypothetical microbicide clinical trial. They were asked at baseline and at one year follow-up to respond yes/no to 9 items regarding parental involvement. At baseline, one item "asking details about the study" was subsequently dropped from analyses.

**Results** The adolescents ( $n = 254$ ) were 69% Hispanic, 65% female, and had a mean age at baseline of 15.5 years. Factor analysis for follow-up data indicated a different factor structure. In order to understand the change, adolescent and parent data were factor analysed separately. The adolescents' factor structure indicated that all of the items loaded on one factor, with the exception of the two items regarding getting permission from parents to participate in studies. The factor structure for those that were under 18 remained different from the factor structure at baseline, implying that being a legal adult was not the cause of the change. For the parents, the factors remained fairly similar to the baseline factor structure.

**Conclusion** The findings suggest that although the structure of parental attitudes about involvement in research may be stable over a year's time; adolescents may over time view parental permission as a separate concept from the general role of parents in research. This view was not related to adolescents obtaining legal status to self-consent. Understanding of why/how attitudes about parental involvement change or stay stable over time may help investigators manage expectations.

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#### P4.102 FATHER OF THE BABY'S OPINION INFLUENCES ATTITUDES ABOUT MICROBICIDES FOR BACTERIAL VAGINISIS AMONG U.S. PREGNANT WOMEN

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