

Introduction Bacterial vaginosis (BV) during pregnancy is linked to preterm labour and infant morbidities. Microbicides are in development for BV management, which could benefit pregnant women.

Methods Pregnant women in the US (n=760) completed an online survey of attitudes about hypothetical microbicide use for BV. Conjoint analysis measured attitudes across the following dimensions: reason for microbicide use (prevention, prevention when at high risk, or treatment), product formulation (ring or gel), father of the baby's (FOB) attitudes (would want her to use the product, would not want her to use, or would not care), and ease of use (easy to insert or requires practice). Women rated 9 scenarios, each a unique combination of attributes (fractional factorial design) on a scale ranging from 0–100 in increments of 10. Five additional items addressed FOB involvement in use.

Results Most women were 25–35 years old (69%), non-Hispanic White (65%), married/living with the FOB (90%), and had been pregnant before (71%). Of the 702 women with complete responses, 75 gave the same rating for all scenarios (51 rating all as 80–100), precluding them from the conjoint analysis. The highest rated scenario (M=72) was: for treatment, a gel, FOB wants her to use, easy to insert. The lowest rated (M=63) was: for prevention, a gel, FOB doesn't want her to use, and takes practice. Conjoint analysis (n=627) showed that FOB's attitudes was most important in influencing ratings (accounting for 49% of rating variability), followed by product formulation (22%; preference for gel), reasons for use (18%; preference for treatment), and ease of use (11%). Most women reported the FOB would assist in microbicide use by being supportive (83%), reminding them to use it (81%), and going to the store to get it (77%), and applying it (58%).

Conclusions Pregnant women are accepting of microbicide use for BV; however, the opinion of the FOB will be critical for uptake. Once a microbicide is available, strategies to enhance uptake will need to foster the FOB's involvement and support.

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P4.103 BRAZILIAN YOUNG KEY POPULATION REACHED BY A HIV PEER-TESTING STRATEGY

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Introduction Worldwide, young people have become increasingly vulnerable to HIV infection, especially those belonging to the key populations - the so-called "Young Key Population" (YKP). The Brazilian epidemic is largely concentrated in key populations and, over the last ten years, the aids detection rate among young males had a significant increase. Brazil, in partnership with selected NGOs, has developed an oral fluid rapid HIV peer-testing strategy tailored to key populations, called Live Better Knowing (LBK). Our aim is to provide an overview of HIV-related indexes of YKP tested on LBK.

Methods The LBK is an initiative driven in collaboration with NGOs, delivering HIV testing and prevention strategies targeted at the key populations and young people aged 15 to 24yo, since 2013. Trained peers accessed participants in social venues for the intervention and applied a questionnaire about

their sociodemographic information and risk behaviour. Results presented here are from data obtained anonymously by the strategy, between June 2015 and October 2016.

Results Among the 26 010 participants aged 15 to 24yo, 65.2% were nonwhite, 65.7% reported drug use and 13% drug use and commercial sex combined. Overall, 53.8% reported condom use at last sexual intercourse and 7.9% reported STI symptoms in the last 12 months. The general HIV prevalence found was 1.2% and its distribution among cis women, transvestites, transsexual women, transsexual men, MSM and heterosexual cis men was 0.4%, 5.4%, 4.2%, 0.5%, 3.2%, and 0.5% respectively.

Conclusion YKP constitutes a high-risk population for HIV in urgent need of responses able to tackle their vulnerabilities related to the HIV acquisition. Given the combination of drug use with sex work, comprehensive harm reduction services need to be delivered. Despite the broad condom free distribution in the country, our analyses suggest the need to impact behaviours related to its use. LBK is a strategy tailored to groups who continue to face obstacles in accessing HIV services, thus, it should be expanded in order to reach out to more people.

P4.104 FREQUENCY OF HIV TESTING WITH AND WITHOUT A CLINICAL CONSULTATION AMONG MEN WHO HAVE SEX WITH MEN (MSM): A RANDOMISED CONTROLLED TRIAL

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Introduction Increasing the frequency of HIV testing among populations at risk, such as MSM, enables earlier diagnosis which maximises the preventive effect of antiretroviral therapy. The requirement to attend a clinical consultation to obtain HIV testing may act as a barrier to increasing the frequency of testing and adds to the cost of additional tests.

Methods Randomised controlled trial (RCT). MSM attending Melbourne Sexual Health Centre for HIV testing were randomised 1:1 to an intervention allowing HIV/syphilis testing at a network of around 300 pathology centres and in the clinic, without requiring another consultation for 12 months. Controls had to attend a consultation for each HIV test as usual. During the study, both groups received four text messages recommending frequent testing. The primary outcome was the incidence of HIV testing over 12 months.

Results Of 443 men referred to the study, 13 declined participation, 8 were excluded because they were leaving Victoria and 422 were randomised. Three had positive HIV tests and were excluded from the analysis. Of 208 controls, 202 (97.1%) and 200 of 211 (94.8%) intervention group members were followed to 12 months. The intervention group had 453 tests in 205.6 person-years, incidence rate 2.2 (95% confidence interval (CI): 2.0, 2.4) tests per year and the control group had 432 tests during 204.0 person-years, incidence 2.1 (95%CI: 1.9, 2.3) tests per year, incidence rate ratio (IRR) 1.04 (95%CI: 0.89, 1.2) p=0.63. The intervention group had 101 of 453 [22.3% (95% CI:18.5%, 26.4%)] tests at pathology centres without a clinical consultation.

Conclusion In this RCT, MSM who were allowed HIV/syphilis testing outside of clinical consultations did not test more