

Point-of-care tests for AMR (POCTR) at NG diagnosis may enable a significant proportion of NG infections to be successfully treated using previously abandoned regimens, thereby sparing ceftriaxone use. We assess cost-effectiveness of British standard of care (SC) *vs* hypothetically accurate POCTR strategies used to either optimise dual therapy or allow monotherapy in patients diagnosed with NG.

**Methods** A decision tree was constructed to simulate a hypothetical cohort of 38,870 NG-diagnosed GUM clinic attendees, representing 2015 annual numbers in England. Costs of AMR testing, NG treatment and return attendances were considered for SC and dual therapy optimisation strategies: A) POCTR for ciprofloxacin only; B) POCTR for azithromycin followed by POCTR for ciprofloxacin; C) POCTR for ciprofloxacin followed by POCTR for azithromycin; and monotherapy POCTR strategies for: D) azithromycin; E) ciprofloxacin; F) amoxicillin/probenecid.

**Results** Total costs for all POCTR strategies were more expensive than SC. Strategy B (where azithromycin-ceftriaxone remains largely first-line) was most cost-effective for avoiding sub-optimal treatments, costing £4532 per optimal treatment gained. Strategy D was most cost-effective for ceftriaxone use avoidance (98% decrease [713 *vs* 38 870] compared to SC), costing £16.27 per ceftriaxone-sparing treatment gained, but resulting in 7 treatment failures (*vs* 0 in SC) due to false AMR POCTR results.

**Conclusion** Specific POCTR strategies enable optimal treatment and ceftriaxone use avoidance, thus promoting antibiotic stewardship. The public health impact of sparing ceftriaxone whilst increasing treatment failures must be investigated.

#### 015.4 INVESTIGATING SELECTION BIAS: CROSS-SAMPLE COMPARISON OF GAY AND BISEXUAL MEN CONCURRENTLY RECRUITED FROM AN STI CLINIC, SEX-SEEKING APPS, AND A PRIDE EVENT IN BRITISH COLUMBIA, CANADA

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**Introduction** Most research on the sexual health of gay, bisexual, and other men who have sex with men (MSM) relies upon convenience samples, which may not fully represent the MSM population. To investigate this form of selection bias, we concurrently sampled MSM from three distinct venue types, compared sociodemographic, behavioural, and STI testing characteristics across samples, and characterised the degree of overlap between them.

**Methods** MSM 18+ years of age from British Columbia, Canada completed an anonymous survey during July-December 2016. Participants were recruited from: mobile sex-seeking apps (n=662); a MSM-branded STI clinic (n=303); and in-person at the Vancouver Pride Festival (n=307). Cross-sample comparisons with >10% relative difference and  $p < 0.05$  are shown. Sample overlap was measured by self-reported use of other recruitment venue types.

**Results** MSM recruited from apps included more bisexual men (24%) than those recruited from the clinic (9%) or from Pride (7%), while MSM recruited from the clinic included more East Asian and Latino men (14% and 13%, respectively, *vs*. 13% and 6% from Pride, and *vs*. 5% and 3% recruited from apps). More 18–29 year-olds were recruited from the clinic (47%, *vs*. 29% Pride, 16% apps). A larger proportion of MSM recruited from apps reported >10 sex partners in the past year (35%, *vs*. 28% clinic, 21% Pride). Finally, more clinic participants tested for STI/HIV in the past year (82%) as compared with participants recruited from apps (75%) or Pride (73%). When asked which other venues they frequented, 19% of the total sample reported using all 3 recruitment venue types, while 11% of Pride participants, 7% of apps participants, and 4% of clinic participants reported only using the recruitment venue where sampled.

**Conclusion** We found large differences between MSM sampled from apps, an STI clinic, and Pride, with 22% unlikely to be sampled if relying on a single venue type for recruitment. Our results underscore the importance of multiple sampling strategies in MSM research and provide specific cross-sample differences.

#### 015.5 AWARENESS AND INTEREST IN PRE-EXPOSURE PROPHYLAXIS (PREP) AMONG YOUNG MEN ATTENDING A PUBLIC SEXUALLY TRANSMITTED DISEASES (STD) CLINIC IN A HIGH PREVALENCE URBAN SETTING

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**Introduction** Young men who have sex with men (YMSM), especially African Americans, are disproportionately affected by HIV. Pre-Exposure Prophylaxis (PrEP) is a highly effective intervention that could help prevent new HIV infections among YMSM. We assessed awareness and interest in PrEP among young men receiving care at the Baltimore City Health Department (BCHD) Sexually Transmitted Diseases (STD) Clinics.

**Methods** We surveyed a convenience sample of 252 men ages 18–24 who attended BCHD clinics between 4/12/2016 and 10/3/2016. Participants were provided a self-administered survey that assessed awareness and interest in PrEP. Univariate and multivariable logistic regression analysis examined predictors of awareness and interest. Data collection will continue in 2017 to determine if awareness and interest change over time.

**Results** Mean age of participants was 21.5 (SD=1.98) and the majority (93.7%) self-identified as African American. Thirty-three participants (13.1%) reported sex with other men. Among all participants, 19.4% were aware of PrEP, but 44.4% were interested in learning more about PrEP. Among YMSM, 72.7% were aware of PrEP, 63.6% were interested in learning more about PrEP, and 9.1% reported current PrEP use. None of the young men who did not report prior sex with men reported current PrEP use. In multivariable analysis adjusting for race, YMSM were more likely to be aware (AOR=19.9,  $p < 0.001$ ) and interested in PrEP (AOR=2.5,  $p = 0.023$ ) than young men who did not report sex with other men. Among YMSM, 37.5% reported learning about PrEP from healthcare