O16.5 THE PSYCHOLOGICAL ASPECTS OF MANAGING HIV INFECTION: QUALITATIVE DATA FROM HIV-POSITIVE MEN WHO HAVE SEX WITH MEN (MSM) AND HIV CLINICIANS IN THE UK

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Introduction In the UK, HIV disproportionately affects men who have sex with men (MSM). In the advent of antiretroviral therapy, HIV is considered a life-altering, rather than life-limiting, condition. However, the socio-psychological aspects of HIV infection can be challenging. Moreover, the promotion of positive wellbeing, health, and behaviour change can be difficult for HIV care-providers. Two studies are presented, which explore the psychological aspects of managing HIV infection from the perspectives of HIV-positive MSM and HIV clinicians, respectively.
Methods A qualitative interview approach was employed. For study 1, 15 HIV clinicians were recruited at sexual health clinics. For study 2, 20 HIV-positive MSM were recruited at sexual health agencies. The data were analysed using thematic analysis and Identity Process Theory from psychology.
Results Results from study 1 yielded the following themes: (1) Assessing the patient's knowledge base, (2) Exploring disclosure patterns in patients, and (3) Promoting positive methods of coping with an HIV diagnosis. Clinicians' accounts elucidate perceived opportunities for, and challenges associated with, health and wellbeing promotion among HIV-positive MSM. Results from study 2 yielded the following themes: (1) Difficult disclosure patterns and experiences, (2) Making sense of the identity transition process, (3) Building resilience amid identity threat. MSM's accounts highlighted the identity threat associated with the experience of living with HIV and the strategies – both effective and ineffective – for coping.
Conclusion Both studies reveal overlap in the perceived challenges of HIV infection amid social stigma. There was some divergence in the construal of HIV and the importance of HIV status disclosure. While clinicians speak from medical/public health perspectives, patients discussed their HIV infection with identity requirements in mind. Collectively, results of both studies highlight possible ways in which wellbeing and health promotion interventions for MSM living with HIV can be designed and implemented. Some recommendations are provided.

O16.6 WILLINGNESS OF YOUNG PERSONS IN SOUTH-WESTERN NIGERIA TO PARTICIPATE IN EARLY HIV VACCINE TRIALS

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Introduction An estimated 36.7 million people live with HIV/AIDS in 2015, with more than 3 million people living with the virus in Nigeria, ranking the country among the top three most affected. Because adults are mostly affected by this epidemic, their inclusion in HIV vaccine trials is of utmost importance in obtaining an effective and acceptable vaccine. This study objectives were to determine the proportion of adults willing-to-participate (WTP) in early HIV vaccine trial, evaluate the factors determining their participation as well as their entire knowledge and perception about HIV vaccine trials. Hypotheses tested included association between WTP and age, gender and knowledge about the vaccine.
Methods Data was obtained from 3500 young persons (15–49 years) recruited by a multi-stage sample technique between September 2015 and September 2016. The cross-sectional study was carried out using a face-to-face interview by trained volunteers and supervised by appointed supervisors and investigators. An informed consent was obtained through a pre-tested structured questionnaire, with questions addressing socio-demographics, HIV vaccine studies knowledge and perception, sexual behaviour and possible stigma from HIV vaccine trial participation. Ethical approval was obtained from the Ethics and Research Committee of the Federal Teaching Hospital, Ido Ekiti, Nigeria. Data was analysed using SPSS software, with significance fixed at $p<0.05$.
Results The mean age ± SD was 27.53±3.46 years. 1094 (31.3%) expressed their willingness to definitely participate in the vaccine studies while 999 (28.5%) reported that they may participate especially if a very tangible incentive will be given. Unwillingness to participate was associated with safety concerns (12.0), side effects (5.0%), fear of HIV infection from vaccine (4.1%), time required for study (1.9%) and partner's sexual intercourse refusal (1.2%). 983 (28.3%) reported people in good health, HIV negative individuals and at low risk of HIV infection, are eligible for HIV vaccine trial. There was a significant association between willing to participate in HIV vaccine trials as well as age and gender.
Conclusion Participation in an HIV vaccine trial in a Nigerian context is likely to be influenced by comprehensive education about the vaccine trial concept, addressing issues relating to concerns and possible risks pertaining to participation as well as incentives, as the WTP in the vaccine trial is quite low probably due to the participants' perception and inadequate knowledge as evidenced in this research.

Oral Presentation Session 17
Country-Specific Investigations

O17.1 PREVALENCE OF *NEISSERIA GONORRHOEAE* AND *CHLAMYDIA TRACHOMATIS* INFECTIONS IN DIFFERENT ANATOMIC SITES AMONG MEN WHO HAVE SEX WITH MEN: RESULTS OF 380 MSM WHO ATTENDED A STD CLINIC IN GUANGZHOU, CHINA

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Introduction High prevalence of anorectal *Chlamydia trachomatis* (CT) and *Neisseria gonorrhoea* (NG) have been reported among men who have sex with men (MSM) in many settings. Regular rectal CT and NG screening have been recommended in the United States and other countries, but little data exists on rectal and oropharyngeal CT and NG among Chinese MSM. The aim of this study was to determine the prevalence

of CT and NG in different anatomic sites among Chinese MSM.

Methods Participants were enrolled in a free sexually transmitted diseases (STD) screening program if they self-reported MSM status and had never previously received rectal or oral STD screening. Exclusion criteria included taking antibiotics in the past month. Sociodemographic information, sexual history, and medical history data were collected before taking any samples. Samples were obtained from the rectum, oropharynx, and urethra according to sexual exposure sites. Nucleic acid amplification tests (NAAT) were used to detect CT and NG.

Results 380 MSM were enrolled between January 2015 and December 2016. The mean age of participants was 29.79 ±9.10 years, and 18.2% (69/380) were married. Anorectal CT was detected in 18.6% (44/237) of samples and anorectal NG in 10.1% (24/237). Urethral CT was detected in 12.3% (27/219) of samples, and urethral NG in 7.8% (17/219) of samples as well. Of 255 oropharyngeal samples, CT was detected in only 2.0% (5/255) and NG in 5.1% (13/255). Two participants (1.5%,2/132) were infected with CT and 1 (0.8%, 1/132) with NG at both rectal and urethral sites, three participants (1.4%,3/208) were infected with CT and 8 (3.9%, 8/208) with NG at both rectal and oropharyngeal anatomic sites. None participants were infected at three anatomic sites.

Conclusion Our findings show that the prevalence of chlamydial and gonococcal infections are high among Chinese MSM, efforts to control CT and NG infection among this key population is of significant public health importance.

O17.2 POPULATION EFFECTIVENESS OF HUMAN PAPILLOMAVIRUS VACCINATION AGAINST ANOGENITAL WARTS AMONG FEMALE ENROLLEES IN PRIVATE HEALTH PLANS IN THE UNITED STATES, 2006–2014

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Introduction Quadrivalent human papillomavirus (HPV) vaccine was first licensed for use in the United States (US) for females in June 2006. Vaccination uptake has increased over time; among girls aged 13–17 years, coverage with ≥ 1 dose was 25% in 2007 and 60% in 2014. Population effectiveness of HPV vaccination against anogenital warts (AGW) has been difficult to estimate because few data sources link vaccination and diagnosis information.

Methods Using healthcare claims data for 2003–2014, we created a cohort of 2 70 481 females aged 9–17 in 2006 who were continuously enrolled (1) for at least 1.5 years prior to June 2006 and (2) subsequent to June 2006 through at least age 18. AGW diagnoses, and age at receipt of first and second dose (≥6 months subsequent to first dose) of quadrivalent vaccine, were ascertained. Doses received after first AGW diagnosis, or at age ≥ 18, were not considered. Cumulative risk (hazard) of AGW was compared for unvaccinated females and those who received 1 or 2 doses.

Results Median age at first vaccination was 15 years; only 28% of the cohort received ≥ 1 dose. Vaccination at age 9–12 was highly protective; vaccine effectiveness (VE), computed as [1-hazard ratio]*100, was 87% (p<0.001) for 1 dose and 92% (p<0.001) for 2 doses. VE among those first vaccinated at age 13–14 was similar for 1 and 2 doses (83% and 80% respectively, p<0.001 for both estimates), but was lower if the second dose was received at age 15–17 (65%, p<0.001). Among those first vaccinated at age 15–17, VE was much lower (21% for 1 dose and 42% for 2 doses), but was still significantly protective (p<0.001 for both estimates).

Conclusion VE estimates among girls vaccinated prior to age 15 in this privately-insured population were comparable to estimates reported for adult intention-to-treat clinical trial subjects. Vaccination at age ≥ 15, while protective, was less effective, particularly for those receiving only 1 dose. Increasing US vaccination coverage prior to age 15 should result in enhanced population-level effectiveness against AGW.

O17.3 PRE-EXPOSURE PROPHYLAXIS (PREP) ELIGIBILITY AND BARRIERS TO UPTAKE AMONG PERSONS WHO INJECT DRUGS RECRUITED FROM A SYRINGE EXCHANGE PROGRAM (SEP)

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Introduction Despite demonstrated clinical efficacy, little research has focused on implementing pre-exposure prophylaxis (PrEP) programs to prevent HIV among persons who inject drugs (PWID). We sought to determine the proportion of PWID meeting PrEP eligibility criteria and their attitudes towards PrEP as a first step in this process.

Methods Participants were English-speaking PWID age ≥18 years recruited from a syringe exchange program in Northeastern United States. They self-obtained specimens for gonorrhoea and chlamydia screening and completed a survey assessing factors hypothesised to impact PrEP eligibility and uptake. Eligibility was calculated based on CDC clinical guidelines and included injection drug use plus any affirmative response to: sharing syringes, recent or current STI, sex exchange, having a sex partner of HIV positive or unknown status, inconsistent condom use with a high number of sex partners and opioid replacement therapy all within 6 months.

Results Of 138 participants, 47% were women, 80% white with median age of 31. Eligibility was high (90.3%). Compared to men, women were more likely to report engaging in: vaginal sex, sex with a person of HIV positive or unknown status; sex exchange, greater numbers of sex partners, and screen positive for STI. Willingness to take PrEP was high (88.9% vs 71.0% among women and men, p<0.02). However, potential barriers to uptake were common and included: embarrassment (45%), anxiety (51.6%), not wanting to disclose PrEP use to a romantic partner (51.4%), being uninsured (30.1%), and not accessing providers where PrEP is routinely offered (52.9%).

Conclusion Despite being recruited from a SEP, 9:10 participants were eligible for PrEP. While participants found PrEP acceptable, they reported multiple barriers to uptake including lack of access to clinical care and insurance. To optimise and scale PrEP programs for this population additional research is needed. However, data suggest uptake will remain sub-optimal unless tailored interventions are developed.