Methods We surveyed MSM/TW in Lima diagnosed with HIV/STI within the last month regarding their sexual practises with the most recent partner according to partner type (stable, casual, anonymous, commercial sex client or sex worker). We used a multivariate regression analysis to estimate prevalence ratios (PR) with UAI as the main outcome.

Results Among 340 participants (mean age: 30.9, range: 18–60), 62.5% self-identified as homosexual, 5.7% heterosexual, 17.6% bisexual, and 14.3% TW. Participants classified their last partners as 44.5% stable, 34.0% casual, 10.2% anonymous, 9.9% commercial sex client and 1.5% sex worker. Overall, 72.3% of participants reported UAI with their last partner. Using stable partners as the reference category, UAI was positively associated with all other partner types: PR: 1.5 (95% CI: 1.1–1.9, $p < 0.05$) for casual partners, PR: 1.5 (95% CI: 1.0–2.0, $p < 0.05$) for anonymous partners, PR: 1.6 (95% CI: 1.2–2.0, $p < 0.05$) for commercial sex clients and PR: 2.3 (95% CI: 1.7–3.0, $p < 0.05$) for sex workers.

Conclusion UAI with the last partner was more commonly reported for non-stable partners. These unexpected results warrant further investigation into the influence of partner type on high-risk sexual behaviour among HIV/STI infected MSM/TGW. A better understanding of relational partner-level factors is critical for improving HIV/STI prevention and partner notification efforts for Peruvian MSM/TGW.

007.6 AGE RELATED DIFFERENCES IN CONTRACEPTIVE PREVALENCE AND PREFERENCE AMONG HARDER-TO-REACH WOMEN ON ANTIRETROVIRAL THERAPY (ART) LIVING WITH HIV IN BRITISH COLUMBIA (BC), CANADA

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Background Contraceptive use among HIV-positive women prevents unwanted pregnancy and reduces STI and HIV transmission. Recent studies link the use of hormonal contraceptive methods to increased risk of HIV transmission, consequently WHO guidelines recommend dual protection for HIV-positive women. Little is known about the uptake of dual contraceptive methods among women living with HIV. This study sought to measure differences in contraceptive prevalence and preference among HIV-positive women of different ages.

Methods The Longitudinal Investigation into Supportive and Ancillary health services (LISA) cohort is a prospective study of harder-to-reach HIV-positive individuals accessing ART in BC. Interviewer-administered surveys collected information on socio-demographic, behavioural and structural factors while clinical variables were linked through the Drug Treatment Program at BC Centre for Excellence in HIV/AIDS. This analysis included non-pregnant women aged 18–49 years. The outcome variable of interest was self-reported current contraceptive use.

Results Of the 166 women in this analysis, the median age was 38 years (IQR 33–43). In the six months before interview, 57% demonstrated viral suppression (VL < 50 copies) and median CD4 count was 280 (IQR 170–490). Contraceptive use was reported by 109 women (66%). Of the 104 women reporting vaginal sexual intercourse ≤ 6 months before interview, contraceptive methods included: barrier methods (condoms) (30%); dual methods (barrier method plus hormonal/permanent method) (27%); no method (24%), permanent methods (tubal ligation/hysterectomy) (10%); and hormonal methods (nuvring/intrauterine device/oral/injectable) (9%). A significant difference was observed in contraceptive preference between sexually active women aged ≤ 35 years ($n = 42$)

and > 35 years ($n = 62$), with older women choosing permanent or dual methods and younger women selecting hormonal, barrier or no contraceptive method ($p = < 0.001$).

Conclusion Younger women demonstrate poor uptake of dual contraceptives, electing to use individual hormonal or barrier methods, or engage in unprotected intercourse. This demographic are at most risk of HIV transmission, potentially exacerbated by hormonal contraceptives.

0.08 - Get those partners treated!

008.1 ASSESSING THE ADDED VALUE OF INTERNET PARTNER SERVICES FOR SYPHILIS AND HIV

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Background Internet partner services (IPS) is the process of notifying named sexual partners to a newly diagnosed syphilis or HIV patient, where the only contact information for that partner is an email address or website handle. Although IPS is recommended by the Centers for Disease Control and Prevention, limited data are available regarding outcomes and the benefits to public health. San Francisco STD Prevention and Control Services has implemented IPS for over a decade. IPS data collected between 2006 and 2011 from newly diagnosed HIV and syphilis index patients and the outcomes of their partner investigations were examined.

Methods The proportion of partners with only internet contact information who, through IPS, had more contact information gathered was calculated. Additionally, the proportion of these partners who were presumptively treated or brought to treatment (for syphilis investigation) or who were tested for HIV (for HIV investigation) was also examined.

Results Between 2006 and 2011, 4,255 partners were elicited from syphilis cases and 3,607 partners from HIV cases. Of these partners, 645 from syphilis index cases and 691 from HIV index cases only had internet contact information. Overall, 47.1% and 46.6% of the syphilis and HIV internet partners, respectively, were successfully contacted and resulted in more contact information being gathered. Of the syphilis internet partners with updated contact information, 129 (42.4%) were either presumptively treated or brought to treatment and represented an increase of 7.2% in successful partner service outcomes. Among the HIV internet contacts, 55 (17.1%) were tested for HIV; a 7.9% increase in successful partner outcomes.

Conclusions By developing and maintaining IPS infrastructure in San Francisco, a substantially larger proportion of partners were able to be contacted by Disease Intervention Specialists (DIS) and successful outcomes of partner services increased for both syphilis and HIV.

008.2 USE AND EFFECTIVENESS OF AN ONLINE PARTNER NOTIFICATION TOOL FOR STI, CALLED SUGGEST-A-TEST

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Background Partner notification (PN) is crucial for STI control. We developed SuggestATest.nl (SAT), an internet-based notification

system for verified diagnoses of STI/HIV, that uses an index-chosen method per partner (email, text messaging, postal letter or a gay dating site; anonymous or non-anonymous). SAT was piloted at the Public Health STI clinics in Amsterdam and Rotterdam, the Netherlands. It was offered additional to counselling by the nurse.

Method We evaluated SAT use and effectiveness from March-July 2012. Numbers/method of sent SAT notifications were extracted from the SAT database, and epidemiological data from electronic patient records. Determinants for SAT use (age, sex, ethnicity, partners, STI) were assessed using logistic regression analysis.

Results Of 1184 index-clients receiving a SAT code, 160 (14%) notified through SAT. They sent 588 notifications (median 2), 82% by text messaging and 16% by email; 86% was non-anonymous. Univariate analysis of SAT use in heterosexuals showed that people with only 1 partner used SAT less often than others; this was the only significant predictor. In MSM, the STI diagnosed was the only significant univariate factor, with MSM with syphilis using SAT more often than MSM having other STI. Among all 67 SAT users in Rotterdam, 56% (225/402) of their eligible partners were notifiable, and 95% (213/225) of those were notified using SAT. In 17 MSM, 36% (87/239) of eligible partners were notifiable, and 97 (111% of 87) were notified in SAT. Of all notified partners, 56% entered SAT to see the STI they were notified for, and 20% visited the STI clinic in Amsterdam/Rotterdam. STI positivity in partners was lower in those notified by SAT (28%, $n = 116$) than in those with contact cards (45%, $n = 152$; $p < 0.001$).

Conclusion SAT is a valuable addition for supporting partner notification and management, although challenges as non-notifiable partners are not solved by SAT.

008.3 BARRIERS TO BACTERIAL STI SCREENING OF HIV+ MEN WHO HAVE SEX WITH MEN (MSM) IN HIV PRIMARY CARE SETTINGS

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Background In the U.S., bacterial STI disproportionately affect HIV+ MSM. Screening for STI in HIV care settings remains suboptimal, but barriers have not been fully elucidated.

Methods As part of a CDC initiative to increase STI screening among HIV+ MSM in care, we sought to (1) define current screening coverage, and (2) identify patient and provider related barriers to screening at the largest HIV clinic in the Pacific Northwest. We extracted aggregated testing data from electronic medical records, and created separate anonymous surveys for patients (written) and providers (electronic). All male clinic attendees seen during a 3-week period in 2012 were invited to participate; 110 MSM contributed. Of 33 clinic providers invited, 28 (85%) responded; 82% (23/28) were attending physicians.

Results From March 2011-September 2012, among 1,379 HIV+ MSM engaged in care, 38% had extragenital testing, 40% urine testing, and 80% syphilis serology at least once. Of patients surveyed, 71% reported having sex in the last 2 months. 31% described seeking STI screening outside of the HIV clinic; of those, reported reasons included: being "easier" (42%), preferring "anonymity" (21%), wanting "more frequent screening" (16%). Providers reported being unfamiliar with current CDC screening guidelines (32%) and uncomfortable with discussing sexual practises and performing a genital exam (21%). Many (68%) stated time was a major barrier. Eleven (40%) providers cited patients' reluctance as a barrier, reporting common patient excuses including: being unprepared (55%), testing elsewhere (82%) and preferring same-gender provider (27%). Asked about potential solutions, providers chose easier access to electronic-tracking of testing results (82%), access to results from other clinics (71%) and self-collection of specimens (57%).

Conclusion At a large academic HIV primary care clinic, STI screening was substandard, with providers reporting numerous barriers. Interventions to address these obstacles include implementation of an STI self-testing programme, and enhanced education for providers.

008.4 ONLINE ACCESS TO HOME STI SPECIMEN COLLECTION AND E-PRESCRIPTIONS LINKED TO PUBLIC HEALTH - IS A COMPARATIVE EFFECTIVENESS TRIAL FEASIBLE?

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Background Online STI testing and treatment may improve access at lower cost and with higher acceptability than clinic-based services.

Methods We conducted a demonstration (non-significant-risk medical device) study of an online system for STI education, vaginal specimen collection for chlamydia, gonorrhoea, and trichomonas testing, treatment, and partner notification, in collaboration with 4 San Francisco Bay area health departments. English and Spanish speaking women (18-30 yr) were recruited over 3 months through various methods.

Results The website had 6,855 hits with a click through rate of 6.6%(450). Of 256 deemed eligible, 85%(217) enrolled. Among these, 54% (117) had not seen a clinician in the past year and 87%(142) had not had an STI test since last unprotected sex. Among those mailed a kit (213), 67% (143) returned the kit. Of these, 80% (115) of participants accessed test results online the same day results were posted, within 2 days (86%, 122) or by study end (92%, 131). STI prevalence was 5.6% (chlamydia and trichomonas). All STI infected participants received treatment either the same day (75%,6/8) at a pharmacy or within 7 days at a clinic (25%, 2/8). Internet recruitment reached the highest number of participants (100/217, 46%), while advertising on subways reached the highest number of positives (5/8, 63%). Of 106 participants completing follow-up surveys, 98% (104) indicated the site was easy to use and 98% (104) would recommend the project to a friend. No negative outcomes were reported. If participating in a future trial, 94% (100) would prefer an online system over clinic-based care.

Conclusions An online system for STI testing and treatment appears feasible, and highly acceptable to participants. We recommend a future comparative effectiveness trial to determine whether an online system can increase testing and treatment of STI infections at lower cost and with higher acceptability than clinic-based care.

008.5 SHOULD ALL PREGNANT WOMEN BE SCREENED FOR CHLAMYDIAL INFECTION AS RECOMMENDED BY CDC, OR ONLY THOSE YOUNGER THAN 25 YEARS AS RECOMMENDED BY USPSTF?

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Background In the United States, chlamydia screening has been recommended for pregnant women of all ages by CDC, and for pregnant women younger than 25 years by USPSTF. The benefits of chlamydia screening are highly dependent on chlamydia prevalence. Very limited evidence, such as age-specific positivity in pregnant women, has been available to support these recommendations. We analysed data from a large commercial laboratory corporation with a substantial share of the U.S. market, with testing in all 50 states, to estimate the positivity of chlamydia among pregnant women.