

support and education relating to sexuality and sexual health. Feedback from Momentum participants for the period of February 2014 to April 2015 are collected and analysed.

**Results** Participants expressed heightened knowledge of their sexuality after attending the workshop. The workshop also provided them with an educational environment relating to sexual health. Additionally, many stated the social benefit of the workshop, as they formed friendships that expand their social support network. Many participants felt supported and connected to the gay community, indicating positive benefits gained from attending the workshop.

**Conclusion** The needs of gay men who came out later in life must be recognised to assist them overcoming homophobia, construct a supportive social network, and provide sexual health education relevant to their lived experiences to improve their well being.

**Disclosure of interest statement** The Victorian AIDS Council is funded by the Victorian Department of Health and Human Services. No pharmaceutical grants were received in the delivery of the program.

#### P11.31 HIV/STI PREVALENCE, SEXUAL RISK, AND DRUG USE AMONG MEN WHO HAVE SEX WITH MEN IN URBAN SETTINGS IN VIET NAM

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**Introduction** HIV epidemic is still concentrated in most at risk populations including people who inject drugs (PWID), female sex workers (FSW), and men who have sex with men (MSM) in Viet Nam. This aims to describe HIV/STI prevalence and drug use among MSM in Ha Noi, Hai Phong, and Can Tho, Viet Nam.

**Methods** Cross-sectional surveys were conducted among MSM in 2013. Biologic and behavioural data were collected with the main objectives of obtaining HIV/STI prevalence, risk and preventive behaviours which focused on sexual and drug-using behaviours and exposure to HIV/AIDS intervention programs.

**Results** HIV prevalence was 4.0%, 5.4%, and 1.1% in Ha Noi, Hai Phong, and Can Tho, respectively. *Chlamydia Trachomatis* (CT) was 4.4%, 5.0%, and 3.5% in Ha Noi, Hai Phong, and Can Tho, respectively. *Neisseria Gonorrhoea* (NG) was 3.4%, 0.3%, and 3.2% in rectal and 0.0%, 0.3%, and 0.9% in genital in Ha Noi, Hai Phong, and Can Tho, respectively. Consistently condom use with non-commercial male partners in past month was 59.1%, 78.6%, and 62.3% in Ha Noi, Hai Phong, and Can Tho, respectively. Reported ever drug use was 13.2%, 13.1%, and 1.5% in Ha Noi, Hai Phong, and Can Tho, respectively. Opiate in urinalysis was 5.3%, 11.0%, and 1.2% in Ha Noi, Hai Phong, and Can Tho, respectively. Amphetamine-type stimulants (ATS) positive in urinalysis was 2.8%, 0.7%, and 0.0% in Ha Noi, Hai Phong, and Can Tho, respectively.

**Conclusion** HIV prevalence was relatively high in Ha Noi and Hai Phong. There was an evidence of unsafe sex since the presence of other STIs. Non-injection drug use, particularly ATS use, among MSM has gained increasing attention. HIV prevention efforts need a refocus on sexual and drug using risk reduction for MSM.

**Disclosure of interest** None.

#### P11.32 SOCIO-DEMOGRAPHIC AND BEHAVIOURAL CHARACTERISTICS OF MEN WHO HAVE SEX WITH MEN (MSM) IN THE NETHERLANDS WHO HAVE NEVER BEEN TESTED FOR HIV

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**Introduction** The proportion of MSM unaware of their HIV infection is 31% in the Netherlands. People who are unaware of HIV are more likely to transmit HIV to others and are unable to benefit from (early) treatment. To improve HIV testing, it is crucial to identify characteristics of MSM who were never tested.

**Methods** We analysed HIV testing behaviour in the Dutch sample (n = 3,787) of the European MSM Internet Survey (EMIS) in relation to socio-demographic and behavioural factors by logistic regression.

**Results** Of the MSM, 20.5% reported to be 'never tested for HIV'. The adjusted model showed that MSM of younger age (<25 yrs aOR 4.6 CI 3.7–5.8 vs >40 yrs), with lower education (2.1 CI 1.8–2.4 vs high), with lower HIV knowledge (5.5 CI 3.8–8.0 vs higher) had higher odds on 'never tested for HIV'. Further, MSM with lower sexual risks were more likely to be never tested for HIV; MSM with no UAI <12 months (3.8 CI 3.1–4.8 vs yes), never visiting gay venues (3.9 CI 3.3–4.7 vs ever), with no STIs < 12 months (11.3 CI 6.6–19.3 vs yes), no sex/party drugs (2.7 CI 2.0–3.7 vs yes), outness (3.4 CI 2.9–4.0 vs other), and having more gay friends (few 6.0 CI 4.6–7.9 vs most are gay). Additionally, of all MSM who were never tested for HIV 70.3% had anal intercourse with ≥1 casual partner (s) <12 months and 47% had unprotected intercourse.

**Conclusion** MSM with lower sexual risks were more likely to be never tested for HIV, suggesting that MSM make risk assessments to inform their choices about HIV testing. Nevertheless, MSM who never tested for HIV also showed sexual behaviour that put them at HIV risk, and are therefore important to target for HIV interventions.

**Disclosure of interest statement** The study is funded by the RIVM. No pharmaceutical grants were received in the development of this study.

## P12 – STI care

#### P12.01 GETTING YOUR CHLAMYDIA CARE ONLINE: QUALITATIVE STUDY AMONG USERS OF THE CHLAMYDIA ONLINE CLINICAL CARE PATHWAY (CHLAMYDIA-OCCP), IN A PROOF OF CONCEPT STUDY

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**Background** Online clinical care was offered to people receiving positive chlamydia results, following testing in Genitourinary Medicine clinics or through six National Chlamydia Screening Programme areas' online postal self-sampling service: 21.07.14–13.3.15, in a proof-of-concept study within the eSTI<sup>2</sup> consortium ([www.esti2.org.uk](http://www.esti2.org.uk)). Chlamydia-OCCP included: STI results service; clinical consultation; electronic prescription via community pharmacy; partner notification; and a telephone helpline