

P311 EXAMINING INTERACTIONS WITH ONLINE OUTREACH WORKERS FOR GAY, BISEXUAL AND OTHER MEN WHO HAVE SEX WITH MEN

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Background As the Internet is increasingly becoming a platform for sexual health education, gay, bisexual and other men who have sex with men (GBM) are having greater interactions with online outreach workers. However, little is known about the content or their assessment of these interactions.

Methods Recruitment of GBM aged 14+ into the #iCruise study occurred across Ontario from 07/2017–01/2018 via socio-sexual websites/apps. Participants reported details about the interactions they had with online outreach workers including what health topics were discussed and gave an assessment of the interaction via Likert scale questions.

Results A total of 910 GBM who completed baseline cross-sectional data collection were eligible for this analysis. Half of participants (49%) reported being under age 30, 62% White, 65% gay-identified, 12% HIV-positive, 44% with some university education, and 12% living in rural areas. Among the sample, nearly 10% (9.7%, n=88/910) reported having ever interacted with an online outreach worker: of these, 37 (42%) reported one interaction, 38 (43%) reported 2–5 interactions, and 8 (9%) reported 6+ interactions; 5 (6%) unsure. Healthy sex (34%) and HIV/STI testing (e.g., where to get tested; 34%) were the most popular topics discussed, followed by HIV/STI prevention (27%), pre-exposure prophylaxis (PrEP) (19%), HIV/sexually transmitted infection (STI) transmission risk (17%), HIV/STI treatment and care (13%), condoms (11%) and lube (11%). When rating the outreach interaction, GBM reported: it was easy to understand (92%), gay/bisexual friendly (88%), relevant to gay/bisexual guys (87%), ‘didn’t make me feel bad about myself’ (79%), applicable (72%), and the interaction had fully answered their question (74%). Over half of the participants reported the information was transgender friendly (56%) and relevant to trans guys (52%).

Conclusion A significant minority of GBM had interactions with online outreach that covered a range of health topics. These interactions were generally very positive and rated understandable, applicable, and inclusive.

Disclosure No significant relationships.

P312 EVALUATION OF AN ANTIRETROVIRAL THERAPY (ART) INTERRUPTION ALERT AND REFERRAL SYSTEM IN BRITISH COLUMBIA (BC), CANADA

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Background In mid-2016, the BC HIV Drug Treatment Program (DTP) expanded its province-wide prescriber alert system for ART interruptions to include direct referrals to public health offices for persons off treatment for >4 months. We examined outcomes before and after launch of this Re-Engagement and Engagement in Treatment for Antiretroviral Interrupted and Naïve populations (RETAIN) Initiative.

Methods We analyzed adult, DTP participants with ART interruptions triggering a physician-directed alert (ART refill >2 months late) in pre-RETAIN (Jul-2013 to Apr-2016) and post-RETAIN (May-2016 to Oct-2017) periods, based on the first alert issued within the study period. Follow-up continued until Oct-2018, excluding persons who moved or died within 90 days of an alert being sent. We compared the proportion of persons who were linked to care, re-started ART, or achieved viral suppression in the pre- and post-RETAIN periods, and the time to ART re-initiation using a generalized estimating equation model.

Results There were 3219 alerts sent for 1805 patients, 1374 related to first interruptions in the pre-RETAIN period and 431 post-RETAIN. Of these, 135/431 (31%) post-RETAIN cases were referred to public health within 4 months following the first alert. Patients were predominantly male (74%) with a median age of 47 years. We found no statistically significant differences in the proportions of persons who were linked to care (83% vs 83%), re-started ART within 4 months (73% vs 74%), or achieved viral suppression (61% vs 62%) between the two periods. Among persons who re-initiated ART >4 months following the initial alert, the median (Q1–Q3) time to ART restart declined significantly from 9 (6–15) months pre-RETAIN to 8 (6–11) months post-RETAIN (p=0.004), possibly influenced by public health intervention.

Conclusion We observed shorter time to re-initiation after the introduction of referrals for public health support. Similar systems could be considered in other jurisdictions.

Disclosure No significant relationships.

P313 THE ROLE OF TEMPORAL DISCOUNTING IN A CONDITIONAL CASH TRANSFER INTERVENTION TO IMPROVE ENGAGEMENT IN HIV-CARE

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Background Understanding the mechanisms underlying health behaviors is crucial to optimize interventions to improve HIV-related outcomes. Temporal discounting (TD), the tendency to discount the value of future rewards relative to rewards received closer to the present, may lead to risky health behaviors. Conditional cash transfer (CCT) interventions were developed in part to mitigate these effects. Despite this, few studies assess the direct role of TD on the effect of CCT interventions on HIV treatment and prevention.

Methods Using data from a randomized controlled trial among 433 HIV-infected pregnant women in the Democratic Republic of Congo, we assessed three outcomes: 1) retention to HIV care, 2) uptake of services for the prevention of mother-to-child transmission (PMTCT), and 3) viral suppression at 6 weeks postpartum. We used a delay discounting task to measure TD at baseline. We hypothesized that if CCT works by mitigating the harmful effects of TD, we would observe a positive interactive effect on the additive scale between high TD and CCT. We specified linear binomial regression models