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.

P11.32 SER-COV-2 AND STI TESTING AMONG MEN WHO HAVE SEX WITH MEN (MSM) IN THE NETHERLANDS WHO HAVE NEVER BEEN TESTED FOR HIV

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10.1136/sextrans-2015-052270.480

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, all of 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 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 delivery 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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10.1136/sextrans-2015-052270.481

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 consortium (www.esti2.org.uk). Chlamydia-OCCP included: STI results service; clinical consultation; electronic prescription via community pharmacy; partner notification; and a telephone helpline.