

previous 3 months) in a randomised controlled trial of HIV self-testing (FORTH). Participants completed a baseline survey at enrolment. We constructed a HIV Testing Self-Efficacy (HTSE) scale measuring confidence in one's perceived ability to undertake HIV testing comprising 8 items ('not at all confident' = 0 to 'completely confident' = 4; Cronbach's α = 0.81). Total HTSE score consisted of the sum of scores for all items. We determined the factors associated with HIV testing frequency in the past 12 months and perceived likelihood to self-test in the future using logistic regression.

Results A total of 355 GBM were included. Median age was 33 years (inter-quartile range [IQR] = 26–41), and 63% were Australian-born. Overall, 95% reported having previously tested for HIV, and 65% reported being 'very likely' to self-test for HIV. The median HTSE score was 26 (IQR = 23–29, range = 8–32). In multivariate analysis, factors independently associated with ≥ 3 HIV tests in past 12 months were: HTSE score (adjusted odds ratio [AOR] = 1.07 for one unit increase, 95% CI = 1.02–1.13, p = 0.011); and >10 partners in past 6 months (AOR = 1.85, 95% CI = 1.10–3.12, p = 0.020). Only HTSE score was associated with being 'very likely' to self-test (OR = 1.08, 95% CI = 1.03–1.13, p = 0.001).

Conclusion HIV testing self-efficacy is independently associated with testing frequency and likelihood to self-test. Improving GBM's confidence in HIV testing, by improving their knowledge and experience may lead to higher testing frequency. Future longitudinal analysis will provide information about the causal pathways between HTSE, testing frequency and actual self-testing measured in the trial.

Disclosure of interest statement The research is funded through a NHMRC Program grant from the NHMRC and self-test kits were purchased from OraSure Technologies Inc. (Bethlehem, PA, USA). The Kirby Institute and the Centre for Social Research in Health receive funding from the Australian Government Department of Health.

P17.11 PUBLIC SEXUAL HEALTH CLINICS INCREASE ACCESS, HIV TESTING AND RE-TESTING AMONG HIGHER RISK GAY AND BISEXUAL MEN

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10.1136/sextrans-2015-052270.589

Introduction Most HIV diagnoses in Australia occur in gay and bisexual men (GBM), however the majority of higher-risk GBM are testing for HIV at less than recommended frequency (3–6 monthly). In recent years, public sexual health clinics (SHCs) have implemented a range of initiatives to increase access to HIV testing in GBM including express clinical models, after-hours/drop-in services, online-booking, rapid-testing, and SMS reminders. We measured HIV testing trends among GBM at New South Wales (NSW) SHCs in the time period of the initiatives.

Methods We utilised routinely collected data from 33 SHCs in NSW, and calculated the following annual indicators among HIV negative GBM from 2009–2013: number attending clinics; proportion tested for HIV at least once; proportion re-tested within 1–12 months; and HIV positivity. Indicators were calculated for all GBM and higher-risk GBM (>5 partners in last 3 months or previous sexually transmissible infection diagnosis). Chi-square tests were used to assess trends over time.

Results In the 5-year period, 29,623 unique HIV-negative GBM attended participating SHCs and 21% were higher-risk men. Among all HIV-negative GBM, there were significant increasing trends (p -values <0.001) in: the number of individuals attending (4,748 in 2009 to 7,387 in 2013, relative increase:56%); proportion tested (73% to 85%, relative increase:16%); and proportion re-tested within 1–12 months (42% to 52%, relative increase:24%). Among higher-risk GBM, greater increases were observed in individuals attending (934 to 1,667, relative increase:78%) and proportion re-testing (51% to 64%, relative increase:26%), but a smaller change in the proportion tested (89% to 93%, relative increase:5%), though starting from a higher base (significant increasing trends, p -values <0.001). HIV-positivity in all GBM fluctuated (1.3–1.1%) with no significant trend over time (p = 0.790).

Conclusion NSW SHCs have successfully increased attendance and HIV testing among GBM, particularly in higher-risk men. HIV-positivity suggests that testing increases have been well-targeted to higher-risk GBM. There is potential to further improve testing uptake and re-testing.

Disclosure of interest statement ACCESS study is funded by the NSW Ministry of Health and the Victorian Department of Health.

P17.12 PROVIDING EVIDENCE TO SUPPORT COMMUNITY BASED HCT SCREENING PROGRAMS – THE VOICE OF VULNERABLE RURAL YOUTHS IN SOUTH-WEST NIGERIA

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10.1136/sextrans-2015-052270.590

Background Low uptake of HIV testing services (HCT) in healthcare settings was reported by a study carried out in the South-south region of Nigeria. High acceptability of home based HCT has been reported in a previous study in South Africa. Home based testing also increased uptake of screening for HIV and syphilis among previously untested individuals in Brazil.

Methods A cross sectional descriptive study was carried out among out-of-school youths in two rural communities in south-west Nigeria. The aim of the study was to determine the prevalence of HIV testing and the preferred venue for the tests. Multistage sampling method was used to select 360 respondents in each of the communities. Information was collected by trained interviewer's using a pretested questionnaire. Data was analysed using Epi info statistical software version 3.6.3 and IBM SPSS version 20. Bivariate and multivariate analysis was carried out at $p < 0.05$.

Results Mean age of respondents was 19.85 ± 2.71 , majority were males (55.0%) and had at least secondary school education (66.7%). Most (86.5%) had heard of HCT, the commonest source of information being TV/Radio (49.0%), Health worker (14.2%), friends/family members (12.3%). Only 14.6% had been tested for HIV. Among this group, 8.3% were tested for medical