McNemar test showed no difference between clinician-taken and self-taken rectal or pharyngeal samples, or between self-collected samples analysed separately or pooled.

**Conclusion** This on-going work is the first randomised study showing women’s self-taken extra-genital samples are comparable to clinician-taken and can be analysed accurately as a pooled sample. High levels of extra-genital infections were found with 12.7% of CT infections being missed on VVS. Trebling diagnostic costs with rectal, pharyngeal, and VVS samples would be unaffordable for many health systems but a pooled sample has the same laboratory cost as the current VVS.

**Disclosure of interest statement** Dr Janet Wilson has received honoraria and travel and accommodation expenses from BD Diagnostics, and research grants in the form of diagnostic kits from Hologic/Gen-Probe.

---

**004 - Adolescent sexual health**

**004.1 LONGITUDINAL EXPERIENCES OF SOCIAL SUPPORT AND SEXUAL RISK IN A SAMPLE OF YOUNG BLACK GAY AND BISEXUAL MALES**

1Renata Arington-Sanders*, 2Anthony Morgan, 3Gary Harper, 3Jessica Oldman, 3Dennis Forrester. 1Johns Hopkins School of Medicine, Division of General Pediatrics & Adolescent Medicine; 2University of Michigan School of Public Health, Department of Health Behavior and Health Education; 3Indiana University, Department of Pediatrics, Adolescent Medicine

**Introduction** Social support is key to the development of young gay and bisexual men’s positive health outcomes. Little work has explored how contextual factors of social support during first same-sex promote sexual health behaviours in young Black gay and bisexual men (YBGBM).

**Methods** 50 YBGM aged 15–19 were recruited to complete an ACASI survey, baseline in-depth and 3 follow up qualitative interviews over the course of 1 year about the context of lived experiences (Black and gay), social support, recent sex, and sexual health experiences. 42 (84%) YBGBM completed all 4 interviews. Data were analysed to explore constructs and definitions that emerged from the data over multiple time points and then categorised into themes that emerged.

**Results** At baseline, participant’s mean age was 17.6 years (SD = 1.3). Participants mostly self-identified as gay (62%, N = 31) or bisexual (34%, N = 17) bisexual, and reported a mean number of lifetime sexual partners at time of baseline interview as 13.3 (SD = 14.5, Median 8.5) and mean age at first sex of 13.9 (SD = 2.6). Participants reported an average number of partners in the last 4 months of 4.4 (SD = 5.7), 2.1 (SD = 2.0), and 1.4 (SD = 1.7) partners at first, second, and third follow-up, respectively. All participants were able to describe some level of social support; but experiences of social support were inconsistent. Social support varied within economic, geographic, and racial contexts. Participants with consistent social support over follow-up were more likely to report: 1) recent STI/HIV screening; 2) condom-use with partner; and 3) overall fewer partners than youth experiencing inconsistent social support.

**Conclusions** Intersecting social contexts impact social support during sexual development and this may be critical to promoting positive sexual health in YBGBM.

**Disclosure of interest statement** The study is funded by ASTDA and NICHD K-23 HD074470-02, USA. No pharmaceutical grants were received in the development of this study.