

**Abstract O03 Table 1** Rectal infections in PrEP

Rate (N/pyrs)	Deferred Phase		Post-deferred Phase	
	IMM	DEF	IMM	DEF
Rectal GC	35.3 (81/229)	33.7 (67/203)	31.4 (129/411)	32.7 (116/355)
Rectal CT	33.6 (77/229)	21.2 (43/203)	33.1 (136/411)	29.9 (106/355)

**Discussion** The ongoing high rates of rectal infections show that participants remaining in follow-up continued to need PrEP. The significantly reduced incidence of rectal CT in those allocated to deferred PrEP was not observed in the post-deferred phase when everyone had access to PrEP. This may be chance or may reflect an influence of PrEP on sexual practices.

#### O04 FINDINGS FROM THE MEN WHO HAVE SEX WITH MEN (MSM) INTERNET SURVEY IRELAND (MISI): ESTIMATED PROPORTION OF MISI RESPONDENTS ELIGIBLE FOR PRE-EXPOSURE PROPHYLAXIS (PREP)

<sup>1</sup>Laura Nic Lochlainn, <sup>1</sup>Kate O'Donnell, <sup>2</sup>Caroline Hurley, <sup>2</sup>Fiona Lyons\*, <sup>1</sup>Derval Igoe. <sup>1</sup>Health Service Executive Health Protection Surveillance Centre (HPSC), Dublin, Ireland; <sup>2</sup>Health Service Executive Sexual Health and Crisis Pregnancy Programme (SHCPP), Dublin, Ireland

10.1136/sextrans-2017-053232.4

**Introduction** In Ireland, HIV infection predominantly occurs among men who have sex with men (MSM). Combination prevention approaches, including pre-exposure prophylaxis (PrEP), are recommended to reduce the risk of acquiring HIV. We used the 2015 MSM Internet Survey Ireland (MISI), a large-scale community survey among adult MSM in Ireland, to estimate the proportion of MISI respondents eligible for PrEP.

**Methods** We applied PrEP eligibility criteria from France to MISI variables. Where exact criteria could not be applied, the most similar form was used. French PrEP eligibility criteria include HIV negative MSM or transgender adults who had at least one of the following: condomless anal sex (CAI) with  $\geq 2$  different partners in the past six months; episodes of STIs in the past 12 months; used multiple post-exposure prophylaxis (PEP) treatment(s) or used drugs during sex.

**Results** MISI included 3,045 MSM aged 18–64 years; 2,870 (94%) were HIV negative or never HIV tested. In the past 12 months, 370 (12%) reported CAI with  $\geq 2$  non-steady partners; 243 (8%) reported an STI diagnosis and 181 (6%) used drugs associated with chemsex. Four percent (n=119) were treated with PEP. Overall, 23% [95%CI(22–25)] of MISI respondents are eligible for PrEP.

**Discussion** An estimated one in four MISI respondents met French PrEP eligibility criteria. Applying this estimate to the MSM population in Ireland, taking study limitations, those engaged in services and assumed PrEP uptake into account, would enable calculation of the number of MSM eligible for PrEP. This estimate will be useful for informing PrEP policy in Ireland.

#### O05 EVALUATION OF THE IMPLEMENTATION OF AN EXPRESS 'TEST-AND-GO' HIV/STI TESTING SERVICE FOR MEN WHO HAVE SEX WITH MEN IN SEXUAL HEALTH CENTRE

<sup>1,2</sup>Eric Chow\*, <sup>1</sup>Ria Fortune, <sup>1</sup>Sheranne Dobinson, <sup>1,2</sup>Tim Read, <sup>1,2</sup>Marcus Chen, <sup>1,2</sup>Catriona Bradshaw, <sup>1</sup>Glenda Fehler, <sup>1,2</sup>Christopher Fairley. <sup>1</sup>Melbourne Sexual Health Centre, Alfred Health, Melbourne, VIC 3053, Australia; <sup>2</sup>Central Clinical School, Monash University, Melbourne, VIC 3004, Australia

10.1136/sextrans-2017-053232.5

**Introduction** Men who have sex with men (MSM) who are asymptomatic and do not require treatment are eligible to use the new express HIV/STI testing service called 'Test-And-Go' (TAG) or the general clinic service for an asymptomatic screen. We aimed to evaluate the utilisation of the TAG service.

**Methods** MSM attending the clinic for a TAG service or a general clinic service between 5 August 2015 and 1 June 2016 were analysed. A general estimating equation regression model was constructed to examine the association between the use of TAG service and demographic characteristics, sexual behaviours, and HIV/STI diagnoses.

**Results** Of the 4,212 consultations, 750 (17.8%) were TAG consultations and 3,462 (82.2%) were routine consultations for asymptomatic MSM at the general clinic. MSM were more likely to use the TAG service if they were aged  $>30$  years (OR=1.32 [95% CI 1.10–1.58]), were born in Australia (OR=1.40 [95% CI 1.16–1.70]), and had  $\leq 4$  male partners in the last 12 months (OR=1.30 [95% CI 1.12–1.52]) but there was no significant difference between condom use in the last 12 months. MSM who used the TAG service had less syphilis but there were no differences in detection of gonorrhoea, chlamydia and HIV diagnoses between the two services.

**Discussion** Demographic and some behavioural characteristics differed between the two services but other than syphilis there was no difference in STIs. The TAG service required less clinician time and hence created additional clinical capacity at the general clinic to see patients at higher risk.

#### O06 HEPATITIS C TRANSMISSION IN HIV NEGATIVE MEN WHO HAVE SEX WITH MEN (MSM) WHO DO NOT INJECT DRUGS

<sup>1</sup>Colin Fitzpatrick\*, <sup>1</sup>Nicolas Pinto-Sander, <sup>1</sup>Deborah Williams, <sup>1,2</sup>Daniel Richardson. <sup>1</sup>Brighton and Sussex University NHS Trust, Brighton, UK; <sup>2</sup>Brighton and Sussex Medical School, Brighton, UK

10.1136/sextrans-2017-053232.6

**Introduction** Since 2000 there has been an increase in reported acute hepatitis C in HIV infected men who have sex with men which is associated with injecting drug use (IDU), condomless anal sex, pre-exposure prophylaxis (PrEP) use and sexual practices including fisting. There have been very few reports of acute Hepatitis C in HIV negative MSM who do not inject drugs. Locally we have been screening all MSM and IDUs per year for Hepatitis C since 2005.