Oral Presentation Session 7

STI/HIV Risk Reduction

007.1 NOVEL USE OF VENUE-SPECIFIC CODES TO TRACK IMPACT OF A CAMPAIGN TO INCREASE AWARENESS AND USE OF AN ONLINE HIV/STI TESTING SERVICE (GETCHECKEDONLINE) AMONG GAY AND BISEXUAL MEN IN VANCOUVER, CANADA

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Introduction
GetCheckedOnline (GCO) is an online HIV/STI testing service where clients create an account, complete a risk assessment, print a lab form, submit specimens at a lab and get results online or by phone. From April-Sept 2015 the Just-MakesSense (JMS) campaign aimed to increase awareness and uptake of GCO among gay and bisexual men (GBMSM) in Vancouver. JMS promoted GCO’s convenience and used multiple physical and online venues (social media, sex-seeking websites/apps, gay bars, events), with venue-specific codes to create accounts which we used to measure campaign impact.

Methods
Individuals were tracked from JMS website visits to GCO account creation and testing using venue-specific GCO access codes. Awareness of JMS and GCO was measured using a Pride survey (Aug 2015) and post-campaign perceptions of JMS and GCO gathered through key informant interviews and focus groups.

Results
Over 6 months, 18,273 views of the JMS campaign page led to 659 (4%) visits of the GCO website. 177 visitors created GCO accounts and by Dec 2015, 43 (24%) tested at GCO. Awareness of JMS and GCO was high and 1 in 4 men were aware of JMS and GCO. Interviews/focus groups with 7 participants had already prescribed PrEP. Compared with FPs, HIV clinicians were more likely to report higher self-perceived knowledge of and attitudes towards providing PrEP and to examine factors associated with their willingness to prescribe PrEP.

Conclusion
Physicians will have a pivotal role in ensuring appropriate delivery of Pre-Exposure Prophylaxis (PrEP). The study’s objective was to explore Belgian physicians’ self-perceived knowledge of and attitudes towards providing PrEP and to examine factors associated with their willingness to prescribe PrEP in the future.

Results
On a total of 381 completed questionnaires, 269 (71%) were from FPs, 39 (10%) from HIV clinicians and 73 (19%) from other healthcare providers. About 56% of all respondents agreed that PrEP is an effective preventive measure to reduce HIV infections in Belgium. Twelve physicians had already prescribed PrEP. Compared with FPs, HIV clinicians were more likely to report higher self-perceived knowledge of PrEP (OR: 15.9; 95% CI: 4.8–52.7) to perceive the application of PrEP as cost-effective (OR: 3.3; 95% CI: 1.6–6.8). HIV clinicians were also more willing to prescribe PrEP in the future (OR: 2.49; 95% CI: 1.14–5.45) than FPs. Self-perceived knowledge of and attitudes towards PrEP remained independently associated with the willingness to prescribe when controlling for potential confounders (such as age, gender or experience with HIV).

Conclusion
HIV clinicians were better prepared and more willing to prescribe PrEP than FPs. With the likely forthcoming approval of PrEP in Belgium, awareness and knowledge of PrEP among FPs should be improved to ensure appropriate delivery outside of HIV specialised settings.

007.3 HEADS IN THE SAND? STI RISK PERCEPTION IN THE BRITISH POPULATION POORLY RELATES TO SEXUAL BEHAVIOUR: FINDINGS FROM THE THIRD NATIONAL SURVEY OF SEXUAL ATTITUDES AND LIFESTYLES (NATSAL-3)

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Introduction
Risk perception is a key component of behaviour change and underpins effective public health messaging, which for sexual health includes promoting safer sex and STI testing. We examined associations between reported perceived risk of STIs and sexual behaviour in the British general population.