

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 use 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 least once (none positive). 58% of GCO accounts/52% of tests were from ads on sex-seeking websites/apps (vs. 1%/0% from social media, 12%/9% from physical venues, and 29%/39% source unknown). 25% of 114 GBMSM surveyed were aware of JMS and GCO. Interviews/focus groups with 7 participants suggested GCO may not have been perceived as convenient given existing accessible, culturally appropriate HIV/STI testing services for GBMSM in Vancouver, and that GCO may better suit men living outside urban Vancouver or with privacy concerns that make visiting gay-branded testing services less likely.

Conclusion Our novel use of unique tracking codes permitted detailed per-venue evaluation of the JMS campaign; greatest uptake was from sex-seeking website/app ads vs. other venues. While JMS views were high and 1 in 4 men were aware of GCO, GCO use was low possibly owing to the availability of relatively convenient in-clinic testing services in the city. Promotion outside Vancouver and of the privacy of GCO may increase uptake among GBMSM.

007.2 PHYSICIANS' WILLINGNESS TO PRESCRIBE PREP: RESULTS OF AN ONLINE SURVEY IN BELGIUM

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Introduction 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.

Methods We conducted an online survey (available in Dutch, French and English) among Belgian healthcare providers from March to June 2016. It was disseminated by spreading a web-link through physician organisations, e-mail lists and professional associations' websites. Bivariate analyses were used to examine differences between HIV clinicians and family physicians (FPs) regarding sociodemographic characteristics, experience with HIV and PrEP, and PrEP knowledge and attitudes. Multivariate logistic regression was conducted to explore factors associated with physicians' 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.

Methods A probability-sample survey undertaken 2010–2012 (Natsal-3) using a combination of computer-assisted personal and self-interviewing (CAPI/CASI). Participants rated themselves as ‘greatly’, ‘quite a lot’, ‘not very much’ or ‘not at all’ at risk of getting an STI (excluding HIV) given their current sexual lifestyle. We analysed weighted data on risk perception and behaviour from sexually-active individuals aged 16–44 (3391 men, 4966 women), and used multinomial regression to calculate relative risk ratios (RRRs) for rating oneself as greatly/quite a lot or not very much at risk (both compared with not at all at risk).

Results Most participants (64% of men, 73% of women) rated themselves as ‘not at all at risk’ of STIs, 30% of men and 23% of women as ‘not very much at risk’, and 6% of men and 4% of women as ‘greatly/quite a lot at risk’. After adjustment for age, increasing risk perception was associated with reporting risk behaviours in the past year (RRRs for men presented for illustration, associations for women were generally similar): 1 new condomless partner (RRR 5.97 [4.24–8.40] for ‘greatly/quite a lot’ and 2.60 [2.08–3.25] for ‘not very much’, both compared with ‘not at all at risk’), same-sex partners (RRR 19.85 [8.56–46.03] for greatly/quite a lot, 7.11 [3.99–12.66] for ‘not very much’), and concurrent partners (RRR 16.21 [10.27–25.59] for greatly/quite a lot, 5.77 [4.10–8.11] for ‘not very much’). However, these behaviours were also reported by a substantial proportion of those not rating themselves as at risk. For example, 27% of men and 26% of women who self-rated as ‘not very much at risk’, and 10% of men and 9% of women who self-rated as ‘not at all at risk’ reported 1 new unprotected partner in the past year. Similarly, 18% of men and 12% of women who self-rated as ‘not very much at risk’ reported concurrent partnerships in the past year.

Conclusion Most participants did not perceive themselves as being at risk of STIs, however many of these people reported sexual behaviours that are strongly associated with STI acquisition. Health promotion efforts should take account of mismatches between perceived and actual risk.

007.4 CHALLENGES OF IMPROVING REPRODUCTIVE HEALTH LITERACY: LEARNINGS FROM PRACTITIONERS CARING FOR HUMANITARIAN ENTRANTS FROM BURMA

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Introduction In 2015, among 65.3 million displaced worldwide were 1.53 million people displaced from Burma, awaiting resettlement. Primary care practitioners (PCP) in settlement areas of Melbourne, Australia, have limited understanding of reproductive health literacy of refugees from Burma. Prior to migration they face significant human rights violations creating a culture of silence, and have no experience of informed decision making or voluntary consent. Based on this need articulated by PCP, we examined factors affecting sexual health literacy, to determine areas of priority and potentially effective strategies for delivering sexual health education to this refugee group.

Methods We conducted 27 semi-structured interviews on sexual health consultations with PCP involved with refugees from Burma. A conceptual framework based on principles of “humanization”, and “sustainable development” underpinned interview guide development. Interviews were audio-recorded and transcribed. Content and thematic analysis followed independent coding and consensus discussion by team members.

Results Preliminary analysis suggests that although people from Burma originate from the same country, their diverse cultural and linguistic backgrounds impacts the entire spectrum of reproductive health related literacy. Knowledge of people who had lived in the plains appeared greater compared to people from hills or remote areas. Time in refugee camps and access to schooling also affects health literacy. All PCP prioritised winning the trust of patients over preventive health endeavours. PCP noted that Burmese refugees were not embarrassed by sexual health discussions and were eager to learn about it. Finally, ‘word of mouth’ was the most effective health engagement strategy. Actively involving clients in communication activities such as using drawings of reproductive organs to stimulate discussions were helpful.

Conclusion Health education delivered using culturally appropriate strategies focusing on patient engagement will definitely improve the uptake of reproductive health services.

007.5 PREDICTORS OF RESPONSIVENESS AMONG AMERICAN INDIAN ADOLESCENTS TO A COMMUNITY-BASED HIV RISK-REDUCTION INTERVENTION

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Introduction American Indian/Alaska Native (AI/AN) adolescents suffer disparities in sexually transmitted infection, HIV/AIDS and unintended pregnancy. Deficits in culturally relevant risk-reduction interventions exacerbate sexual health inequalities. Our tribal-academic partnership evaluated a culturally congruent HIV risk-reduction intervention called: Respecting the Circle of Life (RCL) through a randomised controlled trial. This analysis assesses individual level predictive factors for unresponsiveness to the RCL program.

Methods 267 AIs ages 13–19 participated; data was collected at baseline, immediately post, 6- and 12 months post-intervention. Regression analyses examined how baseline levels of 5 factors, established as pre-requisites for behaviour change, predicted responsiveness to the RCL program including: HIV prevention/treatment knowledge, belief condoms prevent pregnancy/infection, condom use intention, condom use self-efficacy, and partner negotiation on condom use.

Results The strongest intervention impact was observed immediately post-intervention. RCL had greater impact on all 5 factors among low and medium initial scorers. Overall, high initial scorers in HIV prevention/treatment knowledge and belief that condoms prevent pregnancy/infection were predictive of unresponsiveness to RCL. Specifically, never skipping school was predictive of unresponsiveness to RCL for HIV/AIDS knowledge; female gender was predictive of unresponsiveness for condom belief; and high baseline HIV/AIDS knowledge was predictive of unresponsiveness for condom use intention.