

4.46), and inconsistent condom use (OR: 2.23; 95% CI: 1.05, 4.75).

Conclusion MSM in Jamaica report high prevalence of STI and HIV. STI testing rates are suboptimal and associated with complex multi-level (socio-demographic, relationship, community) factors. Lifetime history of STI was associated with HIV co-infection, structural factors (unemployment), and sexual practices (inconsistent condom use). Results can inform multi-level STI prevention and care programs tailored for MSM in Jamaica.

P4.20 FACTORS ASSOCIATED WITH OPTING IN FOR CLINIC-BASED SYPHILIS TESTING AMONG TRANSGENDER WOMEN IN JAMAICA

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Introduction Transgender women experience high sexually transmitted infection (STI) rates, yet there is a lack of information about STI testing uptake among transgender women in low and middle-income countries. We conducted a tablet-based survey to assess syphilis testing uptake and prevalence among transgender women in Jamaica.

Methods We conducted a cross-sectional survey with a peer-driven recruitment sample of transgender women in Kingston and Ocho Rios, Jamaica. Participants were provided with a coupon with their survey identification (ID) code for voluntary, free, rapid serological syphilis testing. Coupon ID codes for testing uptake/results were linked with survey results. We conducted backwards stepwise logistic regression to determine factors associated with opting in for syphilis testing.

Results Among 137 participants (mean age: 24.0 [SD: 4.5]), 60.6% opted in for syphilis testing and 10.6% tested positive. One-quarter (25.2%) self-reported being HIV-positive; all participants with syphilis infection were HIV-positive. In univariable analyses having multiple partners was associated with reduced odds of opting in for testing (OR: 0.19; 95% CI: 0.06–0.60). In multivariable analyses controlling for relationship status, HIV-positive participants were four-fold more likely to opt-in for syphilis testing (Adjusted Odds Ratio [AOR: 4.33]; 95% CI: 1.31–14.26) than HIV-negative participants. Perceived STI risk (AOR: 1.58; 95% CI: 1.04–2.40) and childhood sexual abuse history (AOR: 2.80; 95% CI: 1.03–7.62) were associated with increased odds of opting in for testing. Incarceration history (AOR: 0.27; 95% CI: 0.11–0.71) was associated with reduced odds of opting in for syphilis testing.

Conclusion Transgender women in Jamaica experience high HIV and syphilis prevalence, and syphilis and HIV co-infection. Findings suggest opt-in clinic based syphilis testing may miss the opportunity to provide testing for some transgender women at elevated STI risk. Future research should assess

whether point-of-care syphilis testing may increase testing uptake.

P4.21 SIDE CHICKS, THOTS AND SIDE DICKS: TYPOLOGIES AND DRIVERS OF CONCURRENT PARTNERSHIPS AMONG PEOPLE OF BLACK CARIBBEAN ETHNICITY IN ENGLAND AND IMPLICATIONS FOR STI PREVENTION AND PARTNER NOTIFICATION

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Introduction In Britain, STI diagnoses rates are highest among black Caribbean compared to other ethnic groups. The prevalence of concurrency is also high in this population. Concurrent partnerships, (i.e. having sexual partners overlapping in time), can enhance the rate and speed of STI transmission. We explored typologies and drivers of concurrency in black Caribbean in England and considered their implications for STI prevention.

Methods Using purposive sampling, we recruited people of black Caribbean ethnicity aged ≥ 15 years from community settings and STI clinics. Audio-recorded 4 focus group discussions (n=28 participants) and 24 in-depth interviews were conducted between June 2014-Dec 2015 using topic guides. Data was transcribed, managed using NVivo software and analysed using thematic framework to identify patterns of concurrent partnerships and condom use, and reasons for concurrency.

Results 32 women and 20 men (age range: 15–70 years) identifying as heterosexual participated. Open, situational, and experimental concurrent partnerships were commonly reported. Open concurrent partnerships involved a person having a main sexual partner and, in the case of men, additionally having sex with other “side chicks” or “thots”, and in the case of women, “side dicks”. Situational partnerships involved having a sexual relationship with an ex-partner, especially with someone with whom they had had a child, while having another main sexual partner. These types of partnerships were usually long-term, and condoms were less likely to be used due to emotional attachment, if a co-parent was single and then condomless sex was perceived as a way to “entice” the partner back, or due to the relationship being founded on sexual pleasure. Usually people were aware of the concurrent nature of these partnerships. Experimental concurrent partnerships, commonly reported by single participants, were usually short term, and mostly involved condom use. These were fuelled by lack of readiness to settle with a single partner, or trying to figure out the type of partner they may want to settle with. Other commonly reported reasons for concurrency were low self-esteem at an individual level. At a socio-cultural level, although concurrency was frowned upon, it was perceived as “a Black Caribbean thing” with references being

commonly made in certain types of popular music and dance among black Caribbeans, changing norms of relationships in an era where you can “order sex via app”, peer pressure, and a normalisation of concurrency on social media, especially among men.

Conclusion Among black Caribbeans, the different types and contexts of concurrent partnerships can have implications for STI prevention. Awareness of being in a concurrent partnership could potentially facilitate uptake of interventions including condom use, partner notification, and reduce the risk of re-infection. In addition, such interventions should address broader sociocultural factors influencing risk behaviour including the impact of media.

P4.22 **CROSSING THE BRIDGE: EXPLORING SEXUAL RISK PROFILES OF MEN WHO HAVE SEX WITH MEN ATTENDING A SEX ON PREMISES VENUE AND A PUBLIC SEXUAL HEALTH CLINIC FOR STI SCREENING IN SYDNEY, AUSTRALIA**

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Introduction In Australia, men who have sex with men (MSM) are targeted to curb the spread of HIV and STIs. ‘Non-gay’ identifying MSM (NGMSM) may not identify with health messages, impacting knowledge of HIV/STI harm minimisation and result in poorer health-seeking behaviours. NGMSM and other men who have sex with men and women are often hidden to clinical services. These men may act as bridges for HIV/STI transmission to female partners. Novel strategies to reach this group include opportunistic HIV/STI screening at sex on premises venues (SOPV). We compared the demographics, testing and sexual behaviour of MSM attending a SOPV to MSM attending an established sexual health clinic (SHC).

Method A daytime SOPV HIV/STI screening service was conducted 2–3 consecutive days per month from November 2015 for 12 months. All patrons were offered testing. The comparison group were MSM attending a local SHC for screening the week following each SOPV clinic. The SHC operates weekdays with appointment and walk-in options. At both sites, participants consented to provide demographic information, contact details and a brief sexual history. Demographics, sexual behaviour and testing practices were compared between the 2 groups.

Results During the study period 84 men tested at the SOPV and 108 at the SHC. SOPV testers were older (mean age, 48.4 years. vs 34.6 years.; $p < 0.001$) and were more likely to have had sex with a female in the past 12 months (49/84, 58% vs. 19/105, 18%; $p < 0.001$). Compared with SHC testers, more SOPV testers had never had an HIV test (23/84, 27% vs. 12/108, 11%; $p < 0.01$). In the previous 3 months, 100% condom use with regular partners was similar in both groups (SOPV 33/84, 39% vs. SHC 37/105, 35%; $p = 0.67$).

Conclusion Inconsistent condom use with casual and regular sex partners, combined with higher reported rates of sex with females, may enable SOPV testers to act as bridges for STI/HIV transmission between MSM and heterosexual populations. Our findings have implications for HIV/STI service provision, contact tracing and local health promotion initiatives.

P4.23 **EGOCENTRIC SEXUAL NETWORK CHARACTERISTICS OF MEN WHO HAVE SEX WITH MEN (MSM) AND TRANSGENDER WOMEN (TW) RECENTLY DIAGNOSED WITH SYPHILIS AND/OR GONORRHOEA/CHLAMYDIA (GC/CT) IN LIMA, PERU: NETWORK PATTERNS AS ROADMAPS FOR STI PREVENTION INTERVENTIONS**

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Introduction Endemic rates of STIs like GC/CT and syphilis in Peru are only partially explained by individual behavioural or biological factors. Characterisation of sexual networks of MSM/TW with syphilis and/or GC/CT can provide critical data to inform prevention efforts.

Methods We enrolled 917 MSM/TW as screening for 2 STI control trials in Lima, Peru. We surveyed demographics and sexual identity, role, and 30 day network characteristics (number/gender of sexual partners, partner types, and frequency of anal/vaginal intercourse) and tested for syphilis (RPR >1:16) and oral, rectal, or urethral GC/CT (TMA). Differences in egocentric network characteristics were analysed with Chi-square and Kruskal-Wallis tests.

Results Approximately 38.7% (n=355) of subjects had a new STI diagnosis (Syphilis: 97 [10.6%]; GC/CT: 161 [17.6%]; Syphilis-GC/CT Co-infection: 49 [5.3%]). MSM/TW with GC/CT were younger (median age+IQR: 25 [22-30]) than those with syphilis (28 [23-34]) or no STI (28 [24-35]). STI-negative subjects were more likely to identify their sexual role as *activo* (insertive; 24.8%) than men with syphilis (10.8%) or GC/CT (14.7%). MSM/TW with GC/CT reported greater median numbers of all partners (3 [2-5]) and of casual male or transgender partners (2 [0-4]) than those with syphilis (2 [1-5] and 1 [0-2], respectively) or no STI (2 [1-3] and 1 [0-2]). Both GC/CT and syphilis were associated with the number of partnerships involving receptive anal intercourse (RAI; 2 [1-4] and 2 [1-13]) compared with STI-uninfected subjects (1 [0-2]). No differences were noted in the number of partnerships with condomless RAI or number of female partners.

Conclusion Egocentric network characteristics of MSM/TW with GC/CT and/or syphilis demonstrated progressive increases in network size, number of casual partners, and frequency of RAI when comparing no infection vs. syphilis vs. GC/CT +/- syphilis co-infection. Detailed understanding of network patterns, along with individual and partnership characteristics, will inform public health responses to HIV/STIs among Latin American MS.

P4.24 **SWIPE LEFT ON DISEASE: THE EFFECTS OF CONTEXTUAL FACTORS AND DATING APP USAGE ON SEXUAL RISK BEHAVIOURSAMONG YOUNG ADULTS**

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Introduction With the rise of social media and smartphones, millennials increasingly report meeting their romantic partners through mobile dating apps. Yet there is concern that this may also be the reason behind increases in sexually