P4.55 PRACTICAL LESSONS LEARNED FROM THE PREP CASCADE AT TWO PUBLIC URBAN STD CLINICS

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10.1136/sextrans-2017-053264.552

Introduction In the US, uptake of PrEP has been low among African American (AA) men who have sex with men (MSM) compared to white MSM. In December 2015, the Baltimore City Health Department (BDHD) sexually transmitted diseases (STD) clinics established a PrEP Program to promote PrEP among AA MSM at high risk for HIV. Frequent analysis of early indicators focused on continuous improvement and iterative development to enhance recruitment and retention of AA MSM.

Methods Data collected from our electronic medical records was analysed over time to identify trends in recruitment and missed opportunities. We focused on the following steps of the PrEP cascade: 1) identification of risk, 2) discussion with medical provider, 3) referral to peer navigator (PN), 4) meeting with peer navigator, 5) initiation of PrEP.

Results Between December 2015 and December 2016, 747 patients self-identifying as MSM were seen at the clinics. Mean age was 32 (SD=10) and 305 (41%) were HIV infected. 88% of HIV-infected MSM were AA, and 77% of HIV uninfected were AA ($p<0.001$). Based on a risk assessment, medical providers discussed PrEP with 390 (88.0%) HIV negative MSM. 162 (41.5%) of them agreed to be referred to a PrEP PN, 108 (27.7%) met with PN, and 54 (13.8%) started PrEP. The majority (70%) of patients who started PrEP were AA, and there was no difference in uptake between AA MSM and MSM of other race/ethnicity ($p=0.23$). Among 24 patients enrolled for 6 months or more, 23 (96%) were retained in PrEP care at 3 months, and 16 (67%) at 6 months. Among these patients, 3 (13%) were diagnosed with an STD (GC, CT or Syphilis) during follow up and none were infected with HIV. Two out of the 3 patients diagnosed with an STD were among the group that discontinued PrEP.

Conclusion Among MSM HIV uninfected, less than half accepted referral and only 13.8% enrolled in the PrEP program. This highlights the need to strengthen the initial steps of the cascade, perhaps through social marketing and peer networks to enhance awareness and acceptance of PrEP, particularly among high risk communities.

P4.56 EVALUATION OF THREE DNA EXTRACTION METHODS FOR *TRICHOMONAS VAGINALIS* DIAGNOSIS

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10.1136/sextrans-2017-053264.553

Introduction *Trichomonas vaginalis* (TV) is the most prevalent sexually transmitted parasite worldwide. Trichomoniasis is associated with an increased risk of acquiring other sexually transmitted infections and in pregnant women is associated with premature rupture of membranes and preterm delivery. It is important to have high sensitivity diagnostic methods in order to establish appropriate treatments and avoid complications, since approximately 10%–50% of infected women remain asymptomatic. The aim of this study was to evaluate three DNA extraction methods to optimise the detection of TV by PCR.

Methods Vaginal swabs were studied by culture in liquid medium (modified thyoglicolate medium). An aliquot of the original samples was saved for DNA purification by a) using a silica-membrane-based DNA purification commercial kit, b) 10 min boiling and c) 10 min boiling followed by sample dilution. All extracts were analysed by PCR for TV (18S rRNA gene). PCR inhibitors were evidenced by human *tnf* gene amplification. Samples that resulted TV positive by culture and/or PCR were considered as true positive (expanded gold standard).

Results Fortythree vaginal swabs were included in this study. PCR inhibitors were detected in 1 sample prepared by method a), in 2 samples prepared by method b) and c) hence not further analyse. By culture five samples were positive (12.2%). TV was detected by PCR in a) 12 samples (29.3%) b) 7 samples (17.1%) and c) 8 samples (19.5%). All positive culture samples were detected by method a) and c) and only 4 of them by method b). Considering the expanded gold standard, sensitivity for the TV detection by culture was 41.7%, by method b) 58.3%, c) 66.7% being a) the most sensitive (100%).

Conclusion Currently the TV molecular diagnosis is not routinely performed and there are no standardised molecular detection methods. Considering the high percentage of asymptomatic patients, the use of high sensitivity techniques such as method a) will allow the improvement of diagnostic protocols and the design of prevention and control strategies.

P4.57 ASSESSMENT OF FAMILY CAPACITY TO CARE OF FEEDING TO CHILDREN VERTICALLY EXPOSED TO HUMAN IMMUNODEFICIENCY VIRUS

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10.1136/sextrans-2017-053264.554

Children vertically exposed to HIV demand care related to prophylaxis, follow-up in specialised service and food and nutrition. Breastmilk is the best way to feed a child and one of the most important interventions to reduce the risk of infant mortality. On the other hand, HIV positive women are discouraged from breastfeeding because of the risk of HIV transmission. Thus, in Brazil, children are guaranteed by law the integral and free supply of infant formula. Recognising the dependence of family care provided by feeding vertically exposed children to HIV, a research was developed to evaluate the family capacity to take care of the feeding of children exposed to HIV. A cross-sectional study, with the population of children born to caregivers exposed to HIV, aged zero to 24 months old, ongoing monitoring of health referral service in southern Brazil. Data collection performed with the application of the Scale to assess the capacity to care for children exposed to HIV and the Brazilian Scale of Food Insecurity. occurrence of three cases of breastfeeding supply, two made by HIV positive mothers and cross-feeding under unknown HIV status. The ability to prepare and administer the milk powder and to prepare and administer complementary feeding evidences the vulnerability of this population. Health professionals should ensure timely and adequate guidance to the family's understanding of the risk of vertical transmission. In order to ensure compliance with prophylaxis and safe and adequate feeding for non-breastfed infants, providing them with knowledge and skills in the daily care at home. Consequently, minimising their vulnerabilities, since parents are co-responsible for the health of their children. The family needs health education actions in an ongoing way to develop the daily care of the child.

P4.58 ABSTRACT WITHDRAWN

P4.59 ONLINE VERSUS IN-PERSON TESTING: A QUALITATIVE ANALYSIS OF TESTING PREFERENCES AMONG YOUTH AND MEN WHO HAVE SEX WITH MEN USING AN ONLINE HIV/STI TESTING SERVICE IN VANCOUVER, CANADA

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10.1136/sextrans-2017-053264.555

Introduction Youth and men who have sex with men (MSM) are two priority populations with regards to sexual risk, HIV/STI prevalence, and barriers to sexual healthcare. In 2014, an online HIV/STI testing service called *GetCheckedOnline* (GCO) was implemented in Vancouver, Canada to address several barriers to testing. We investigated the acceptability and perceptions of GCO among youth and MSM, and identified how various social positions related to age, sexual identity, and geography affected preferences for online versus in-person testing.

Methods We conducted in-depth, semi-structured interviews with 12 youth (ages 23–29) and 19 MSM (ages 30–71) who had used GCO at least once. Interviews were analysed for emergent themes and participants' sociodemographic data were collected via a brief questionnaire.

Results Youth participants identified predominantly as male (92%), Caucasian (58%), and heterosexual (50%). MSM participants identified as male (100%); Caucasian (84%); and gay, bisexual, or pansexual (68%, 26%, 5%). Both populations were motivated to use online testing for: convenience, not having to wait to get tested at a clinic, increased privacy/anonymity, and avoiding judgment from healthcare providers. Additionally, youth perceived online testing as modern and "the future." MSM participants perceived GCO as providing increased control over tests ordered and decreased anxiety due to receiving results faster. For three rurally-based MSM, GCO offered a way to test discreetly without identifying one's sexual orientation to a healthcare provider. Even among participants who reported routinely accessing face-to-face health services (including for health concerns other than STIs), GCO was described by most interviewees as advantageous in terms of convenience and privacy. Overall, 83% of youth and 84% of MSM said they would use GCO again.

Conclusion GCO was regarded as an acceptable and preferred option for accessing testing. Convenience was the most common reason for wanting to test online, although this varied somewhat by age, sexual orientation, and geography.

P4.60 HOW DOES SEXUAL HEALTH CLINIC ATTENDANCE RELATE TO RISK BEHAVIOUR? FINDINGS FROM BRITAIN'S THIRD NATIONAL SURVEY OF SEXUAL ATTITUDES AND LIFESTYLES (NATSAL-3)

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10.1136/sextrans-2017-053264.556

Introduction In Britain, sexual health clinics (SHC) attendance has increased in recent decades. SHC remain the commonest place of STI diagnosis but many with STI risk behaviours do not attend. We explored attendance patterns and service preferences in those reporting 'unsafe sex' (condomless first sex with new partner and/or ≥2 partners with no condom use, past year).

Methods Complex survey analyses of Natsal-3, a probability survey of 15 162 people aged 16–74 years (6293 men), undertaken 2010–2012 using computer-assisted personal- and self-interviewing (CAPI/CASI).

Results Overall, recent SHC attendance (past year) was highest among those aged 16-24y (16.6% men, 22.4% women) and decreased with age (<1.5% among those aged 45-74y). Approximately 18% of those 16-44y (n=771 men; n=1080 women) reported unsafe sex; of these, >75% had not attended a SHC in the past year. Among those reporting unsafe sex, non-attenders were older, and less likely to report >2 partners and/or concurrent partners (past year). Most of these non-attenders did not report chlamydia (73% men, 41% women aged <25; 86% men, 73% women aged 25+) or HIV (97% men, 93% women) testing elsewhere (past year). The majority reporting unsafe sex who had previously attended a SHC would seek STI care there (72% men, 66% women), whereas most who had not would go to general practice (66% men, 77% women).

Conclusion While SHC attendance was more likely among those reporting STI risk behaviour, many reporting unsafe sex had not attended and most of these did not report chlamydia or HIV tests, indicating they are not receiving sexual