

sexual practices. Adequate measures need to be taken at various levels to address this issue more seriously.

#### P4.87 SHOULD WE BE USING TECHNOLOGY FOR PARTNER SERVICES?

<sup>1</sup>Rachel E Kachur, <sup>1</sup>A Caccamo, <sup>2</sup>FV Strona, <sup>1</sup>J Kinsey, <sup>1</sup>D Collins. <sup>1</sup>Centres for Disease Control and Prevention, Atlanta, USA; <sup>2</sup>Centres for Disease Control and Prevention, San Francisco, USA

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**Introduction** Since 2000, health departments throughout the US have used new technologies, such as the internet and mobile phones, to enhance the provision of services to persons with a sexually transmitted infection, including HIV, and their sex partners, also known as partner services (PS). This study reviewed the published literature to assess changes in partner service outcomes as a result of using technology for PS (tPS) and to calculate cost savings through cases averted.

**Methods** A systematic literature review of all US studies assessing tPS was conducted in June 2016. Outcome measures were captured and cost savings were calculated, when data were available.

**Results** Eight studies were identified, published between the years of 2000–2015. The most frequently used measures to evaluate tPS included the number of partners notified, evaluated, screened or tested; and new infections identified. Percentage of partners notified using technology ranged from 17%–64% and percentage evaluated ranged from 18%–26%. Number of new infections identified ranged from 2–19. Total costs saved through new cases averted ranged from US \$21 120 to US\$42 223. Where calculated, percentage of partners who otherwise would not have been notified was 50%. Texting resulted in more contacts (77%, 69%, 41%,  $p < 0.0001$ ) and quicker median response times (57.5 min - 1 day) than traditional partner services or using the internet.

**Conclusion** Data and outcome measures across the studies were not standardised, making it difficult to make generalizable conclusions. Where tPS was used, programs found increases in the number of partners notified, including those who otherwise would not have been notified, tested and treated. New infections were also identified. Improved response times and time to treatment were also seen as was re-engagement into care for previous HIV positive patients. Although not a replacement for traditional PS, tPS enhances PS outcomes.

#### P4.88 WHEN KNOWING IS NOT ENOUGH TO PREVENT: RISK AND INFORMATION SUCH AS YOUNG ACTIVISM IN HIV/AIDS

Regina Célia de Oliveira Bueno; Elaine Rabello. Instituto de Medicina Social – UERJ, Rio de Janeiro – RJ, Brazil

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**Introduction** Understand the circularity of information and its role or relation with the advancement of the HIV/AIDS epidemic among young people in Brazil; Discuss the role of

knowledge in this context of great access and circulation of information, especially among young people.

**Methods** From authors such as Giddens, Castells, Spink and Goffman, we discuss the circularity of networked knowledge and its implications and influence on the behaviour of young people in vulnerability. From the theoretical discussion, interviews were conducted with 8 HIV positive and seronegative youths with the objective of identifying the sources of information they access about HIV/AIDS, in order to answer the following questions: What knowledge circulates? Where do they come from? Where are they going? How do they circulate? What is the purpose? What is the real impact of the information? What subjects add to it? Subsequently, the interviews were transcribed and submitted to the Thematic Content Analysis.

**Results** We identified three themes addressed by young people when questioned about information and knowledge they have about HIV/AIDS: the exchange of information in network media (internet, smartphones) as the main way of circulating knowledge; The discourse of risk and its weight in the decisions taken (whether they are to "risk" or "protect"); And the idea of vulnerable youth and youth empowered by accessible and available information. Knowing is not enough to prevent, because several other factors interfere in the decision to adopt a protective attitude towards the infection. Information can also contribute to the inverse effect; by the sense of empowerment it gives the youth.

**Conclusion** It is necessary to understand, create and/or identify new ways of "taking care", that consider the dynamics of the circularity of knowledge and undo the myth that "knowing is sufficient to prevent", from the identification of other factors circulating in the dynamics.

#### P4.89 GENDER AND THE AIDS EPIDEMIC IN ITS FOURTH DECADE: ARE THE SCIENTIFIC KNOWLEDGE INCREASING THE QUALITY OF SEXUAL LIFE OF WOMEN LIVING WITH HIV?

<sup>1</sup>Regina Maria Barbosa, <sup>2</sup>Cristiane S Cabral, <sup>3</sup>Adriana A Pinho. <sup>1</sup>NEPO/UNICAMP, Campinas – SP, Brazil; <sup>2</sup>Faculdade de Saúde Pública/USP, São Paulo – SP, Brazil; <sup>3</sup>IOC/FIOCRUZ, Rio De Janeiro – RJ, Brazil

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**Introduction** Since the beginning of the AIDS epidemics, the prevention of MTCT has imprinted the directions of the debates on women's sexual and reproductive rights. The emphasis on the use of condom as the unique way of preventing sexual transmission, together with gender/sexual norms, has undermined women's ability to make sense of the latest scientific knowledge on their own benefit. This paper seeks to shed light on this issue by analysing the relationship between the acquisition of up-to-date information regarding HIV prevention and the use of condom.

**Methods** A cross-sectional study (GENIH study) was conducted between 2013 and 2014 in São Paulo with a probabilistic sample of 975 WLHIV aged 18 to 49. We applied weighted descriptive techniques and logistic regression to identify factors associated with the knowledge of new forms of HIV prevention among WLHIV such as the relationship between viral load (VL) and HIV transmission, and with condom use.

**Results** Although the great majority of women have correct information on the effects of HAART on VL and CD4 count,

only 35% are aware that undetectable viral load is associated with a decreased risk of sexual transmission. The knowledge that HIV transmission decreases with low VL is higher among women with higher level of education (OR=1.72), women diagnosed for at least two years (OR=1.91) and among discordant couples (OR=2.56). And, the non-use of condoms in the last sexual intercourse is higher among those who know that HIV transmission decreases with low VL and among those with HIV+ partner (OR=1.69 and 2.56, respectively), regardless level of schooling.

**Conclusion** Women can take advantage of up-to-date information on HIV prevention once they have it. Meaningful information is a critical piece to ensure a pleasurable and safe sexual life of WLHIV, free of constraints for not using condoms 100% of the time. Sexuality and its constraints are always changing. New challenges are placed in the fourth decade of the AIDS epidemic; some of them refer to gender and social inequalities in the access to information.

#### P4.90 WHICH SEXUALLY TRANSMITTED INFECTIONS DO GAY AND BISEXUAL MEN FIND MOST SCARY AND WHY? A QUALITATIVE STUDY

<sup>1,2,4</sup>D Reid, <sup>1,2</sup>J Datta, <sup>1,3,4</sup>S Wyal, Cath Mercer, <sup>1,4</sup>G Hughes, <sup>1,2</sup>P Weatherburn. <sup>1</sup>National Institute of Health Research (NIHR) Health Protection Research Unit (HPRU) in Blood Borne and Sexually Transmitted Infections, UK; <sup>2</sup>Centre for Sexual Health and HIV, Research Department of Infection and Population Health, University College London, UK; <sup>3</sup>London School of Hygiene and Tropical Medicine, London, UK; <sup>4</sup>Public Health UK

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**Introduction** As a result of high burden of infection, men who have sex with men (MSM) are a priority for sexually transmitted infection (STI) prevention interventions including promoting regular testing. Effective intervention design requires understanding of MSM's knowledge and perceptions of STIs and their social representations which may affect attitudes and behaviour related to risk, testing and treatment. To inform STI prevention interventions and development of questions inclusion in an online survey that would link with surveillance data on testing and diagnosis we assessed MSM's knowledge and attitudes towards STIs.

**Methods** We recruited a diverse sample of MSM in 4 English cities, through social networking and community organisations. 61 MSM attended one of eight 90 min focus group discussions. Topics included knowledge of, and attitudes towards STIs. We ran a discussion and ranking exercise in which names of 11 infections, specified below, printed in large font on separate sheets were laid out and respondents were asked what they knew about each and to rank them in order of most to least 'scary', giving reasons for their ranking. Infections included: HIV, syphilis, gonorrhoea, chlamydia, HPV/genital warts, genital herpes, *Shigella*, scabies, hepatitis A (HAV), B (HBV) and C (HCV). Discussions were audio recorded, transcribed and thematic data analysis conducted.

**Results** Participants demonstrated both wide and detailed knowledge as well as lack of awareness depending on individuals and infections. While the greatest knowledge and experience was of HIV, few had heard of or knew much about *Shigella*. No focus groups were unanimous in their ranking of infections and patterns were not the same across groups. HIV and HCV were ranked the two most 'scary' by all groups and

syphilis was among the three most scary. Herpes was also ranked highly by all but one group while scabies was similarly ranked least scary. Other infections ranked between with no clear patterning within or between groups. The exercise produced a complex range of explanations relating to fear of individual infections and of STIs in general. Participants weighed up the scary and less scary attributes of the infections depending on the extent of their knowledge about and experience of them, their prevalence among MSM, associated stigma, transmission mechanisms, contagiousness, symptoms, severity and the availability, effectiveness and ease of use of vaccines, treatment and/or cure.

**Conclusion** While knowledge of individual STI infections varies, knowledge and awareness about *Shigella* was particularly low. MSM expressed a range of nuanced concerns related to individual STI and STI testing and treatment. Fears influence and relate to each other e.g. considerable fear of a disfiguring infection may be reduced if the treatment is seen to be relatively easy, short and effective. MSM articulated a range of concerns which were subsequently used as categories in a self-completion survey to inform STI risk reduction, testing and treatment interventions.

#### P4.91 MONITORING ADHERENCE TO PRE-EXPOSURE PROPHYLAXIS: DEVELOPING, USING AND OPTIMISING AN ONLINE TOOL FOR DAILY AND EVENT-DRIVEN REGIMEN

<sup>1</sup>Reyniers Thijs, <sup>1</sup>Bea Vuylsteke, <sup>2</sup>Irith DE Baetselier, <sup>1</sup>Christiana Nöstlinger, <sup>1</sup>Marie Laga. <sup>1</sup>Department of Public Health, Institute of Tropical Medicine, Antwerp, Belgium; <sup>2</sup>Department of Clinical Sciences, Institute of Tropical Medicine, Antwerp, Belgium

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**Introduction** Oral Pre-Exposure prophylaxis (PrEP) with Truvada is a promising tool to reduce the number of HIV infections among men who have sex with men (MSM). With growing scientific interest in non-daily PrEP regimens (e.g. event-driven) assessing PrEP adherence has become more challenging. The aim was to develop, use and optimise an online tool to monitor PrEP adherence.

**Methods** In a first phase, an interdisciplinary team developed a secure web-based tool to collect data on adherence within a Belgian PrEP demonstration project (Be-PrEP-ared), involving 200 MSM using daily or event-driven PrEP or discontinuing PrEP use. The online diary was piloted before study implementation, and slightly adapted based on participant feedback. The use of the online diary tool by participants is closely monitored by study staff for completion. In a second phase, participative qualitative methods (i.e. co-creation sessions) were used to develop a smartphone application based on the diary aiming to support PrEP adherence. The efficacy of the adapted smartphone application is being tested.

**Results** The online diary is fully operational and being used by study participants of the PrEP demonstration project. Participants login into the secured platform on a daily base and fill in the number and timing of pills taken, whether they had sex that day and if so self-assessment of HIV risk self-assessment. The smartphone application is being finalised. Qualitative findings revealed that users prefer an application that provides scientific reliable information, is subtle and sensitive to privacy, can be used internationally, and has advanced