

Point-of-care tests for AMR (POCTR) at NG diagnosis may enable a significant proportion of NG infections to be successfully treated using previously abandoned regimens, thereby sparing ceftriaxone use. We assess cost-effectiveness of British standard of care (SC) *vs* hypothetically accurate POCTR strategies used to either optimise dual therapy or allow monotherapy in patients diagnosed with NG.

Methods A decision tree was constructed to simulate a hypothetical cohort of 38,870 NG-diagnosed GUM clinic attendees, representing 2015 annual numbers in England. Costs of AMR testing, NG treatment and return attendances were considered for SC and dual therapy optimisation strategies: A) POCTR for ciprofloxacin only; B) POCTR for azithromycin followed by POCTR for ciprofloxacin; C) POCTR for ciprofloxacin followed by POCTR for azithromycin; and monotherapy POCTR strategies for: D) azithromycin; E) ciprofloxacin; F) amoxicillin/probenecid.

Results Total costs for all POCTR strategies were more expensive than SC. Strategy B (where azithromycin-ceftriaxone remains largely first-line) was most cost-effective for avoiding sub-optimal treatments, costing £4532 per optimal treatment gained. Strategy D was most cost-effective for ceftriaxone use avoidance (98% decrease [713 *vs* 38 870] compared to SC), costing £16.27 per ceftriaxone-sparing treatment gained, but resulting in 7 treatment failures (*vs* 0 in SC) due to false AMR POCTR results.

Conclusion Specific POCTR strategies enable optimal treatment and ceftriaxone use avoidance, thus promoting antibiotic stewardship. The public health impact of sparing ceftriaxone whilst increasing treatment failures must be investigated.

015.4 INVESTIGATING SELECTION BIAS: CROSS-SAMPLE COMPARISON OF GAY AND BISEXUAL MEN CONCURRENTLY RECRUITED FROM AN STI CLINIC, SEX-SEEKING APPS, AND A PRIDE EVENT IN BRITISH COLUMBIA, CANADA

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Introduction Most research on the sexual health of gay, bisexual, and other men who have sex with men (MSM) relies upon convenience samples, which may not fully represent the MSM population. To investigate this form of selection bias, we concurrently sampled MSM from three distinct venue types, compared sociodemographic, behavioural, and STI testing characteristics across samples, and characterised the degree of overlap between them.

Methods MSM 18+ years of age from British Columbia, Canada completed an anonymous survey during July-December 2016. Participants were recruited from: mobile sex-seeking apps (n=662); a MSM-branded STI clinic (n=303); and in-person at the Vancouver Pride Festival (n=307). Cross-sample comparisons with >10% relative difference and $p < 0.05$ are shown. Sample overlap was measured by self-reported use of other recruitment venue types.

Results MSM recruited from apps included more bisexual men (24%) than those recruited from the clinic (9%) or from Pride (7%), while MSM recruited from the clinic included more East Asian and Latino men (14% and 13%, respectively, *vs.* 13% and 6% from Pride, and *vs.* 5% and 3% recruited from apps). More 18–29 year-olds were recruited from the clinic (47%, *vs.* 29% Pride, 16% apps). A larger proportion of MSM recruited from apps reported >10 sex partners in the past year (35%, *vs.* 28% clinic, 21% Pride). Finally, more clinic participants tested for STI/HIV in the past year (82%) as compared with participants recruited from apps (75%) or Pride (73%). When asked which other venues they frequented, 19% of the total sample reported using all 3 recruitment venue types, while 11% of Pride participants, 7% of apps participants, and 4% of clinic participants reported only using the recruitment venue where sampled.

Conclusion We found large differences between MSM sampled from apps, an STI clinic, and Pride, with 22% unlikely to be sampled if relying on a single venue type for recruitment. Our results underscore the importance of multiple sampling strategies in MSM research and provide specific cross-sample differences.

015.5 AWARENESS AND INTEREST IN PRE-EXPOSURE PROPHYLAXIS (PREP) AMONG YOUNG MEN ATTENDING A PUBLIC SEXUALLY TRANSMITTED DISEASES (STD) CLINIC IN A HIGH PREVALENCE URBAN SETTING

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Introduction Young men who have sex with men (YMSM), especially African Americans, are disproportionately affected by HIV. Pre-Exposure Prophylaxis (PrEP) is a highly effective intervention that could help prevent new HIV infections among YMSM. We assessed awareness and interest in PrEP among young men receiving care at the Baltimore City Health Department (BCHD) Sexually Transmitted Diseases (STD) Clinics.

Methods We surveyed a convenience sample of 252 men ages 18–24 who attended BCHD clinics between 4/12/2016 and 10/3/2016. Participants were provided a self-administered survey that assessed awareness and interest in PrEP. Univariate and multivariable logistic regression analysis examined predictors of awareness and interest. Data collection will continue in 2017 to determine if awareness and interest change over time.

Results Mean age of participants was 21.5 (SD=1.98) and the majority (93.7%) self-identified as African American. Thirty-three participants (13.1%) reported sex with other men. Among all participants, 19.4% were aware of PrEP, but 44.4% were interested in learning more about PrEP. Among YMSM, 72.7% were aware of PrEP, 63.6% were interested in learning more about PrEP, and 9.1% reported current PrEP use. None of the young men who did not report prior sex with men reported current PrEP use. In multivariable analysis adjusting for race, YMSM were more likely to be aware (AOR=19.9, $p < 0.001$) and interested in PrEP (AOR=2.5, $p = 0.023$) than young men who did not report sex with other men. Among YMSM, 37.5% reported learning about PrEP from healthcare

providers, 36.4% from friends or sexual contacts, and 24.2% from media outlets (internet, television).

Conclusion YMSM receiving care at the BCHD STD Clinics are likely to be aware and interested in PrEP but fewer than 10% may be taking PrEP. Given that STD Clinics serve primarily minority young males disproportionately affected by HIV, future work should seek to improve youth-friendly services at public health clinics and leverage awareness and interest in PrEP in order to improve uptake in this vulnerable population.

015.6 DIFFERENCES IN REPORTED TESTING BARRIERS BETWEEN CLIENTS OF AN ONLINE STI TESTING SERVICE (GETCHECKEDONLINE.COM) AND A PROVINCIAL STI CLINIC IN VANCOUVER, CANADA

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Introduction Online STI testing programs are thought to overcome barriers posed by in-clinic testing, though uptake could reflect social gradients (e.g., technology access, higher education). To understand types of barriers mitigated by online STI testing we compared clients of a large STI clinic to clients of *GetCheckedOnline* (GCO).

Methods Our study was conducted in Vancouver after GCO was promoted to provincial STI clinic clients and men who have sex with men (MSM). Clinic and GCO clients were invited to an online survey 2 weeks after receiving test results. Survey questions included barriers/facilitators of testing at individual, provider, clinic and societal levels. We conducted bivariate comparisons between groups (significant results shown at $p < 0.01$).

Results GCO ($n=87$) were older than clinic clients ($n=424$; median 35 vs. 31 years) and a higher proportion were MSM (40.2% vs. 24.4%). More GCO clients reported their reason for testing as routine (58.1% vs. 38.9%) and fewer for symptoms or STI contact (10.3% vs 33.5%). More GCO clients considered accessing online health resources important (76.1% vs 56.5%) but otherwise did not differ on technology skills/use. GCO clients were more likely to report delaying testing in the past year due to clinic distance (22.4% vs 9.7%), less likely to agree that clinic hours were convenient (58.2% vs 77.2%) or that making appointments was easy (49.4% vs. 65.4%), and more likely to report long wait times to see a health care provider (HCP) (47.6% vs 20.7%). GCO clients were more likely to be uncomfortable discussing their sexual history with HCP in general (15.5% vs 5.7%) and where they usually presented for health care (34.9% vs 20.6%), as well as reporting more fear of being judged by HCP (28.6% vs 15.4%).

Conclusion Our study in Vancouver suggests that online testing services may effectively engage individuals with barriers to testing (i.e., clinic access, discomfort with HCP) with few social gradients in uptake. Further evaluation to verify these findings within different cities/populations is needed.

Oral Presentation Session 16

HIV

016.1 QUALITY OF LIFE AND HIV – A BIBLIOMETRIC ANALYSIS OF PUBLICATION TRENDS BETWEEN 1995 TO 2013

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Introduction With an increased longevity achievable with current therapeutic strategies for persons with HIV infection, Quality of Life (QoL) has emerged as a significant medical outcome, and its enhancement has an important goal. Though lacking clarity of definition, assessment of QoL assumes significant as a constellation of HIV-related symptoms negatively affect it. Nevertheless present literature has focused on the various domains of QoL in different setting, an analysis of their pattern of publication and their impact on the vertical transmission of knowledge is vital for a holistic approach in the management of HIV. Hence this study was aimed to analyse the trends of such articles using a new article level metric measure, the Relative Citation Ratio (RCR) which has been published in peer-reviewed journals.

Methods Publications during 1993–2013 were collected using appropriate search words, their RCR and associated factors like total citations, citations per year were calculated.

Results The trend of publications seems to increase from a mere 69 publications in 1995–97 to 423 articles between 2010–2013. However the mean RCR seems to be constant throughout the study period, with an overall mean RCR value of 1.42. Further only 9.5% of the published articles had an RCR value of above 3.

Conclusion Though not designed to be an indicator of long-term impact, citation rates have the potential to track patterns of scientific productivity over time. Data from the present findings sheds light that though the publication trend is increasing, the relative citation of the articles published on QoL is constant, well below the acceptable average. Hence efforts should be directed to improve the quality of research in this field, as this information could be used by various professional societies, individual scientists, and funding organisations to frame essential policies regarding the improvement of the QoL and thus promote positive health amongst this population.

016.2 EVALUATING THE PRESENT AND PROJECTING THE FUTURE: NATIONAL NETWORK OF YOUNG PEOPLE LIVING WITH HIV/AIDS – RJ: LIFE STORIES

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Introduction This study aims to understand the impact of HIV/AIDS related issues on the lives of teenagers and young people, activists from the “National network of teenagers and young people living with HIV/AIDS (RNAJVHA) and the State network of teenagers and young people living with HIV/AIDS of Rio de Janeiro (REAJVHA-RJ)”.