

Methods The methodology used was qualitative research through the narratives of life stories giving voice to young people living with HIV, infected by HIV transmission (horizontal and vertical), which are part of the construction of the Social activism of the 3rd. Phase of the epidemic, post-universal and free access to public health treatments, a successful policy promoted by the Ministry of Health, provided by the Unified Health System (SUS).

Results We seek to understand: feelings, motivations, processes of composition and recomposition of identities, health risk management, relationship with social networks, integration of individual history in the broader collective history of the social movement. In an effort to expand opportunities to understand and reflect on the impact of the HIV/AIDS epidemic on their lives as teenagers and young people who are part of National Network. To reconstruct the individual historical experiences of their lives and cultures, to identify the moments of these adolescents and young people before and after their entry into youth activism, and to identify the moments of confronting the facts of life as positive HIV serology. We analyse the movements present in the social life and in the existence of teenagers and young people who exercise their role as actors/authors of their own life histories.

Conclusion Young people bring the proposal of an emergence of activism and a public health more integrated in the care and not only in the control of the disease. They want spaces to be heard and to be able to speak about their experiences, understanding that only in this way can they build their own life trajectory in this society in which discrimination and disinformation in HIV/AIDS are preponderant factors.

016.3 LOSS TO FOLLOW-UP AND PATIENT SELF-DISCONTINUATION OF HIV PRE-EXPOSURE PROPHYLAXIS (PREP) IN AN STD CLINIC-BASED PREP PROGRAM WITH ADHERENCE SUPPORT

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10.1136/sextrans-2017-053264.92

Introduction The municipal STD Clinic in Seattle, Washington provides PrEP to persons at high risk for HIV infection. Our objective was to determine the timing of and rationale for PrEP discontinuation among men who have sex with men (MSM) in the clinic.

Methods Two disease intervention specialists (DIS) coordinate the PrEP Clinic, assist patients with payment assistance program enrollment, remind patients of appointments, and manage a two way text message-based adherence support program. The DIS collect data for each patient at each visit in an electronic database. When patients stop PrEP, DIS assign a categorical reason for discontinuation. Patients are defined as lost to follow-up if they fail to attend a follow-up appointment and do not respond to a call, text message or letter. We reviewed the clinic database from 10/2014-12/2016 to evaluate the prevalence of and reasons for first PrEP discontinuation for each patient.

Results A total of 334 MSM agreed to start PrEP. Most were non-Hispanic white (52%), followed by Hispanic (24%), Asian or Pacific Islander (12%), and non-Hispanic black (8%). 27 men (8%) moved or transferred their care during the observation period. Of the remaining 307 men, 52 (17%) did not

start PrEP and 81 (26%) discontinued PrEP at least once at a median time of 6 [interquartile range (IQR: 3–11)] months post-initiation for the following reasons: 53 (65%) lost to follow-up or unknown; 13 (16%) monogamous relationship with HIV-seronegative partner; 4 (5%) otherwise believed they were no longer at risk for HIV; 11 (14%) side effects. Race/ethnicity was not associated with discontinuation. Overall, the median observation time was 12 [IQR: 6–18] months. The prevalence of >1 discontinuation was 17% by 3 months (n=39/227), 26% by 6 months (45/174), 34% by 9 months (45/131), and 39% by 12 months (39/101). Of the 81 who discontinued, 5 (6%) restarted PrEP in our clinic a median of 6 months later.

Conclusions Patient attrition was most common prior to starting PrEP and occurred steadily thereafter. Few men restarted PrEP after discontinuation.

016.4 PRIVACY VS. HEALTH RIGHTS? SHOULD HOSPITALS DISCLOSE HIV STATUS WITH PATIENTS? PARTNERS? AN ANALYSIS OF PERSPECTIVES ON SOCIAL NETWORKING IN CHINA

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10.1136/sextrans-2017-053264.93

Introduction Little is known about the role, tone, and nature of Sina Weibo, Chinese version of Twitter in discussions of HIV-positive patients' privacy and their partner's health rights. To further explore these issues, we focused on a recent lawsuit in China in which, a man (Mr. X) sued a local hospital for negligently failing to inform him of his fiancée's HIV-positive status after a medical checkup that resulted in his HIV infection.

Methods Using the Sina Weibo's built-in search tool, we extracted 342 Chinese-language original micro-blogs about Mr. X's HIV infection case that were posted in the month following January 10, 2016, the date that this case appeared in the news. We then conducted a content analysis focusing on the following issues: attitudes of micro-blog users towards the doctor's duty to inform Mr. X of his fiancée's HIV status and reasons for these attitudes; laws referred by micro-blogs; and whether a deliberate non-disclosure is deemed a criminal offence by micro-blog users.

Results 47.08% of micro-blogs (n=161) believe the doctor should have informed Mr. X of his fiancée's HIV status, and almost half of them argued that patient's confidentiality should be compromised. 22.51% of micro-blogs (n=77) were in support of maintaining the absolute confidentiality of the HIV-positive patient. Relevant Chinese laws were cited in 77 micro-blogs, and 8 Weibo users asserted that both the doctors' and the wife's deliberate non-disclosure constituted a criminal offence.

Conclusion More than half of Weibo users did not support the compromise of patient's privacy when discussing the doctor's role in the disclosure of HIV-positive status in Mr. X's case. The dilemma over privacy of HIV-positive patients and the legislative conflicts claimed by Weibo users indicate that clear counselling guidelines for HIV/AIDS disclosures should be made available to healthcare providers. We also believe that this case provides an opportunity for the Chinese court to decide how to balance partners' health rights and patients' confidentiality regarding the HIV infection.