

NGU pathogen. Microbiological analysis was required the most frequently for screening and control purposes (340/822, 41.36%), and in patients with chronic prostatitis (105/822, 12.77% of all patients). ST pathogens were detected more frequently in patients with urethritis than in patients from other diagnostic groups ($p < 0.01$), while *Ureaplasma urealyticum* was detected without statistically significant difference among different diagnostic groups of patients ($p > 0.05$).

Conclusion Urethritis was confirmed in less than 10% of patients, and the most samples collected in routine of clinical praxis are from patients without urethritis. In patients with urethritis multiplex PCR test can detect etiology quickly and reliably in almost all cases from noninvasive sample.

Disclosure No significant relationships.

P055

LONDON SEXUAL HEALTH PROGRAMME – DEVELOPING INNOVATIVE SOLUTIONS TO OPEN ACCESS SEXUAL HEALTH SERVICES

¹Adrian Kelly, ¹Luke Byron Davies, ²Jonathan O'Sullivan, ²Jan Clarke, ³Martin Murchie, ⁴Ryan Kinsella*. ¹City of London Corporation, Sexual Health Team, London, UK; ²City of London Corporation, London, UK; ³Greater Glasgow and Clyde NHS, Sandyford Initiative, Glasgow, UK; ⁴Preventx, NH, UK

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Background Demand for sexual health services is increasing at a time when public funding has reduced. This Programme is a partnership of local government, working with England's National Health Service to improve access to sexual health services. A key part of our vision was to develop an online sexual health triage, home testing and treatment service, which work with a network of over 40 clinics.

Methods In order to achieve this, the Programme undertook widespread engagement across the city. This included a range of activities with service users, for example, online and clinic-based surveys and focus groups with underrepresented groups. Engagement also took place with clinicians, payorst and other stakeholders. Questions were asked to service users about their usage of services and the acceptability of new innovations, including online based self-sampling options. Clinical organisations were asked about the feasibility of online services being part of the clinical pathway. Alongside this engagement project, new governance arrangements, which took the form of legally binding agreements that enabled the parameters of a pan-London service procurement to take place. At the same time, payors agreed to align pricing for activity in clinics, to support system sustainability for both sides.

Results While many respondents said they value being able to go to a sexual health clinic, over half said they would use an online alternative.. With the governance for this partnership finalised: aligned service specifications for both clinic provision and an e-service, could take place for the online service which launched in January '18. The e-service has registered over 120k users since then

Conclusion The pressure of growing sexual health need on reduced public resource are self evident, doind more of the same was not a viable or sustainable option. With efficiencies brought about through citywide cooperation, robust clinical and commissioner governance structures, access to services in London has been enhanced.

Disclosure No significant relationships.

P056

THE ACCEPTABILITY OF DIFFERENT HIV TESTING OPTIONS AMONG YOUNG MEN LIVING IN VANCOUVER, CANADA: A QUALITATIVE STUDY

¹Caroline Mniszak*, ¹Anna Carson, ¹Amy Prangnell, ²Jean Shoveller, ¹Rod Knight. ¹British Columbia Centre on Substance Use, Vancouver, Canada; ²University of British Columbia, School of Population and Public Health, Vancouver, Canada

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Background In British Columbia (BC), three testing options are available: nominal, non-nominal and anonymous. Little is known, however, about the factors that influence the acceptability of the different testing strategies, particularly among young men, a group with disproportionately low HIV testing rates.

Methods We draw on data from in-depth, semi-structured interviews with 45 young men (18–30) in Vancouver, BC, in order to identify the factors that influence the acceptability of different HIV testing options.

Results Most participants described not being aware that there were options other than nominal testing available in Vancouver. Upon learning about non-nominal and anonymous testing options, participants described seeing the value of non-nominal testing, insofar as it safeguards their privacy while at the same time providing a pathway to HIV-related health care for those who test positive. Many were concerned, however, that anonymous testing would present challenges to treatment and care for those who test positive. Others expressed concerns about the implications for public health not having access to accurate and up-to-date information about the 'state' of the HIV epidemic. Nevertheless, while participants did not tend to describe anonymous testing as something they would opt for in the future, almost all of the participants felt offering anonymous testing as an option is an important strategy to reduce barriers for key groups of young men (e.g., those living in rural communities).

Conclusion Based on our results, offering non-nominal and anonymous HIV testing represents an important step in increasing the accessibility of HIV testing for some groups of young men who found these approaches both acceptable and preferable (e.g., over nominal testing). However, within our sample, participants were not aware that anonymous and non-nominal testing were available. Developing clear and easy-to-understand communication strategies about the different approaches to testing may enhance opportunities for uptake of these approaches.

Disclosure No significant relationships.

P057

THE BRAZILIAN STRATEGY FOR HIV SELF-TESTS FREE DISTRIBUTION IN PUBLIC HEALTH

¹Mariana Villares, ²Pâmela Gaspar*, ²Alisson Bigolin, ²José Neto, ²Regina Comparini, ²Adele Benzaken, ²Gerson Fernando Pereira. ¹Ministry of Health of Brazil, Department of Surveillance, Prevention and Control of TISs, HIV/AIDS And Viral Hepatitis, Brasília, Brazil; ²Ministry of Health of Brazil, Department of Surveillance, Prevention and Control of Sexually Transmitted Infections, HIV/AIDS and Viral Hepatitis, Brasília, Brazil

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Background In 2017 there were 866 thousand PLHIV in Brazil. Among them, 84% knew their status. Innovative strategies are fundamental to increase access to testing in a country with a continental dimension and a concentrated epidemic. The MoH acquired 400 thousand HIVST to reach