

at baseline, 12, 24, and 48 weeks. We used generalized estimating equations to describe sexual behavior over 48 weeks for each study arm, and Cox proportional hazards to compare STI risk between arms.

Results After randomization, 209 HIV-positive participants completed at least 12 weeks of study. The number of anal sex partners (in the prior 3 months) declined in both arms (Immediate: 12-week IRR=0.66; 95%CI=0.45–0.97, 48-week IRR=0.75; 95%CI=0.51–1.12; Deferred: 12-week IRR=0.68; 95%CI=0.53–0.88, 48-week IRR=0.56; 95%CI=0.40–0.79). The proportion reporting >50% condom use with main partners (in the prior 30 days) doubled among Deferred participants (12-week RR=2.04; 95%CI=1.40–2.95, 48-week RR=1.97; 95%CI=1.35–2.87) and increased by 75% among Immediate participants (12-week RR=1.75; 95%CI=1.31–2.35, 48-week RR=1.74; 95%CI=1.26–2.41). Condom use with casual partners increased in both arms (Immediate: 12-week RR=1.37; 95%CI=1.16–1.61, 48-week RR=1.23; 95%CI=1.02–1.49; Deferred: 12-week RR=1.47; 95%CI=1.20–1.79, 48-week RR=1.25; 95%CI=0.99–1.58). Relative to Immediate participants, Deferred participants had higher risk of chlamydia (Hazard Ratio=1.85; 95%CI=1.09–3.15), with a trend toward higher risk of gonorrhoea (HR=1.62; 95%CI=0.88–2.97), and syphilis (HR=2.05; 95%CI=0.82–5.16).

Conclusion Despite reporting protective behavior at levels similar to or slightly higher than those of participants who started ART immediately, participants who deferred ART initiation had increased risk of bacterial STIs. This warrants further investigation.

Disclosure No significant relationships.

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WHAT IS THE OPTIMUM METHOD FOR COLLECTING ROBUST DATA TO UNDERSTAND A NATION'S SEXUAL HEALTH NEEDS?

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Background Accurate information on a nation's sexual health is essential to plan and evaluate services, inform prevention, and contribute to societal understanding. In Britain, sexual health data arise from surveillance systems, convenience surveys of key populations, and the decennial National Surveys of Sexual Attitudes and Lifestyles (Natsal). Natsal has employed 'gold-standard' population survey methods: probability sampling, trained fieldworkers conducting detailed computer-assisted-personal-interviewing, and biosampling. However, this approach is resource-intensive and limitations include declining response rates and concerns about non-response bias. In designing Natsal-4, we reviewed whether alternative methods could meet the needs of data-users and the wider community.

Methods We evaluated methods used by major UK general population surveys and sexual health surveys internationally. Key considerations were: general population representativeness; sample size; breadth and depth of information collected; data quality; biosampling; the possibility for sub-group 'boost' sampling, and data linkage.

Results Five alternative methods were assessed (1) random-digit dialling phone surveys: considered unsuitable due to inadequate sample frame and response rate; (2) inviting participants from existing probability surveys to a follow-up sexual health interview: unsuitable because of additional non-response bias, difficulty achieving required sample size, and minimal cost-saving; (3) adding a sexual health module to existing probability survey(s), and (4) conducting a probability survey with fieldworker-selected individuals asked to self-complete a sexual health web-survey: both considered unsuitable due to much-reduced questionnaire; (5) 'web-first' mixed-mode survey, involving postal invitations to complete a web-survey with non-responding addresses followed-up by post and/or fieldworker visit: unsuitable due to concerns about response rate, unmeasurable and measurable response bias, and selection bias.

Conclusion Given major drawbacks of the alternatives examined, the design used for previous waves of Natsal is still considered the best option for achieving a representative sample, enabling detailed data collection, enhancing survey data with biological and routine data, and retaining Natsal's time-series; together maximising Natsal's utility and impact.

Disclosure No significant relationships.

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DOWN TO TEST: MUSIC FESTIVALS TO IMPROVE ATTITUDES & SOCIAL NORMS TO STI TESTING & CONDOMS IN HIGH-RISK YOUNG PEOPLE

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Background Sexually transmissible infections (STIs) continue to rise in people aged 15–29 in New South Wales (NSW), Australia ($\geq 30,000$ chlamydia (CT) notifications annually). However, STI testing rates are low and stigma remains about STI and testing.

Methods Down to Test is a social marketing program targeting high-risk young people to improve attitudes and social norms for condom use and STI testing - facilitators for healthy sexual behaviour. The program includes information, blogs & forums at playsafe.health.nsw.gov.au and involves online marketing and face-to-face, peer-led music festival activations – an incentivised VIP area (clean toilets, phone charging, glitter bar, condoms) and access with a urine specimen for CT testing. Market segmentation research of values, attitudes and behaviours identified 2 high-risk groups of young people – 'experienced sex positive' and 'dominant risk-takers'. Program strategies and incentives were developed with these groups who identified peers to also help deliver the program.

Results Between 9/2017 and 12/2018, 5783/124,000 (5%) young people registered for the VIP area during 7 NSW festivals. 189/5416 (3.5%) tested CT+. All CT- received SMS, 93% CT+ were informed & 75% confirmed treatment.