

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.

Digital engagement metrics: 863,931 impressions, 1% Cut Through Rate for linked advertisements, 0.05% social engagement, and 5,000 peer educator conversations with campaign recall increase of 25%. Pre & post-intervention surveys showed increased social norms for STI testing (24% increase), positive attitudes (26%), and intention to STI test in the next 12 months (32%). Over 80% of participants were within the two high-risk groups.

Conclusion Down to Test successfully engaged high risk young people attending music festivals and improved healthy sexual behaviour facilitators. Applying segmentation research and engaging the identified groups improved the likelihood of success by better targeting the activations. Broad reach across NSW was maximised by using festivals in a variety of locations. The program is adaptable to other locations.

Disclosure No significant relationships.

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STD, HIV, AND PREGNANCY TESTING BEHAVIORS AMONG INTERNET AND MOBILE DATING APPLICATION USERS AND NON-USERS, 2016

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Background Use of internet websites and geosocial networking mobile applications for sexual and romantic relationships has grown steadily. We examined the prevalence of dating app use and STD, HIV and pregnancy testing among market research survey respondents.

Methods We analyzed 2015–2016 data from the Scarborough/MARS Healthcare Module, which contains data from two market research data sets. In this sample, 199,308 responses were received (18≥ years), weighted, combined across datasets, and projected to a 2016 U.S. adult population. We also assessed dating app use by demographics, STD, HIV, and pregnancy testing practices in the past year.

Results Of the projected population (n=197, 150,967), 6.2% (7.0% men; 5.3% women) reported using dating apps in the past 30 days. Over half of all dating app users (50.3%) were between the ages of 18–34 years. App users were more likely than non-users to report male gender (55.2% vs 48.1%), Hispanic ethnicity (29.4% v 16.2%) and race other than white (31.3% v 23.1%). Fifty-seven percent of dating app users were never married, and 23.8% were married at the time of use. Overall, a higher proportion of dating app users than non-users reported STD testing (6.5% vs 4.0%, PR=1.64) and HIV testing (5.9% vs 3.8%, PR=1.54), in the past year. However, among 18–24 year olds, STD and HIV testing was 14–16% less common among users, compared to non-users. Women using dating apps were more likely than non-users to take pregnancy tests in the past year (8.8% vs 5.6%, PR=1.57).

Conclusion A small proportion of the general population use dating apps, and STD testing rates were low. However, efforts to build upon the higher rates of reported testing for STD, HIV, and pregnancy among app users (e.g., site advertisements, questions during sexual healthcare visits) might improve testing rates in this group. Targeted attention to adolescents and young adults is warranted.

Disclosure No significant relationships.

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SOCIAL APPS AND THE EVOLVING RISK ENVIRONMENT: A CROSS-SECTIONAL SURVEY AMONG MEN WHO ATTEND STDS CLINICS IN GUANGDONG, CHINA

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Background Social apps provided important channels for people to communicate with each other. However, social network apps use also created a unique chance for casual partner seeking. This study aimed to know the situation of the using of social apps for partner seeking purpose among men who attend STDsclinics (MSCs) and to describe sexual behaviors among users.

Methods We conducted a cross-sectional study among MSCs recruited from 9 cities in Guangdong, China from March to August in 2018. Data on socio-demographics, sexual behaviors and social app use for sex-seeking were collected. Multivariable logistic regression models were used to identify the factors associated with partner seeking through social apps.

Results A total of 1954 participants were recruited, with a mean age of 39.9 (SD: 13.9). Overall, 228 (11.7%) ever used a mobile app for partner-seeking. Among people seeking partner through social apps, 36.6% have one more partners, 14.0% met their partners in-person within 24 hours, and 33.8% engaged in condomless intercourse with the last partner found through social apps. Only 27.2% of them negotiated about condom use before meeting in-person, and 12.3% asked for HIV status of the last partner before meeting in-person. Sex-seeking app use was positively associated with having casual partners in the last three months (aOR=3.5, 95%CI 2.6–4.7), ever having anal sex with men (aOR=21.5, 95%CI 10.6–43.6), and not receiving HIV prevention services (aOR=7.9, 95%CI 5.6–11.3). Condomless intercourse with the last partner was positively associated with having more than three partners from app (aOR=5.0, 95%CI 1.9–13.2) and negotiating about condom use with the partner before meeting in-person (aOR=2.2, 95%CI 1.2–4.4).

Conclusion Social apps use has become an important sex-seeking route among Chinese MSCs, which may facilitate the transmission of STDs. Social apps-based interventions are urgently needed.

Disclosure No significant relationships.

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HIV-RELATED STIGMA & DISCRIMINATION IN WESTERN NIGERIA: EXPERIENCES OF PEOPLE LIVING WITH HIV & RIGHTS ISSUES

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Background HIV-related stigma and discrimination continue to be major social determinants driving the epidemic of HIV globally despite the advances in medical treatment and increases in the awareness. Hypotheses tested was right awareness of people living with HIV/AIDS influencing HIV-related stigma & discrimination. The study aimed at assessing the level of HIV/AIDS related stigma and discrimination, forms,