Background Associations between online sex seeking and increased risk for STDs and HIV among men who have sex with men (MSM) typically rely on convenience samples. We examined the prevalence of internet and mobile app use for finding sex partners among a nationally representative sample of MSM.

Methods We analyzed 2011–2017 data from the National Survey of Family Growth, a nationally representative sample of the civilian, non-institutionalized US population (15–44 years). The analytic sample was comprised of males who reported one or more same-sex partners in the past year. We also assessed associations between online sex-seeking and STD risk, sexual health service use, and condom use.

Results Of 13,320 male respondents, 442 (3.0%) reported sex with a man in the past year, of whom 227 (53.7%) had met one or more same-sex partners in the past year. We found no differences in age, education, race/ethnicity or socioeconomic status. MSM with online partners were more likely to identify as gay (69.5% vs 49.4%, p <0.02). They also reported more sex partners overall (M = 3.1 versus 1.6, p <0.0001), and more insertive (33.1% versus 15.4%, p <0.006) and receptive (46.3% versus 8.5%, p <0.0001) anal sex partners, in the past year. They were also more likely to receive sexual risk assessments (56.0% versus 40.4%, p <0.02), STD testing (57.4% versus 35.3%, p =0.0002) and STD treatment (17.8% versus 8.7%, p <0.02) in the past year. We found no differences in condom use.

Conclusion MSM who report using online sources to find sex partners are more likely than other MSM to report behaviors that increase risk for STD/HIV, but are also more likely to engage in behaviors that may mitigate risk, such as STD testing.

Disclosure No significant relationships.

Background Lymphogranuloma venereum (LGV) is a sexually transmitted infection (STI) caused by Chlamydia trachomatis (CT) biovars L1-3, which has been increasingly reported among men who have sex with men (MSM). Our study aimed to establish a surveillance system among MSM attending STI clinics in Alberta, Canada to determine prevalence and characteristics of cases.

Methods CT NAAT (Genprobe Aptima COMBO 2® Assay) positive specimens from all anatomical sites among MSM attending three STI clinics in Alberta were tested for LGV. Demographic, clinical, and sexual behaviours of cases were extracted from the provincial reporting database. Clinic-stratified analysis was performed to identify differences in sample characteristics using Chi-square or Fisher’s exact test.

Results A total of 340 specimens from 299 CT cases were tested for LGV. CT cases were reported from Calgary (52.8%; n=158), Edmonton (46.2%; n=138), and Fort McMurray (1.0%; n=3). There were no significant differences in

Disclosure No significant relationships.