

**P531** CHEMSEX AND STI CLINIC USE AMONG MSM: RESULTS FROM A LARGE ONLINE SURVEY IN ENGLAND

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10.1136/sextrans-2019-sti.609

**Background** Chemsex, the use of select psychoactive drugs to enhance sexual experience, typically among men who have sex with men (MSM), is associated with STI risk behaviours. Understanding characteristics of MSM who engage in chemsex and their use of STI clinics is important for developing interventions.

**Methods** Between 5/2016-5/2017, 3,358 MSM (aged  $\geq 15$  years; no known HIV infection) completed an online survey, largely via 4 gay social-networking apps. We described patterns of chemsex and differences in demographics, awareness of 8 common STIs, STI risk behaviour, and STI clinic attendance between those engaging in chemsex and those not. We used a composite measure 'high STI risk' comprising condomless anal sex (CAS) with  $\geq 11$  men/past 3m, of whom  $\geq 1$  had unknown HIV status. We used logistic regression to investigate the association between chemsex and clinic use/past 3m.

**Results** 8% of respondents reported chemsex/past year. Among them, 70% had used  $\geq 2$  different chemsex drugs, with mephedrone (68%) most popular. A greater proportion of MSM who reported chemsex, compared to those who did not, were university graduates (63% vs 52%),  $<40$  years (51% vs 43%), aware of all 8 asked-about STIs (34% vs 22%), reported CAS/past 3m (73% vs 47%), and were classified as 'high STI risk' (26% vs 8%). MSM who reported chemsex were more likely to have attended an STI clinic/past 3m vs those who did not (63% vs 34%), including after controlling for sociodemographics: adjusted odds ratio: 2.97, 95%CI: 2.26–3.90. Of those at 'high STI risk' (n=317), 75% of MSM reporting chemsex, vs 48% of those not, had been to clinic/past 3m.

**Conclusion** A minority of MSM engage in chemsex. Those that do appear to be at greater STI risk but engage more actively with STI clinics. More targeted STI prevention efforts are needed to improve access to clinical services for all MSM at high risk of STIs.

**Disclosure** No significant relationships.

**P532** THE SEXUAL BEHAVIOUR AND HEALTH OF HETEROSEXUAL-IDENTIFYING MEN WHO HAVE SEX WITH MEN: A SYSTEMATIC REVIEW

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10.1136/sextrans-2019-sti.610

**Background** Sexual behavioural and health differences are known to exist between gay and bisexual men, but less is known about heterosexual-identifying men who have sex with men (MSM). We conducted a systematic review of articles reporting on this population to inform public health interventions.

**Methods** We searched six databases for articles reporting sexual behaviour and health outcomes in heterosexual-identifying MSM in Western Europe, Australia, New Zealand and North

America, from 2008 to January 2018. All were screened by a primary reviewer, 10% were screened by a second independent reviewer.

**Results** From 3126 articles identified, 42 were quantitative and included in a narrative synthesis (40 reported on studies conducted in the USA). The majority reported data from MSM-focused studies; five were general population studies. HIV prevalence for heterosexual-identifying MSM (range across studies: 4.6–11.4%) was lower than for gay (11.2–43.8%) or bisexual (12.4–29.8%) MSM, however, fewer heterosexual-identifying MSM reported recent testing for HIV (40–49% vs 64–68% of gay men, 56–62% of bisexual men) or STIs. There was no difference by sexual identity in MSM's reporting of recent condomless sex with casual male partners (42%–52% of those reporting recent sex with casual partners) or insertive condomless sex, however heterosexual-identifying MSM were less likely than gay MSM to report receptive condomless sex. They reported fewer recent male partners than gay or bisexual MSM, more recent female partners than gay MSM, and similar numbers of lifetime partners of either sex compared to gay or bisexual MSM.

**Conclusion** Heterosexual-identifying MSM report fewer male partners than gay or bisexual MSM, however similarities in risk behaviours indicate a group at risk of poorer sexual health than the general population. The data also suggest inadequate sexual health service use by these men such that additional targeted approaches to health promotion and infection control for this population may be warranted.

**Disclosure** No significant relationships.

**P533** HEPATITIS A VACCINE UPTAKE AMONG MEN WHO HAVE SEX WITH MEN FROM A TARGETED VACCINATION PROGRAM IN MELBOURNE IN 2018

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10.1136/sextrans-2019-sti.611

**Background** In response to an outbreak of hepatitis A in men who have sex with men (MSM) in Victoria, Australia in 2017; the Victorian government funded a free hepatitis A vaccination program for all Victorian MSM in 2018. This study aimed to determine hepatitis A vaccine uptake among MSM in a sexual health clinic in Melbourne during the program, and assess the factors associated with vaccine uptake.

**Methods** All MSM attending the Melbourne Sexual Health Centre (MSHC) in 2018 were included in the analysis. Chart review was performed to determine why men did not receive the vaccine and the proportion of men vaccinated for hepatitis A was calculated. Multivariable logistic regression was then performed to examine the factors associated with vaccine uptake.

**Results** There were 9,582 MSM who attended MSHC in 2018, of whom 61.3% (n=5,869, 95%CI:60.3–62.2%) reported already being immune to hepatitis A, either from previous vaccination or infection. Of the 3,713 remaining eligible men, 62.7% (n=2,327, 95%CI:61.1–64.2%) received the hepatitis A vaccine. Compared with HIV-negative MSM not taking PrEP, MSM taking PrEP (aOR=1.28; 95%CI:1.01–1.62) were more likely to receive the vaccine. In addition, vaccine uptake was associated with being aged 16–25 years (aOR=2.49; 95%CI:2.06–3.02) and 26–35 years (aOR=2.10;