O11.2 HOW DO THE SEXUAL NETWORKS OF MEN WHO HAVE SEX WITH MEN (MSM) IN ONE MID-ATLANTIC CITY DIFFER BY RACE/ETHNICITY?

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Background The HIV epidemic disproportionately affects black men who have sex with men (BMSM). Individual-level sexual risk behaviors fail to explain observed racial disparities in HIV acquisition rates. Research suggests that the sexual networks and their associated characteristics of BMSM (versus non-BMSM) contribute to increased risk for HIV. The objective of this analysis was to compare sexual network characteristics by race in one mid-Atlantic U.S. city with an established HIV epidemic.

Methods Data came from the Understanding Sexual Health in Networks Study (USHINE), an ongoing longitudinal cohort study enrolling MSM between the ages of 18–45. Participants completed an egocentric sexual network survey with questions about sex partners in the past 3 months. Summary statistics, chi-squared tests, and t-tests were used to compare sexual network characteristics by race.

Results 163 men completed the sexual network survey and nominated 692 sex partners. The mean age of participants was 29.4 (±5.96) and 63.2%(103) identified as black. 28.8% (47), 69.9%(114) and 1.2%(2) were HIV-positive, HIV-negative, and unknown-HIV status respectively. The mean sexual network size was 4.3 (±5.29) and did not significantly differ by race. Using partner-level data, BMSM were more likely to report condom use at last sex, compared to non-black MSM (40.53% vs. 27.34%, p-value =0.013). BMSM had more HIV-positive partners (23.56% vs. 11.51%,p-value<0.001) and unknown-status partners (24.0% vs. 5.76%,p-value<0.001), compared to non-BMSM. While not statistically significant, higher proportions of BMSM reported not knowing if HIV-positive partners were on ARTs(31.1% vs. 6.3%,p-value = 0.09) and if HIV-negative partners were taking PrEP (43.0% vs. 33.9%,p-value=0.08).

Conclusion HIV status of sex partners differed significantly by race, with BMSM reporting more HIV-positive and status-unknown partners. These findings highlight the importance of network factors in racial disparities in HIV transmission and suggest the need to develop interventions that perpetuate condom use and encourage discussion of HIV status and PrEP use among BMSM.

Disclosure No significant relationships.

O11.3 'YOU FEEL INVISIBLE': A QUALITATIVE EXPLORATION OF YOUNG LGBT+ PEOPLE'S ATTITUDES TOWARDS STI/HIV TESTING IN PRIMARY CARE

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Background Young gay, lesbian, bisexual, transgender, and other sexuality/gender minority identities (LGBT+) exhibit poor sexual health outcomes (e.g., higher STI/HIV rates). In the UK, there is currently an effort to shift high-volume, low-cost testing (i.e., asymptomatic STI testing) away from expensive specialist settings and into primary care. The aim of this study was to explore young LGBT+ people's experiences and attitudes towards STI/HIV testing in primary care.

Methods 39 individual-interviews were conducted with young LGBT+ people (16–24 years; N=19 transgender). Study materials were developed through expert and lay consultation. Participants were recruited via LGBT+ organisations and social media websites. Data were analysed using an inductive thematic analysis.

Results Many participants preferred sexual health clinics to primary care for STI/HIV testing due to expectations of stigma, fear of judgement, heteronormative assumptions, and experiences of misgendering. Some lesbian participants were concerned over receiving relevant STI tests - many felt they had little knowledge regarding protection against STIs; their discussions around sexual health with general practitioners rarely surpassed contraception. Some transgender participants reported body dysphoria feelings and perceived STI testing as invasive making physical examinations difficult. Others felt primary care services were too restrictive for transgender patients with some tests unavailable for those registered as being a specific gender. Potential strategies to improve STI/HIV testing in primary care were suggested, such as increased awareness of minority identities in healthcare settings (e.g., leaflets/posters in waiting and consultation rooms) and staff sensitivity training (e.g., use of inclusive language).

Conclusion Barriers to STI/HIV testing in primary care (at individual, interpersonal, and structural levels) were identified for young LGBT+ people. Healthcare professionals and policy makers must consider patient diversity to ensure healthcare is both optimal and inclusive. Addressing the health issues affecting this population is a crucial part of improving national public health and eliminating HIV/STIs.

Disclosure No significant relationships.