Results Although participants welcomed the male-centred intervention, some felt that the voucher amount was too small. Overall, many participants described the voucher, EPIC-HIV, and the convenience and privacy of home-based testing as ‘catalysts’ to test or link to care irrespective of their reported intrinsic motivations to know their status or concerns around HIV related sexual risk behaviours. One-third of the interviewees were first-time testers. Despite the incentives, two out of the five men who tested positive reported that they have not linked to care because they feared stigmatisation at local clinics.

Conclusion Generally, the HITS intervention influenced men’s motivation to test and access care, but some respondents felt the incentive was insufficient to overcome some barriers of accessing HIV care at fixed clinics. To achieve the 90–90–90 targets among men in our setting, provision of decentralised, non-judgmental and convenient incentivised HIV care services could increase uptake of HIV testing and treatment.

Disclosure No significant relationships.

P014 VALIDATING A CLINICAL PREDICTION RULE FOR CHLAMYDIA AND GONORRHEA INFECTION AMONG ONLINE TESTERS IN BRITISH COLUMBIA, CANADA

Background Clinical prediction rules (CPRs) estimate the probability of a health outcome to support decision-making in intervention and service delivery. Previously, a CPR was derived to maximize detection of chlamydia and/or gonorrhoea (CT/GC) infections and minimize the number of screening tests offered among asymptomatic women and heterosexual men attending sexually-transmitted infection (STI) clinics in Vancouver, British Columbia, Canada. We assessed the external validity of using this clinic-derived CPR within GetCheckedOnline (GCO), a provincial online STI testing program in British Columbia.

Methods Data used for calculating CPR scores, including age, race/ethnicity, number of sexual partners and previous CT/GC diagnoses, were collected prospectively on GCO from October 2015 to June 2018. Model calibration and discrimination were evaluated using the Hosmer-Lemeshow (H-L) statistic and the area under the receiver operating characteristic curve (AUC), respectively. Sensitivity and proportion of GCO clients screened were calculated at different CPR cut-off scores. In the original derivation population, the CPR had an AUC=0.74, with a cut-off risk score ≥6 identifying 91% of infections and screening 68% of testers.

Results Among 2703 GCO CT/GC test episodes, the prevalence of CT/GC infection was 2.1%. The clinic CPR showed reasonable calibration (H-L p=0.952) and discrimination (AUC=0.64, 95%CI: 0.57–0.71). Using a CPR cut-off risk score of ≥6, we would have detected 79% of infections and screened 64% of testers. Lowering the cut-off risk score to ≥4 would have increased sensitivity to 95% while screening 85% of testers.

Conclusion This is the first study validating the use of a clinic-derived CPR within an online setting. Our CPR showed reasonable accuracy and performance when applied to GCO data. Differences in model performance online compared with clinic-based settings highlight important differences in the populations who use online testing. Use of CPRs in online contexts offers unique and novel opportunities for public health and STI testing.

Disclosure No significant relationships.