treatment and sexual health care after positive diagnosis. We developed this program using the systematic intervention mapping (IM) protocol (six steps). Here, we describe the development process.

Methods Step1 (needs assessment): we conducted a literature review and interviews with 18 MSM and 19 healthcare professionals from public-health and hospital care. Step 2–5: specific objectives were formulated to achieve the program goal and methods were selected to address determinants that needed to be changed. Program production was done with evidence-based methods to overcome barriers identified in the needs assessment. A plan was made for implementation.

Results Step 1 (needs assessment): Healthcare professionals and MSM expressed a positive attitude towards home-based self-sampling. Care providers raised concerns to missing face-to-face counselling and expected that MSM may experience difficulties with blood drawing (finger prick). Steps 2–4: Identified target change behaviors were 1) testing in MSM and 2) adoption of the program in care-providers. Solutions to decrease testing barriers in MSM in the program include: 1) home-based self-sampling 2) reminders (text messaging) 3) social network peer-dissemination of tests and 4) re-testing opportunities. To improve adoption and implementation, a sustainable collaborative infrastructure is set up between public-health service, hospital care providers and general practitioners.

Conclusion The regional homecare program to motivate MSM to HIV/STI testing and to motivate care providers to use it was systematically developed for effective behavioral change. In the program, evidence-based methods to overcome barriers are included to reach an increased number of MSM and motivate care providers. The next step is to pilot implementation of the program.

Disclosure No significant relationships.

P032 ALONE BUT SUPPORTED WITH AN INNOVATIVE HIV SELF-TESTING APP: QUALITATIVE RESULTS FROM A LARGE COHORT STUDY IN SOUTH AFRICA

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Background HIV self-testing (HIV-ST) has the potential to positively impact HIV test access, uptake and early diagnosis. Its widespread adoption could change the nature of how and where patients access HIV testing. But concerns remain regarding test conduct, provision and nature of counselling, and support offered during/after HIV-ST. This study investigated an oral HIV-ST application (app) based strategy (an oral self-test with a mobile phone/tablet app), that offered HIV pre-test counselling, risk staging, test conduct/interpretation, and linkages to care. We aimed to identify if and how the app provided counseling and support during/after HIV-ST and how this strategy might impact test access in the South African context.

Methods We conducted a qualitative study nested within an observational cohort study (November 2016 – May 2018)

with concurrent comparators, in the township populations of Cape Town, South Africa. Participants could choose between supervised HIV-ST/unsupervised HIV-ST in private spaces around the clinic, and unsupervised HIV-ST at home. Qualitative data were collected from study participants and study staff using 33 semi-structured interviews, one focus group discussion, and observation notes. Audio files and notes were transcribed and themes were developed iteratively. NVIVO 9 (QSR International) was used during analysis.

Results Compared to conventional testing, participants perceived the app-based HIV-ST strategy as convenient. The convenience to test anywhere gave participants more control in choosing whom they included in the testing process. It addressed stigma, social visibility and privacy concerns by letting testers answer sensitive questions and receive their results privately. Future concerns centered on affordability, smartphone access, and usability in older and rural users.

Conclusion The innovative app-based strategy addressed multiple HIV testing barriers by making testing convenient and private. The flexible access and support offered by the strategy could aid in expanding access and linkages for HIV-ST and related co-infections in South Africa and beyond.

Disclosure No significant relationships.

P033 DIFFERENTIATION OF COMMON GENITAL ULCER DISEASE PATHOGENS USING SEQUENTIAL OR PARALLEL MOLECULAR TESTING

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Background The most common infectious etiologies of genital ulcers (GUs) in the USA are Herpes Simplex Virus infections (HSV1/2) and *Treponema pallidum* (Syphilis). GUs are a common symptom reported by men and women attending US sexual health clinics. Considering the insensitivity of relying solely on lesion characteristics for presumptive clinical diagnoses, the ability to accurately identify the underlying etiology of GUs would facilitate timely and accurate treatment decisions – ultimately improving patient care and mitigating the rapidly-expanding Syphilis epidemic. Here, we describe a diagnostic workflow that allows for sequential and parallel testing to characterize GUs, relying on a combination of IVD and LDT NAAT-based solutions performed on the cobas® 4800 System, to detect HSV1/2, VZV, and *T. pallidum* from single specimens.

Methods Commercially available control material for HSV1, HSV2, VZV, and *T. pallidum* were spiked into MSwab medium at varying concentrations; eight (8) swabs from the MSwab™ System were dipped into each of the spiked specimen vials and transferred to their respective collection tubes. Initial testing was split between two runs performed by the cobas® HSV1 and 2 Test on the cobas® 4800 System. The extracted nucleic acid remaining in the deep-well plate was subsequently used for VZV and *T. pallidum* testing on the User Defined Function (UDF) channel, using published primer/probe sequences.

Results Detection of VZV and *T. pallidum* on the UDF channel using nucleic acid extracts obtained following HSV1/2 testing on the cobas® 4800 System was possible, demonstrating high reproducibility and precision across several replicate specimens.

Conclusion Novel solutions that aim to reduce empiric therapy, or shorten the interval to treatment success, are critical. Through the use of sequential testing algorithms, more accurate discrimination between GU etiologies may help address the re-emergence of Syphilis in the USA.

Disclosure No significant relationships.

P034 HIV SELF-TESTING AND POTENTIAL LINKAGE TO CARE AMONG MEN WHO HAVE SEX WITH MEN IN CHINA: A CROSS-SECTIONAL ONLINE SURVEY

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Background HIV self-testing (HIVST) was recommended by the World Health Organization as an additional way for improving HIV testing due to its advantage in privacy and convenience. Studies showed that HIVST was well accepted among men who have sex with men (MSM) in China. This study aims to investigate the situation of HIVST usage, its correlates and implications for linkage to care among Chinese MSM.

Methods Data were collected from a nationwide online survey. Men who ever had sex with another man, were 16 years or older, born as a male, and ever tested for HIV were eligible. Survey collected information on HIVST and source of self-test kits. Sociodemographic and behavioral data were also collected and assessed in relation to HIVST through bivariate analyses. We characterized linkage to care after receiving a HIV-positive confirmatory results among self-testers and facility-based testers (i.e. who never self-tested).

Results Among 540 men who ever tested for HIV (age: 27.3 ± 6.6), most were never married (87.4%, 472/540) and completed college (52.2%, 282/540). 75.2% (406/540) reported having been self-tested. Self-test kits were commonly obtained from community-based organizations (54.4%, 221/406) and online (46.6%, 189/406). HIVST was associated with college or higher education (OR=1.41, 95%CI: 1.03–1.96), but not with other socio-demographics, sexuality disclosure or condom use. 32/540 (5.9%) men received confirmed HIV-positive results, 25/406 (6.2%) among self-testers and 7/134 (5.2%) among facility-based testers (p=0.69). After receiving HIV-positive confirmatory results, all 25 self-testers sought care while 3/7 (42.9%) facility-based testers did (p<0.001). Delays before seeking care were not significantly different between self-testers and facility-based testers (P=0.366). 254/508 (46.5%) men reported likely to test for HIV in next three months, similarly among self-testers and facility-based testers.

Conclusion Many men received HIVST. Men with higher education were more likely to be ever self-tested. The use of HIVST did not appear to hinder linkage to HIV care and services among men with confirmed HIV-positive results.

Disclosure No significant relationships.

P035 IMPACT OF MASS MEDIA EXPOSURE IN GETTING HIV TESTING AMONG URBAN WOMEN IN NEPAL

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Background According to Nepal Demographic and Health Survey (NDHS) 2016, 81% of women have heard of AIDS in Nepal. Despite this, only 10% of women have ever been tested and received the results. The objective of the study is to examine the impact of mass media exposure in getting HIV testing among urban women in Nepal.

Methods The study is based on 12,862 women aged 15–49 residing in Nepal and enrolled in NDHS 2016. All urban women were asked the frequency of exposure to media. Binary logistic regression analysis was used to study the effect of radio, television and internet exposure in getting HIV testing among women in Nepal.

Results Among women exposed to radio, television and internet have 12.6%, 12.6% and 18.6% HIV testing respectively than those without radio (9.9%), television (8.1%) and internet (8.3%). (P value <0.001). Women exposed to radio, television and internet at least once a week were more likely to have HIV testing than those not exposed. Women who used the internet every day had high HIV testing (19.4%, CI 18.9 to 19.8) in comparison to those listened radio every day (13.6%, CI 13.1 to 14.0) and watch television every day (14.1%, CI 13.7 to 14.5). Using binary logistic regression analysis, odds of women exposed to radio, television and internet were 1.2, 1.5 and 2.5 times respectively more likely to have HIV testing than those not exposed (P value <0.001).

Conclusion Urban women exposure to internet has high impact in getting HIV test in Nepal. Internet plays a crucial role as a source of information for urban women in getting HIV testing in comparison to radio and television. The Ministry of Health, and International Development Partners should develop the intervention such as mobile apps, website as information source as more women are using mobile phone and internet in Nepal.

Disclosure No significant relationships.

P036 PREDICTORS OF LOST TO FOLLOW-UP IN A 'TEST AND TREAT' PROGRAMME AMONG WOMEN WITH HIGH-RISK SEXUAL BEHAVIOUR IN KAMPALA, UGANDA

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Background Immediate uptake of antiretroviral therapy (ART) after an HIV-positive diagnosis (Test and Treat) is now being implemented in Uganda. Data are limited on lost to follow-up (LTFU) in high-risk cohorts that have initiated 'Test and Treat'. We describe LTFU in a cohort of women of high-risk sexual behaviour who initiated ART under 'Test and Treat'.

Methods We performed a retrospective cohort study of participant records at the Good Health for Women Project (GHWP)