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.

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 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).

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.