**P180** SELF-SAMPLING DEMONSTRATES COMPARABLE SENSITIVITY AND SPECIFICITY TO CLINICIAN-SAMPLING FOR HPV TESTING AMONG MSM IN CHINA

1Y Ni*, 2Y Lu, 3X He, 4Y Li, 5C Xu, 6W Tang. 1University of North Carolina At Chapel Hill Project-China, Guangzhou, China; 2Zhu Hai Xutong Voluntary Services Center, Zhuhai, China 10.1136/sextrans-2021-sti.275

Human papillomavirus (HPV) can cause genital warts and cervical, anal, and penile cancers. HPV self-sampling is an acceptable and feasible approach for HPV testing among women. Despite emerging research stated a higher risk of HPV infection among men who have sex with men (MSM), few guidelines are available for HPV self-sampling among MSM. Adding HPV self-sampling as a complement may benefit MSM and improve STI testing services among key populations. This study aimed to evaluate the feasibility and accuracy of HPV self-sampling among MSM.

MSM who were aged 18 or above, had sex with men in the past year were recruited. Eligible participants followed the instruction to self-collect specimens using oral fluid, penile, and rectal swab. Then a clinician or trained staff collected specimens from same areas. All specimens were processed using PCR test for 14 high-risk subtypes and 2 low-risk subtypes. PCR results were defined as the gold standard when assessing the performance of self-sampling and clinician-sampling. Sensitivity and specificity were calculated for each approach independently, and then chi-square test was used to compare two approaches.

A total of 211 MSM were recruited and tested from April to October 2020 in Zhuhai, China. The mean age of MSM was 31 years old (SD = 7.9). The overall prevalence of HPV among participants was 49% (103/211). Clinician-sampled specimens detected 91 of 103 MSM infected with HPV, with a sensitivity of 88.3% (95% CI: 80.2–93.6), and specificity of 100.0% (95% CI: 97.5–100.0), respectively. Self-sampled specimens detected 81 of 103 MSM infected with HPV, with a sensitivity of 78.6% (95% CI: 69.2–85.9), and a specificity of 100.0% (95% CI: 95.7–100.0), respectively. The sensitivity was comparable between the clinician-sampling and self-sampling among MSM (P = 0.09).

HPV self-sampling is feasible among MSM and it holds the potential in scaling-up HPV testing services among key populations.

**P181** PUBLIC HEALTH DECISION-MAKERS’ PERSPECTIVES ON APPROACHES TO ECONOMIC EVALUATION FOR SEXUALLY TRANSMITTED INFECTION CONTROL PROGRAMMES

1S Blich*, 1L Jackson, 2E Frew, 3J Ross. 1University of Birmingham, Birmingham, UK; 2Whittall Street Clinic, University Hospitals Birmingham NHS Foundation Trust, Birmingham, UK 10.1136/sextrans-2021-sti.276

**Background** Economic evaluations aim to inform decision-makers about the cost-effectiveness of health interventions. However, currently economic evaluations may be underutilised by local public health decision-makers.

**Methods** In-depth semi-structured interviews with participants who were purposefully sampled through a snowballing approach until saturation was reached. The interviews were transcribed ad-verbatim and analysed using the framework analysis method.

**Results** Fifteen qualitative interviews with 17 participants were conducted. Eight participants were local commissioners, four were national commissioners, and three were responsible for service provision. Three main themes were identified:

- **Context/commissioning** – Decision-making processes around SHS were reported as complex and involving multiple stakeholders. Different services are commissioned by a wide-range of decision-makers, and the different types of contracting_SHS, affect the comparability of provision.
- **Costs and budgets** – Decision-makers described pressures on budgets due to increasing demand for SHS and funding limitations. Nearly all stated that the fragmentation of commissioning created issues around budget flow. Another significant issue was that savings were realised by different parts of the system to those who pay for them.
- **Using economic evidence** – Participants mainly focussed on economic evidence in terms of return on investment. Although broader outcomes such as impacts on inequalities were seen as relevant, this was often overshadowed by cost and cost-saving concerns. Helpful evidence was described as being adaptable to the local population and including costs relevant to local areas.

**Conclusions** Future economic evaluations of SHS need to be tailored to ensure that they provide economic evidence that meets the needs of decision-makers.

**P182** IDENTIFYING THE PREP GAP: A SYSTEMATIC REVIEW EXPLORING EQUITY IN THE HIV-PREP CARE CONTINUUM IN HIGH INCOME COUNTRIES


**Background** Equitable implementation of HIV Pre-Exposure Prophylaxis (PrEP) is not well defined, particularly for populations already experiencing high levels of health inequity (e.g. people experiencing poverty or other social disadvantages). The five stages of the PrEP care-continuum (PCC) (awareness, acceptability, uptake, adherence, retention) can help evaluate PrEP implementation, but the extent to which key characteristics that are important for health equity are considered...
throughout the PCC has not been described. This systematic review aims to: 1) identify and collate outcome measure (OM) definitions for the PCC stages; 2) describe how key health equity characteristics are considered in these OM definitions.

Methods Five databases were searched for quantitative studies published after January 1st, 2012. Data regarding study design, OM definitions, and health equity characteristics were extracted. Data were analysed using narrative synthesis.

Results 11,264 papers were identified and screened; 227 were included. The majority of studies included >1 OM (67%). The most commonly reported OM was awareness (54%), followed by interest (51%) and uptake (50%). Relatively few studies reported on adherence (12%) or retention (17%). No studies described movement through the PCC from awareness to retention. The most commonly reported equity characteristics were age (86%) and race/ethnicity (80%); the least common were social capital (31%) and religion (1%). The majority of studies focused on cis-gender men who have sex with men (MSM) (48%), while other affected groups, such as cis-gender women and trans* people are less well represented (7% and 6%, respectively).

Conclusion There is an unequal focus on the earlier stages of the PCC. Some key equity characteristics (e.g. age) are commonly considered, however, other important characteristics (e.g. social capital) are overlooked. These findings are relevant to healthcare professionals, policymakers and commissioners in informing how to best implement and evaluate PrEP programmes for potentially vulnerable and less advantaged populations.

# Abstracts

**P188 EPIDEMIOLOGICAL AND SOCIODEMOGRAPHIC PROFILE OF HIV+/AIDS PATIENTS AT A REFERENCE CENTER IN THE SOUTH OF MINAS GERAIS, BRAZIL**

V Pereira*, 1Td de Souza, 1,2,4 A Almeida, 1Medical School of Itajubá, Itajubá, Brazil; 2Undergraduate Degree in Full Music Arts Education at Mozarque College, São Paulo, Brazil; 4Master’s Degree in Education from the Federal University of Goiás, Goiânia, Brazil; 5PhD in Social Sciences – History at the University of São Paulo, São Paulo, Brazil; 6Post-Doctorate in the Field of Education at the Federal University of Itajubá, Itajubá, Brazil

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**Introduction** The Human Immunodeficiency Virus (HIV), identified in Brazil in the early 1980s, spread across the country, with its risk group and profile being modified over the years. Therefore, it is necessary to study the profile of these patients in order to generate comparisons, prevention and improvements in care. (comparisons and preventions that lead to improvements in care). Along with the dissemination, new drugs are emerging in the treatment of HIV infections, observing the emergence of comorbidities that need to be pre-diagnosed and treated, aiming at improving patients’ quality of life and reducing the mortality. Given the lack of knowledge of the epidemiological and clinical profile of these patients in small and medium-sized cities, it is necessary to study and compare them at the national level. **Objective**

To locate the epidemiological and sociodemographic profile of patients treated at the AIDS Care and Prevention Center/STD(CAP) in Brazil/Itajubá.

**Methods** Of 292 medical records of patients in 2020, 168 were randomly selected and analyzed for information such as (HBV) and C (HCV), cervical carcinoma or intraepithelial neoplasia grade III (CC/CIN-III), vulvar carcinoma or intraepithelial neoplasia grade III (VC/VIN-III), and peripheral neuropathy (PN). Patients ≥18 years not known to have HIV, diagnosed with one of these ICs during 2015–2020 were eligible. We included all eligible patients in one hospital, and screened a sample of ≤500 patients per IC in the others. Primary outcome was the proportion of patients with an IC tested for HIV ≤3 months around IC diagnosis (i.e. HIV testing ratio). Secondary outcome was the proportion of positive tests.

**Results** We included 4,823 patients. HIV testing ratios were highest amongst TB patients (range 74–94%). The testing ratio varied considerably across ICs and locations, ranging between 56% (50/90)-72% (105/145) in lymphoma patients, 33%(5/15)-65%(113/175) in HBV, 29%(2/7)-73%(24/33) in HCV, 0%(0/68)-4%(16/452) in CC/CIN-III, and 4%(4/97)-16%(16/98) in PN. None of the 198 VC/VIN-III patients were tested for HIV. Eleven patients (0.7%) tested HIV positive ≤3 months around IC diagnosis. Of these, 6(55%) had lymphoma and 10(91%) had a CD4 count <350 cells/μm³.

**Conclusion** In-hospital IC-guided testing in the selected ICs was variably and often insufficiently practiced, but did identify people with previously undiagnosed HIV. These data show the relevance of tailored interventions to improve IC-guided HIV testing, to contribute to reducing the proportion of people with undiagnosed HIV.