participants. HIV education was offered by health educators, peers and using a game. Each test action was evaluated among participants, the organization and test team members.

Results In total, all 140 participants were tested for HIV (74% women, 85% non-western, median age 49yr). For 127 participants HIV testing history was collected; 59% never tested before and 20% tested >1yr ago. With one positive HIV test, the detection rate was 0.7%. 90% of participants perceived no HIV risk. Several participants indicated the test action positively altered their attitude and knowledge about HIV/PLWH. The CBHT was positively evaluated by all parties. The major concerns by test team members were time, language problems and privacy. Participants hardly indicated these concerns.

Conclusion This CBHT approach (1) is feasible and well-suited for testing not (recently) tested groups and detect new cases, especially in high prevalent neighborhoods with hard-to-reach populations like non-western migrants, (2) positively seems to contribute to attitudes and knowledge about HIV/PLWH. Nevertheless, it is questionable whether this laborious approach, outweighs finding the last fraction of new HIV cases.

P200 HIGH RISK HPV GENOTYPES IN EXTERNAL ANOGENITAL WARTS – SHOULD GENOTYPING BE DONE ROUTINELY?

N Chauhan*, N Khunger, A Bhargava. Vardhman Mahavir Medical College and Safdarjung Hospital, Delhi, India

10.1136/sextrans-2021-sti.290

Background Anogenital warts (AGW) is one of the most common sexually transmitted disease with incidence of 2–25% in India. It is caused by human papillomavirus (HPV), of which low-risk genotypes (6 and 11) are implicated in most cases. In contrast, HPV high-risk genotypes are strongly associated with anogenital malignancies. This study aims to identify the presence of various HPV genotypes, in external anogenital warts and correlate the presence of high-risk genotypes with patient's profile.

Materials and Method After ethical clearance an observational cross-sectional study was conducted with consecutive 73 patients having clinical diagnosis of external anogenital warts attending the STD Clinic at a tertiary reference centre. After informed consent, patient's demographic and clinical data was recorded on a preformed performa. During the routine treatment, tissue from the anogenital wart was collected in normal saline, by radiofrequency ablation. Genotyping was performed by real-time PCR test for 2 high risk and 14 low-risk genotypes as per standard protocols. Data analysis was done using (SPSS) version 21.0.

Results Out of 73 patients, 55 tissue samples were positive for HPV. A total of 16 HPV genotypes were identified (6,11,16,18,31,33,35,39,45,51,52,56,58,59,66,68), of which the most prevalent genotypes were HPV-11(61.81%), HPV-6 (47.27%), HPV-16(16.36%), HPV-59(12.7%) and HPV-51 (9.09%). Upon analysis, 1, 2–5 and >5 genotypes were identified in 35(63.6%), 17(30.9%) and 3(5.45%) patients respectively. Appreciable greater number of low-risk genotypes were identified as compared to high-risk genotypes ($p=0.0421$). Patients with size of largest wart >2cm were significantly associated with high-risk genotypes ($p=0.0076$).

Conclusion High risk genotypes were isolated in routine patients in the STD Clinic. These patients should be screened for cervical/penile/anal carriage and malignancies on follow-up. HPV-51 and HPV-59 which were commonly isolated, are currently not a part of HPV vaccines. Routine HPV screening of AGW would help in prevention and early detection of malignancies and also in designing appropriate vaccines.

P201 REACHING MALE SEX WORKERS WHO HAVE SEX WITH MEN (M\$M) WITH PREVENTIVE SEXUAL HEALTHCARE SERVICES IN THE NETHERLANDS

^{1,2}C Peters*, ^{1,3}N Dukers-Muijers, ^{1,2}Y Evers, ^{1,2}C Hoebe. ¹Department of Social Medicine, Care and Public Health Research Institute (CAPHRI), Maastricht University/Maastricht UMC+, Maastricht, The Netherlands; ²Department of Sexual Health, Infectious Diseases and Environmental Health, South Limburg Public Health Service (GGD Zuid Limburg), Heerlen, The Netherlands; ³Department of Health Promotion, Care and Public Health Research Institute (CAPHRI), Maastricht University/Maastricht UMC+, Maastricht, The Netherlands

10.1136/sextrans-2021-sti.291

Background Male sex workers who have sex with men (M\$M) are a hidden high-risk group for sexually transmitted infections (STI) including human immunodeficiency virus (HIV). They are neglected in current care-strategies and hard to reach by regional public health service (GGD), who offer free and anonymous preventive sexual healthcare services e.g. STI testing and hepatitis B (HBV) vaccinations. The aim of this study was to assess M\$M's perceived barriers and facilitators to engage in preventive sexual healthcare services provided by the GGD.

Methods For this qualitative study semi-structured individual in-depth interviews were conducted with 20 M\$M who worked home-based in the Dutch province of Limburg. Respondents were recruited by convenience sampling until saturation was reached via 1) five websites and smartphone applications commonly used by M\$M 2) GGD's STI clinic 3) two gay saunas. An interview guide was developed including themes such as sexuality, sex work, the GGD's care services, communication and reachability. The interviews' recordings were transcribed verbatim and inductively coded with Atlas.ti 8.

Results The interviewed M\$M were diverse in age (range: 18 – 66; median: 39.5) and mostly western European (85%). Several barriers and facilitating factors were identified for M\$M to engage in the GGD's preventive sexual healthcare services.

The lack of self-identification as homosexual and as sex worker, self-stigma, the lack of awareness of the GGD's services and a low STI risk perception are identified as barriers.

Online outreach work on websites and smartphone applications commonly used by M\$M, promotion of the GGD's care services and its anonymity, confidentiality and non-judgemental environment and direct online communication between a GGD nurse and M\$M are identified as facilitating factors.

Conclusion The M\$M population's diversity and identified barriers and facilitating factors should be taken into account in care-strategies in order to optimize future preventive sexual healthcare services for M\$M.