

convenience sampling. Descriptive analysis was used to portray reported prevention efforts for HIV among YMSM.

Results Our results showed that 36.3% of the participants reported never being tested for HIV. Among those never being tested, 28.6% didn't know where to get tested, 27.1% did not want to use their parent's medical insurance and 17.1% feared of obtaining the results. An overwhelming 90.7% reported that they were willing to get tested if the test were free. Most (73.1%) reported never having been offered an HIV test by their health provider or CBO. 42.6% reported not knowing where they can obtain free condoms in campus or surrounding communities, while 35.3% of the participants who had sexual relations in the last 30 days with men reported not using a condom.

Conclusion YPREV intends to increase training activities for health providers regarding the importance of HIV testing and has implemented free monthly HIV testing clinics since September 2016. This program aims to strengthen prevention initiatives for young men at risk for HIV.

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P3.188 RISK BEHAVIOURS IN HOMELESS PERSONS BASED ON HIV STATUS IN CENTRAL BRAZIL

Raquel Silva Pinheiro, Paulie Marcellly Ribeiro Dos Santos Carvalho, Thaynara Lorraine Silva Martins, Bruno César Teodoro Martins, Camila Canhete Ferreira, Karlla Antonieta Amorin Caetano, Marcos André De Matos, Sheila Araújo Teles. *Faculdade de Enfermagem da Universidade Federal de Goiás, Goiânia – GO, Brazil*

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Introduction Mortality rates among the homeless are greater than the general population, presenting a high prevalence of comorbidities and exposure to risk factors. Housing insecurity has been associated with a high risk of sexual and physical exploitation and involvement in illicit activities as means of survival, contributing to the acquisition of sexually transmitted infections (STI), such as human immunodeficiency virus (HIV). The aim of this study, cross sectional, was to identify risk behaviours for infection by HIV among the homeless in Goiás, Central Brazil.

Methods Between September 2014 to August 2015, 356 individuals served by a public shelter in the City of Goiânia, Central Brazil, were interviewed and tested for HIV. Multivariable logistic regression model was used to identify variables associated with HIV infection.

Results Of the 356 recruited individuals, 81.2% were male, young (median: 36 years), with a low level of education (median: 7 years of study), self-reported mixed race (60.4%), single (59.6%) and religious (82.3%). Of the total, 3.9% (95% CI: 2.2%–6.4%) were HIV positive. Individuals infected by HIV reported greater risk behaviours, such as: homosexuality/bisexuality (35.7%), consumption of illicit drugs (92.9%), sexual relations with HIV carriers (45.5%), and a history of STI (61.5%) (all $p \leq 0.05$). Logistic regression analysis revealed that the number of sexual partners (adjusted odds ratio [AOR]: 6.49; $p=0.02$) and a history of sexual relations with HIV carriers (AOR: 7.40; $p=0.00$) were predictors for HIV infection.

Conclusion The results of this study support high rates of risk behaviours for HIV infection among the homeless, evidence of the necessity of actions involving the prevention and treatment

of STI on the streets and in temporary and permanent housing. Furthermore, it is extremely important to reach out to intersectoral networks (education, justice, culture and health), with the goal of reintegrating an individual into the job market, supporting the restoration of family and social ties, as well as autonomous living.

P3.189 RECURRENCE OF HUMAN PAPILLOMAVIRUS EXTERNAL GENITAL WART INFECTION AMONG HIGH-RISK ADULTS IN MONTRÉAL, QUÉBEC

¹Réjean Thomas, ²Marc Steben, ³Zoë Greenwald, ⁴Melissa Stutz, ⁵Caroline Rodier, ⁵Fern Deangelis, ⁴Emmanouil Rampakakis. ¹*Clinique Médicale L'Actuel, Montreal, Canada;* ²*Institut National De Santé Publique Du Québec, Montreal, Canada;* ³*Clinique Médicale L'Actuel, Montreal, Canada;* ⁴*Jss Medical Research, Montreal, Canada;* ⁵*Merck Canada, Montreal, Canada*

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Introduction External genital warts (EGW) are associated with high psychosocial burden and health care costs, may be difficult to treat, and recur frequently. However, the incidence of recurrent EGW is not well characterised; this is especially true in a post-human papilloma virus (HPV) vaccination era. The objectives of this study were to assess the incidence of subsequent HPV-related EGW in high-risk male and female adults, as well as ascertain patient profile and disease characteristics, in a real-world Canadian clinical setting.

Methods A retrospective chart review study was conducted at Clinique médicale l'Actuel, a sexual health clinic in Montréal, Québec, Canada. Eligible patients were 18–45 years of age with a first diagnosis of EGW between July 1, 2006 and June 30, 2012.

Results A total of 400 first-episode EGW cases were identified. Up to 6 subsequent episodes were documented, with 194 (48.5%) patients reporting at least 1 subsequent EGW episode. Median time to 1st subsequent EGW episode was 3.97 years, and the incidence density rate for all subsequent episodes was 0.18/100 patient-years. Over 90% of patients reported clearance of the first subsequent episode, with median time to clearance of 0.30 years. Regardless of subsequent episode number, >95% of patients received treatment, primarily cryotherapy, with high-risk sexual behaviour reducing as number of episodes increased.

Conclusion Overall, a high rate of subsequent EGW episodes was observed in this high-risk population despite high treatment rates and improvement in high-risk sexual behaviour with increasing number of subsequent episodes. This is the first assessment of the rate of EGW recurrence in a Canadian clinical setting, in addition to providing information related to risk factors, clinical manifestations, and interventions. These data, assessed in a pre-vaccination Québec healthcare system, may be compared to future EGW rates in order to evaluate the impact of a governmentally-funded HPV vaccination program.

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