

reducing HIV transmission in Baltimore City may be limited. Future work should focus on identifying individual and structural barriers and facilitators to discontinuing PrEP-care and factors associated with re-engaging PrEP-care to inform interventions to improve persistent PrEP-care, and decrease ongoing HIV transmission.

**Disclosure** No significant relationships.

**010.6** A LONGITUDINAL ANALYSIS OF MEN WHO HAVE SEX WITH MEN'S CONDOM USE AND ATTITUDES DURING HIV ANTIRETROVIRAL PREVENTION SCALE-UP

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**Background** Within British Columbia, men who have sex with men (MSM) comprise an increasing proportion of new HIV diagnoses (60% in 2016). We sought to identify temporal trends in condom-use and condom-related attitudes among MSM, especially in relation to antiretroviral-based prevention scale-up.

**Methods** A prospective biobehavioural cohort of sexually-active MSM in Metro Vancouver were recruited using respondent-driven sampling (RDS). Every six months, participants self-completed questionnaires. We analyzed temporal trends (6-month periods) in condomless sex (binary outcome) and condom-related attitudes (continuous outcomes) using 3-level generalized linear mixed model (visit; participant; RDS chain). Statistical interactions were tested between time and antiretroviral treatment/pre-exposure prophylaxis (PrEP) use.

**Results** Between 03/2015–02/2018, 520 participants (32.1% HIV-positive) completed 1861 study visits. Over time, reporting any condomless anal sex with an unknown/opposite status partner increased for HIV-negative men (OR=1.20, 95% CI:1.03–1.40) and decreased for HIV-positive men (OR=0.83, 95%CI:0.73–0.94). Correct Condom Use Self-Efficacy scale scores decreased among HIV-positive men (B=-0.296, p<0.001) but remained unchanged among HIV-negative men (p=0.167). Overall, Condom Barriers Experience subscale scores decreased, indicating more problems over time (B=-0.236, p<0.001). Other individual items indicated that fewer men reported they 'can always get condoms' (B=-0.023, p=0.003), 'always have condoms when I have sex' (B=-0.028, p=0.006), and 'can always ask sexual partners to use condoms' (B=-0.027, p=0.002). Over time, the ability to 'say no' to condomless sex increased among HIV-negative men using PrEP (B=0.172, p=0.023), but decreased among HIV-negative men not using PrEP (B=-0.049, p=0.001) (interaction, p=0.004).

**Conclusion** MSM reported changing condom experiences over time, including decreased condom access, availability, and norms. HIV-positive men had less condomless sex with serodiscordant partners and reported more difficulties using condoms over time. PrEP-using men reported greater agency to decline condomless sex; the opposite was true for other HIV-

negative men. Innovations in individual and community-level condom promotion and interventions are needed, especially for HIV-negative men not using PrEP.

**Disclosure** No significant relationships.

**011 – IMPROVING THE EQUITY AND EFFECTIVENESS OF SEXUAL HEALTH CARE**

Tuesday, July 16, 2019 4:15 PM – 5:45 PM

**011.1** AN UPDATE ON THE PERFORMANCE OF STI SERVICES FOR GAY AND BISEXUAL MEN ACROSS 40 CITIES: PRELIMINARY RESULTS FROM EMIS-2017

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**Background** Rectal manifestations of sexually transmitted infections (STIs) compromise the health of gay and bisexual men. In 2010 across 40 cities among men-who-have-sex-with-men (MSM) screened for STIs, anal swabbing was highest in London and Amsterdam with rates of more than 72%, but low across most other European cities. We repeated the comparison of diagnostic procedures for MSM across the same European cities, in order to see if in 2017 the gap between London/Amsterdam and other European cities has narrowed.

**Methods** We used data from the European MSM Internet Survey (EMIS-2017), a sexual health survey that was accessible online in 33 languages from 10/2017 to 01/2018. As sexual healthcare for MSM in most countries is organised locally, we chose cities for comparison and focus on a subsample of 38,439 men living the same 40 European cities. We applied multivariable regression models to compare the odds of having received anal swabbing in the 12 months, controlling for age, HIV diagnosis, and the number of sexual partners.

**Results** In 2017, the proportion of respondents tested for STIs in the previous 12 months in the absence of symptoms ranged from 19% in Belgrade to 59% in London. At individual level, compared to London, the Adjusted Odds Ratio (AOR) for having received anal swabbing ranged from 0.02 in Belgrade, Bucharest, and Istanbul (p<0.001) to 0.80 in Oslo (p<0.05), while no statistical significant difference was seen for Amsterdam and Dublin. Many Western European cities (Barcelona, Berlin, Brussels, Hamburg, Lisbon, Munich, Paris, Porto, Prague, Valencia, Zurich) have substantially narrowed their performance distance to London, but many Eastern European cities (Kiev, Riga, Sofia, St.Petersburg, Tallinn) have moved even further away since 2010.

**Conclusion** Although comprehensive STI-screening in gay and other MSM has increased across many European cities, rectal STIs continue to be under-diagnosed, particularly in Eastern Europe.

**Disclosure** No significant relationships.