(107/702) of men were infected with CT and/or NG, 8.4% (33/392) at 6 months, and 15.6% (10/64) at 12 months. The incidence of anorectal and/or urogenital infection was 6.0 per 100 person-years (P-Y), and 4.6 per 100 P-Ys for urogenital infection alone. Increased risk of urogenital infection was associated drug use in the past year (aHR=2.44; 95% CI: 1.17–5.08), versatile (compared to insertive) usual sexual positioning (aHR=2.40; 95% CI: 1.01–5.71) or water-based lubricant use compared to no lubricant use (aHR=5.72; 95% CI: 1.28–25.5). Protective factors ($p<0.10$ each) included increasing age (aHR=0.94), condom use at last sex (aHR=0.53), and increasing social support (aHR=0.73 per quartile increase). Child abuse scores, depressive symptom measures, HIV status, and alcohol use were not associated with incidence.

Conclusions NG and/or CT and incidence was high despite baseline testing and treatment, quarterly visits, and peer counselling and support for reducing HIV risk. Partner treatment and program exposure measures will be analysed as data accrual completes with follow-up continuing to September 2017.

O09.2 FEASIBILITY, ACCEPTABILITY AND POTENTIAL ROLE OF PREP IN COMBINATION HIV PREVENTION FOR MSM AND TRANSWOMEN IN PERU: RESULTS OF A MIXED-METHODS STUDY

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Introduction Despite progress in treatment, HIV incidence among men who have sex with men and transwomen (MSM/TW) remains high in Peru due to low coverage and insufficiency of HIV prevention services. In 2014–2015 a study gathered evidence for implementing combination HIV prevention for MSM/TW in collaboration with the health sector and civil society.

Methods In 6 cities, a mixed-methods study: (1) identified stakeholders` (users, providers) perspectives on existing and novel (pre-exposure prophylaxis [PrEP], Treatment as Prevention [TasP]) HIV prevention methods; (2) assessed health systems` needs and conditions, and (3) used a previously developed mathematical model to estimate impact and cost-effectiveness of combinations of 5 interventions (2 behavioural, 2 treatment-focused, PrEP) to reduce HIV incidence among MSM/TW in general and TW sex workers in particular. A National Consultation on Combination Prevention allowed for discussion of preliminary findings.

Results According to the stakeholders` analysis, information on new combination prevention tools was limited among communities and providers alike, particularly for TasP (as PrEP trials had taken place here); misconceptions led to fear/resistance to change. Health facilities required improvements (lab access, training) to respond to new needs. The specific TW sex worker model predicted higher effectiveness for various combinations of prevention strategies. In PrEP-contaning scenarios, PrEP made a distinct contribution, yet cost-effectiveness was largely determined by drug cost. It seemed higher if PrEP was used on a smaller group at higher risk. (MSM/TW analysis is ongoing). The National Consultation showed increasing interest in PrEP/TasP among potential users and providers.

Conclusion Focused PrEP use may play a significant role in combined HIV prevention in Peru if TDF-FTC is obtained at reasonable cost.

O09.3 CHANGES IN SEXUAL RISK BEHAVIOUR AMONG DAILY PREP USERS AFTER 6 MONTHS OF USE IN THE AMSTERDAM PREP PROJECT

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Introduction Pre-exposure prophylaxis (PrEP) is an effective prevention measure against HIV. Risk compensation may partially counteract the public health effect of PrEP if this might increase STI incidence. We studied changes in sexual behaviour among men who have sex with men (MSM) and transgender women (TGW) who started daily PrEP In the Amsterdam PrEP (AMPrEP) demonstration project over the first 6 months.

Methods Participants completed a questionnaire at baseline and at the 6 mo visit, about sexual behaviour in the preceding 3 mo. At baseline information about demographics and drug use was collected. Sexual behaviour questions concerned frequency of sex, condom use and sexual position (insertive/receptive) by partner type (casual/steady). Reported sexual behaviour at 6 mo was compared to behaviour at baseline using signed rank tests. Logistic regression was used to identify predictors for an increase in receptive condomless anal sex acts (rCAS) with casual partners.

Results In 2015–2016, 273 participants started daily PrEP. From this analysis 49 participants were excluded because they switched to intermittent PrEP (n=23), were not due for their 6 months visit yet (n=17), or because of missing data (n=9). The total no. of sex partners (median=15) and no. of anal sex acts (median=24) remained unchanged (p=0.2, p=0.4, respectively). The no. of casual partners increased (median from 14 to 15, p=0.03). The total no. of rCAS increased from a median of 3 to a median of 8 ($p<0.001$). The same trend was seen for rCAS with casual partners (median from 2 to 5, $p<0.001$). In multivariable analysis, age $\geq$35y (p=0.058) and chemsex (GHB/GBL, mephedrone, crystallised methamphetamine) (p=0.003) were associated with an increase in rCAS with casual partners.

Conclusion During the first 6 mo of daily PrEP use, we observed an increase in sexual risk behaviour among MSM and TGW. PrEP users aged $\geq$35y and those engaging in chemsex were more likely to report an increase in high risk sexual behaviour. Whether risk compensation leads to an increase in STI incidence needs to be closely monitored.

O09.4 ASSESSMENT OF CLINIC AND COMMUNITY RECRUITED YOUNG AFRICAN AMERICAN WOMEN FOR PREP ELIGIBILITY IN ATLANTA, GEORGIA

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