increase PrEP awareness. While urban women did not endorse the same concerns over where they would receive PrEP, they commonly reported concerns that PrEP would lead to increased “promiscuity” among its users.

Conclusion Black women in the Deep South had differing preferences regarding PrEP service delivery and messaging depending on whether they lived in urban or rural settings. These findings can inform targeted intervention development by emphasizing the need for partnerships with trusted community organizations and utilization of service delivery strategies that allow for anonymity to increase uptake of PrEP especially among rural Black women.

Disclosure No significant relationships.

P421

“THE PROMISE OF PREP”: MOTIVATIONS FOR TAKING PREP AMONG EARLY-ADOPTING NEW ZEALAND GAY AND BISEXUAL MEN

Tanushi Punihiwewa, Peter Saxton*, Janine Wiles. *University of Auckland, School of Population Health, Auckland, New Zealand*

10.1136/sextrans-2019-sti.507

Background In 2018 amid rising HIV diagnoses, New Zealand became one of the first countries to fully fund pre-exposure prophylaxis (PrEP) through its public health system. PrEP has clear HIV prevention benefits but also potential trade-offs, namely behavioural risk compensation among gay and bisexual men (GBM). These concerns can trouble public health leadership, soften PrEP promotion and delay service re-orientation towards PrEP delivery, hampering implementation. Understanding the motivations of early PrEP adopters could address stakeholder concerns and improve PrEP roll-out.

Methods We examined data from the baseline “NZPrEP” demonstration project among 150 GBM conducted in Auckland sexual health clinics 2017–18. All participants completed a linked anonymous online survey at enrolment. Open-ended responses to questions on PrEP motivations and clinic experiences were coded in NVivo and subject to inductive thematic analysis. Secondly, using a deductive approach we applied the identified themes to the theory of planned behaviour (TPB).

Results We identified six motivations by early-adopters for taking PrEP: risky behaviour; engaging in condomless sex; altruism; risk reduction and prevention; early and free access to PrEP; and peace of mind and autonomy. These themes clearly mapped onto the three main tenets of TPB, namely behavioural beliefs, normative behaviours, and perceived behavioural control. In addition, five themes were also identified regarding PrEP implementation: accessibility; clearer communication; greater promotion; clinic attitude; and gratitude.

Conclusion Early-adopters expressed several motivations for PrEP that align with recognised public health values. Themes such as altruism (wanting to protect partners and the community as well as oneself), risky behaviours (difficulties negotiating safe sex) and peace of mind (reducing anxiety in a high HIV prevalence community) can help persuade stakeholders that PrEP is an ethical as well as an effective HIV prevention tool. Such findings are especially pertinent for government officials, general practitioners, the general public and gay communities themselves.

Disclosure No significant relationships.

P422

USE OF DOXYCYCLINE PROPHYLAXIS AGAINST STI AMONG GAY AND BISEXUAL MEN TAKING PRE-EXPOSURE PROPHYLAXIS IN MELBOURNE

Eric Chow*, Christopher Fairley. *Alfred Health, Melbourne Sexual Health Centre, Carlton, Australia*

10.1136/sextrans-2019-sti.508

Background Two trials have shown the use of doxycycline prophylaxis could prevent sexually transmitted infections such as chlamydia and syphilis among men who have sex with men (MSM) but its use is controversial because of concerns about the potential to increase antimicrobial resistance. This study aimed to estimate the proportion of MSM who used doxycycline prophylaxis and the related factors.

Methods MSM who taking pre-exposure prophylaxis for HIV (PrEP) attended the Melbourne Sexual Health Centre between June and November 2018 were invited to complete a question on whether they had taken doxycycline to prevent STI in the past month. Demographic characteristics and sexual behavioural data were also collected as part of routine STI care. Multivariable logistic regression with generalised estimating equations was used to identify the factors associated with the use of doxycycline prophylaxis for STI.

Results There were 1,686 men reported taking PrEP during the study period and 1,065 (63%) completed the additional question on doxycycline. Of those, 105 men (9.9%; 95% CI: 8.1–11.8%) used doxycycline prophylaxis in the past month. Multivariable analysis showed that men who injected drugs in the last 3 months had higher odds of using doxycycline prophylaxis (aOR 3.26; 95% CI: 1.50–7.08) compared to those who did not inject drugs. Use of doxycycline prophylaxis was not associated with demographic characteristics (age and country of birth) and sexual behaviours (number of casual partners and condomless anal sex in the last 3 months).

Conclusion About one in ten MSM taking PrEP who also use doxycycline prophylaxis to prevent STI. This is the first estimate among Australian MSM and it is similar to the data from London showing 8% of MSM taking doxycycline prophylaxis in a sample of 106 MSM. Use of doxycycline prophylaxis is associated with drug use behaviours but not sexual behaviours.

Disclosure No significant relationships.

P423

PRE-EXPOSURE PROPHYLAXIS AS AN ALTERNATIVE TO PEP FOR ELECTIVES. SURVEY ASSESSING MEDICAL STUDENTS' KNOWLEDGE AND BELIEFS

¹Zayn Majeed*, ¹Hyun Lee, ²Pete Tayler-Hunt, ¹Kiran Kaur Khepar, ¹Ann Wylie, ³John Mcorley. ¹King's College London, GKT School of Medical Education, London, UK; ²King's College London, King's Undergraduate Medical Education in the Community, London, UK; ³London North West University Healthcare NHS Trust, Northwick Park Hospital GUM, London, UK

10.1136/sextrans-2019-sti.509

Background Pre-exposure prophylaxis (PrEP) is indicated for many populations at a higher risk of acquiring HIV through sexual exposure. Healthcare students engaging in medical electives may also be at a higher risk of acquiring HIV through occupational exposure. Since access to post-exposure

prophylaxis (PEP) can be variable and costly, PrEP may be a more effective consideration.

Methods We conducted an anonymous online questionnaire assessing knowledge, attitudes and beliefs about PEP, PrEP and HIV risk among medical students at a UK medical school (GKT School of Medical Education) over 6 weeks. Data was collected using the SurveyMonkey™ platform.

Results The response rate was 351/2295 (15.3%). 312/351 (89%) would consider PrEP as an alternative to PEP for their elective if prescribed by a healthcare professional. Of these, 183/312 (59%) would be comfortable obtaining PrEP online. Concerns were around the quality of the medication 84/129 (65%), side effects 57/129 (44%), low perceived risk of HIV exposure 43/129 (33%), efficacy of PrEP 38/129 (29%), drug resistance 26/129 (20%), adherence 19/129 (15%) and cost 15/129 (12%). 276/351 (79%) were aware of PrEP. However, students reported limited knowledge with an average knowledge score of 2.65/5. 48/351 (14%) planned on taking a supply of PEP on elective. 88/351 (25%) were visiting areas with a high HIV prevalence of whom 59 intended to engage in a high-risk specialty. Of the highest risk students, 40/59 (68%) were aware of the high HIV prevalence but only 14/59 (24%) were planning on taking PEP.

Conclusion Medical Students are open to the idea of considering PrEP to reduce their risk of HIV through occupational or sexual exposure. Students report low knowledge of PrEP, and variable knowledge of their individual risks and mitigations. This research indicates a need for robust educational interventions highlighting the benefits of PrEP among medical students and their healthcare advisers.

Disclosure No significant relationships.

P424 HIGH PREVALENCE AND INCIDENCE OF BACTERIAL STIS IN YOUNG WOMEN AT HIGH RISK OF HIV PRIOR TO PREP SCALE-UP IN KENYA

¹Jenell Stewart, ²Victor Omollo, ²Josephine Odoyo, ³Lara Kidoguchi, ³Jennifer Morton, ³Rachel Johnson, ¹Connie Celum, ⁴Jared Baeten, ⁵Elizabeth Bukusi. ¹University of Washington, Medicine, Seattle, USA; ²KEMRI, Nairobi, Kenya; ³University of Washington, Seattle, USA; ⁴University of Washington, Medicine, Global Health, Epidemiology, Seattle, USA; ⁵Kenya Medical Research Institute, Nairobi, Kenya

10.1136/sextrans-2019-sti.510

Background Young women account for more than half of new HIV infections in sub-Saharan Africa and are a target population for HIV pre-exposure prophylaxis (PrEP). Although it protects against HIV acquisition, PrEP lacks protection against bacterial sexually transmitted infections (STIs). High rates of STIs have been reported among PrEP-using men who have sex with men (MSM) in high income countries. STI rates among African adolescent girls and young women (AGYW) have not been well-described.

Methods POWER is a multi-site PrEP implementation science project among AGYW aged 16–25 in Kisumu, Kenya (beginning August 2017) as well as South Africa; we describe results from the Kenyan cohort here. At enrollment, participants are offered PrEP; follow-up visits are at month-one and then quarterly for 36 months with STI testing at enrollment before PrEP initiation and every 6 months. Urine samples were tested for *Chlamydia trachomatis* and *Neisseria gonorrhoeae* by nucleic acid amplification (NAAT) and participants with infections returned to the research site for treatment.

Results To date, 708 Kenyan women have enrolled in POWER with 17% prevalence of *C. trachomatis* and 8% of *N. gonorrhoeae* at enrollment. Among the 65 women with 6-month follow-up in Kenya; the incidence of *C. trachomatis* and *N. gonorrhoeae* were 40.0 and 12.3 per 100 person-years.

Conclusion In a PrEP scale-up cohort among Kenyan AGYW, STI prevalence and incidence were very high, which predict substantial morbidity. These STI rates are comparable to those seen among PrEP-using MSM in the US after years of rising rates; Kenya has had only early PrEP roll-out and thus these findings are largely prior to community delivery of PrEP. It is not yet known if STI rates will increase among with PrEP use in Kenya, and PrEP roll-out programs provide a crucial opportunity to address both HIV and STI epidemics simultaneously.

Disclosure No significant relationships.

P425 CAPTURING MISSED OPPORTUNITIES FOR PREP PRESCRIPTION IN PATIENT DIAGNOSED WITH OTHER STIS

¹Stephanie McLaughlin*, ¹Robert Pitts, ²Farzana Kapadia, ¹Richard Greene. ¹New York University School of Medicine, Internal Medicine, New York, USA; ²New York University, Epidemiology, New York, USA

10.1136/sextrans-2019-sti.511

Background Sexually transmitted infection (STI) testing in hospital-based settings represents an opportunity to intervene and prescribe pre-exposure prophylaxis (PrEP) to prevent HIV infections.

Methods Electronic health records of patient visits at NYC Health+Hospitals(H+H)/Bellevue between 1/1/14-7/30/17 were queried for positive STIs (gonorrhea (GC) and chlamydia (CT) & syphilis) results by hospital location and time. Visit data also included: patient demographic characteristics and PrEP prescriptions. Generalized estimating equations using a logit link, to account for repeated within patient measures, were used to explore the relationship between having a medical follow-up visit in ≤30 and ≤90 days following STI testing, which represents an opportunity to provide PrEP prescription, and demographic factors, controlling for key confounders.

Results A total of 1,169 HIV-negative patients with 1+ STI diagnosis contributed 1,275 visits, of whom 700 (58%) were female with mean age of 32 yrs (SD=12.3)] and 532 (42%) were male with mean age of 44 yrs (SD 16.3). The majority of patients were Black (40%) or Hispanic/Latino (50%). In this sample, only 27 patients received PrEP. Overall, chlamydia was the most common (135/11%), followed by syphilis (476/38%) and gonorrhea (135/11%). Two-thirds of patients with a +STI diagnosis originated from the ED (33%) and OB/GYN clinics (32%); an additional 11% were diagnosed in Medicine clinics. 78% of patients did not have follow up ≤30 days after +STI diagnosis. In adjusted analyses, the adjusted OR for follow up ≤30 days after +STI diagnosis was lower for Black patients [0.39 (95%CI 0.21–0.72, p<0.01)] and higher for patients ≥45 years old 2.20 [(95%CI 1.16–4.19, p= 0.02)].

Conclusion STI testing at a major, publicly-funded hospital within NYC H&H is an opportunity to discuss and prescribe PrEP. However, our findings suggest that there are significant missed opportunities for linkage to care after a +STI diagnosis and PrEP initiation, especially in the ED among young Black patients.

Disclosure No significant relationships.