EFFECT OF TARGETED INTERVENTION ON CONDOM USE AND AMONG MEN WHO HAVE SEX WITH MEN (MSM) TAKING PREP IN NAIROBI KENYA

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Background In 2017 Kenya became the second country in Africa to roll out PrEP. It prioritized Key population to access free PrEP services. Sex Workers Outreach Program (SWOP) - a HIV/STI research center offers preventive, care and treatment services to female sex workers and MSM within Nairobi. In 2018 SWOP realized high STI cases among MSM on PrEP and introduced an intervention seeking to improve their STI prevention knowledge.

Methods An experimental study was carried out among HIV negative MSM enrolling into PrEP within SWOP clinics. Participants were randomized to control and intervention. Control group received PrEP services as prescribed by the government; the intervention group received targeted health education in addition to government prescribed services. Both arms were followed up for six months and screened for STIs at every visit. Data were collected at baseline and endline using structured questionnaire.

Results 168 MSM enrolled into study with 84(50%) on each arm. At baseline condom use and STI Knowledge was low across both arms. At endline knowledge level had improved significantly in intervention arm compared to control arm across both arms. At endline condom use was 30% (c2=8.839, df=1, P=0.003). Refused condom use when client refused condom use was 14% in control arm and 9% in intervention arm. At month six cases were 16/38(42%) control and 7/59 (12%) in intervention arm.

Conclusion Targeted health education on condom use among MSM on PrEP is vital in averting STI cases.

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LOW HIV INCIDENCE AMONG WOMEN DIAGNOSED WITH SYPHILIS OR GONORRHEA DOES NOT SUPPORT PREP RECOMMENDATIONS, KING COUNTY, WA

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Background The November 2018 U.S. Preventive Services Task Force draft statement recommended clinicians offer HIV pre-exposure prophylaxis (PrEP) to women with recent syphilis (all stages) or gonorrhea diagnosis. We estimated HIV incidence among women in King County, WA following syphilis or gonorrhea diagnosis, and attempted to identify risk factors for HIV acquisition that might prompt clinicians to offer PrEP.

Methods We matched public health HIV and sexually transmitted infection (STI) surveillance data for 2008–2018. Incidence rate was calculated using person-years (py) of follow-up, defined as time from initial STI diagnosis date to either HIV diagnosis date or end of study period. Women with prior or concurrent (within seven days of STI diagnosis) HIV diagnosis were excluded. Risk factors were identified from disease intervention specialists (DIS) interviews.

Results Between 2008–2018, 5,524 and 397 King County women were diagnosed with gonorrhea and syphilis, respectively. Over 1,705 py (median: 3.8) of follow-up, no incident HIV diagnoses occurred among women diagnosed with syphilis. Among women diagnosed with gonorrhea, 16 incident HIV diagnoses (incidence 0.06/100 py) occurred over 24,758 py (median: 3.7). Median time from gonorrhea to HIV diagnosis was 1.7 years (IQR: 0.5–3.0). DIS interviewed four (25%) of the incident diagnoses following gonorrhea diagnosis; two (50%) had risks identified: both reported injection