Background Gay and bisexual men (GBM) increasingly use HIV Pre-exposure prophylaxis (PrEP) to prevent HIV infection. Eligibility for PrEP in Australia is based on behavioral criteria including methamphetamine use or condomless sex. It is unclear what proportions of GBM initiating PrEP meet these criteria over time.

Methods The Flux prospective cohort study enrolled Australian GBM between 2014 and 2018, following them every six months. We report PrEP use and behavioral eligibility for PrEP over time. Sexually transmissible infections data were not collected.

Results Among 1518 non HIV-positive men who were not using PrEP at baseline, mean age was 37.2 years (SD 13.13). Incident PrEP use increased from 2.8% at visit 2 to 11.9% at visit 6 (p-trend<0.001); eligibility for PrEP increased from 24.5% at baseline to 34.1% at visit 5 but fell to 20.4% at visit 6. Among all PrEP non-users, over one third were eligible for PrEP at some time during follow-up: 22.9% were eligible at visit 2; this proportion remained stable over subsequent visits (21.5% at visit 5) but fell to 9.6% at visit 6. Less than 1% of PrEP users subsequently ceased use. Among continuing PrEP users, the proportion of non-eligible men remained steady at about 25% over time. Similar proportions (about 10%) became eligible as ceased being eligible between visits.

Conclusion Although PrEP use or non-use was largely consistent with behavioral criteria for eligibility for its use, a substantial minority of GBM did not appear to use PrEP according to eligibility guidelines. About one-quarter of men who used PrEP were not eligible at the time while a similar proportion of PrEP non-users were eligible for its use, suggesting some underestimation of HIV risk. Greater efforts are needed to address these discrepancies between PrEP eligibility and its use, as engagement in risk behaviors changes over time.

Disclosure No significant relationships.
according to Australian guidelines, neither GAD7 nor HIV anxiety was independently associated with PrEP use. Among 406 PrEP-eligible men (26.2%), PrEP users scored lower on GAD7 than did non-users (OR = 0.95; 95% CI: 0.92–0.99) and PrEP use was independently associated with lower HIV anxiety (aOR = 0.91; 95% CI: 0.85–0.97).

Conclusion Among men who were eligible for PrEP, its use was independently associated with lower levels of anxiety in general, and of HIV anxiety specifically. PrEP use may help reduce anxiety among men who are at risk of HIV and may therefore offer perceived benefits in addition to avoiding HIV infection. This perceived benefit may be an important consideration in recommendations for PrEP use.

Disclosure No significant relationships.

P446 USE OF ANTIBIOTIC PROPHYLAXIS FOR SEXUALLY TRANSMITTED INFECTIONS AMONG GAY AND BISEXUAL MEN IN AUSTRALIA

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Background Antibiotic prophylaxis can reduce the risk of sexually transmitted infections (STIs), but concerns remain about its safety and feasibility of its implementation. We conducted an online survey to quantify current use of and interest in antibiotic prophylaxis among Australian gay and bisexual men.

Methods From June to December 2018 our survey was promoted through gay community organisations and Melbourne Sexual Health Centre. The survey asked about demographics, sexual history, drug use, use of HIV pre-exposure prophylaxis (PrEP), history of STIs, use of antibiotic prophylaxis and attitudes towards antibiotic prophylaxis. We used logistic regression analyses to compare responses from respondents who had used antibiotic prophylaxis, respondents who had not used but were interested, and respondents who were not interested.

Results A total of 517 survey responses were complete: 68 respondents (13%) had previously used antibiotics to prevent STIs and 323 (63%) expressed interest in using antibiotic prophylaxis. In univariate analyses, compared to respondents with no previous use and no interest, users of antibiotic prophylaxis were more likely to report recent group sex (64.7% vs Mdn = 43 years, p = 0.018), to be using HIV PrEP (66.2% vs 35.7%, p < 0.001), and to report a recent bacterial STI diagnosis (57.4% vs 31.0%, p < 0.001). However, in multivariate analysis, users of antibiotic prophylaxis were not more likely to report a recent bacterial STI diagnosis (aOR = 1.65, 95% CI 0.8–3.5), after adjusting for age, sexual partner numbers, drug use, and PrEP use.

Conclusion A majority of respondents expressed interest in antibiotic prophylaxis and 13% had used antibiotic prophylaxis. Users of antibiotic prophylaxis reported more STI risk factors and had more bacterial STIs than non-users. However, the use of antibiotic prophylaxis was not independently associated with a higher risk of STI diagnosis.

Disclosure No significant relationships.