

regarding syphilis. A convenience sample was recruited from digital platforms (e.g., Facebook[®]) and bars, clinics, and community-based organization events.

Results Of 119 survey respondents, 90 (76%) lived in the Anchorage/Mat-Su region. Of these, 10.0% (95% confidence interval [CI]: 5.3–17.9) reported a syphilis diagnosis during the previous 12 months and having a median of 3 (interquartile range: 1–6) sex partners during the previous 6 months. High-risk behaviors commonly associated with syphilis were reported, including condomless anal sex (36.7%; 95% CI: 27.4–47.0) during the previous month, ≥ 1 episode of group sex (26.7%; 95% CI: 18.6–36.6) during the previous 6 months, and meeting sex partners online or on a geospatial mobile app (66.7%; 95% CI: 56.4–75.5) during the previous 6 months. Additionally, 44.4% (95% CI: 34.6–54.7) reported a sex partner living outside Anchorage and 31.1% (95% CI: 22.5–41.3) outside Alaska.

Conclusion Large numbers of sex partners outside Alaska presents barriers to partner services among Anchorage MSM with syphilis. Opportunities include using innovative strategies (e.g., technology-based partner services and out-of-jurisdiction partnerships) to reach populations at risk for syphilis.

Disclosure No significant relationships.

P501

LOW PREVALENCE OF HIGH-RISK ANAL HPV IN YOUNG GAY AND BISEXUAL MALES AFTER THE UNIVERSAL HPV VACCINATION PROGRAM IN AUSTRALIA

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Background Australia introduced a school-based quadrivalent human papillomavirus (HPV) vaccination program for females in 2007. This was extended to include boys aged 12–13 from 2013, with a two-year catch-up for boys aged ≤ 15 . This study examined HPV prevalence among young gay and bisexual males (GBM) who were age-eligible for vaccination in the school-based program.

Methods Males aged 16–20 years were recruited from sexual health clinics and the community in Melbourne in 2017–2018, if they reported any form of male sexual contact, and were residents of Australia from 2013. A clinician-collected anal swab, self-collected penile swab and oral rinse were collected and analysed for detection and 37 HPV genotypes (Roche Linear Array). Preliminary results from 114 GBM were analysed and full results will be available for presentation.

Results The mean age of GBM was 18.6 years (SD 1.0). The majority (80%) were recruited from clinics and 20% from the community. The median number of lifetime male partners was 10 [IQR 5–25] for receptive oral sex, four [IQR 1–11] for receptive anal sex and one for insertive anal sex [IQR 0–6]. Overall, 64% received at least one dose of vaccine documented via the National HPV Vaccination Program Register. Prevalence of quadrivalent vaccine-preventable HPV genotypes was 4.9% (95% CI: 1.6–11%) for anal, 3.4% (95% CI: 0.7–9.5%) for penile and 0% (95% CI: 0–3.2%) for oral sites. Only two men, both unvaccinated, had high-risk vaccine-

preventable HPV genotypes: one with anal HPV16 (1%); the other penile HPV16 (1%).

Conclusion Statistical analysis comparing before and after the male vaccination program will be performed until recruitment is completed. The preliminary analysis shows the prevalence of anal HPV 16/18 among young GBM following the school-based male HPV vaccination was low. The addition of male HPV vaccination to female programs may reduce the incidence of anal cancer among GBM.

Disclosure No significant relationships.

P503

TRENDS IN AWARENESS AND USE OF PREP AMONG HIV-NEGATIVE MEN WHO HAVE SEX WITH MEN IN VANCOUVER, TORONTO, AND MONTREAL

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Background Awareness, availability, and public funding of pre-exposure prophylaxis (PrEP) has increased substantially since it was approved by Health Canada in 2016 but policies and guidelines vary by province. Given the dynamic nature of PrEP policy and promotion, we sought to determine awareness and use of PrEP among gay, bisexual, and other men who have sex with men (gbMSM) in Vancouver, Toronto, and Montreal.

Methods Beginning in 02/2017, sexually-active gbMSM ≥ 16 years and living in Vancouver, Toronto, or Montreal were recruited into a cohort study using respondent-driven sampling (RDS). Data are included up to 08/2018. At study visits every 6 months (Vancouver) or 12 months (Toronto, Montreal), participants completed a computer-assisted self-interview which included questions on PrEP awareness and use in the past 6 months (P6M). We used RDS-adjusted, general estimating equations accounting for two levels of clustering (RDS recruitment chain; participant) to evaluate temporal trends (monthly prevalence) of awareness and P6M usage of PrEP among HIV-negative participants.

Results 1619 HIV-negative gbMSM completed 2074 study visits (1205 Montreal, 285 Toronto, 584 Vancouver). Over the course of the study, PrEP awareness significantly increased among gbMSM in Montreal from 62.6% during the first 6-month period to 84.8% during the last 6-month period (OR:1.07, 95%CI:1.02–1.12, per month); awareness remained consistent in Toronto (89.8%–96.0%, ns) and Vancouver (84.5%–95.0%, ns). Use of PrEP increased significantly in all three sites: Montreal, 10.5% during the first 6-month period to 30.9% during the last 6-month period (OR:1.06, 95% CI:1.02–1.11); Toronto, 12.5% to 23.3% (OR:1.15, 95% CI:1.02–1.30); Vancouver, 11.4% to 35.2% (OR:1.16, 95% CI:1.06–1.27).

Conclusion Awareness of PrEP appears to be $\geq 85\%$ among HIV-negative gbMSM across all three cities. Even though