

provincial policy and programs differ greatly in availability and cost of PrEP, use of PrEP increased in all sites during the course of the study.

**Disclosure** No significant relationships.

**P504 REDUCTION OF THE SPREAD OF HIV AMONG MEN WHO HAVE SEX WITH MEN IN BAMENDA-CAMEROON**

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**Background** In 2010, I conducted a study that aimed to produce information on the magnitude and characteristics of the HIV epidemic in the MSM population of 18 years or more, and sexual behavior in two prison and region of the country between these region is Bamenda, located in the north west of the country with an estimated population of 2.5 million. Alternative Cameroon and Vicony's Global Success World (VGSW) in Bamenda was responsible for the execution of the study and was responsible for the protocol provided.

**Methods**

Data collection was carried out by the method of sampling conducted by respondents (Respondent Driven Sampling - RDS) and the application of a serological survey anonymous - linked. The national sample consisted of 200 MSM in the region of Bamenda by 333.

**Results** HIV prevalence 8.1% in North West region (Ministry of public health 2010).

The 0% are considered bisexual, homosexual 75.2%, 1.8% heterosexual.

10.8% of MSM in the region do not know where to go if they want to get tested for HIV.

21.9% underwent a test for HIV in the last 12 months, and 50.3% received advice.

Only 10.6% knew that condoms can be achieved in health institutions.

28.1% had to fake his sexual orientation.

**Conclusion** The results show a flaw in the processes of prevention and education for HIV and STIs among MSM and experience has served the Civil Society Organizations and the Government of the region to find a way to solve the problems that are evident in the response.

Clearly the stigma and discrimination in the area of HIV associated with MSM.

Bamenda could not be completed sample was estimated that 350 people (only reached 333) due to homophobia's attack project site and where material were destroyed, and tracking documents.

This study encourages us to move forward despite the adversities and difficulties.

**Disclosure** No significant relationships.

**P505 THE IMPACT OF GONORRHOEA VACCINATION IN MEN WHO HAVE SEX WITH MEN ON PREVALENCE AND RESISTANCE: MATHEMATICAL MODELLING STUDY**

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**Background** Men who have sex with men (MSM) are disproportionately affected by *Neisseria gonorrhoeae* (gonorrhoea) and antimicrobial resistance (AMR) is common. Gonorrhoea vaccine development is challenging, but a *N. meningitidis* (group B) vaccine might have reduced gonorrhoea incidence by ≈30%. This study aims to investigate the impact of vaccination on gonorrhoea transmission and on AMR in MSM.

**Methods** We developed a deterministic compartmental model of gonorrhoea transmission among Dutch MSM. We included three sexual activity classes that differed in numbers of partners/year and unprotected sex acts/partnership. AMR to first-line treatment was assumed to be complete, occurring at a low probability after treatment. We modelled a partially protective prophylactic vaccine (reducing susceptibility) providing 2 years' protection. We estimated the prevalence of sensitive and resistant gonorrhoea strains after 10 and 50 years for vaccine efficacies (VE) of 30% (lower) and 60% (higher) and different uptake levels in high sexual activity MSM.

**Results** Gonorrhoea prevalence in the model was 0.45% overall, 8.3% in high sexual activity MSM, and 0.002% resistant strains (baseline). With lower VE, after 10 years, the prevalence of the sensitive strain was reduced by 75% (for 50% uptake). AMR prevalence increased (irrespective of uptake) although less than without vaccination. With lower VE, after 50 years, AMR prevalence decreased only with uptake ≥60%, levels at which the sensitive strain was already eliminated. With higher VE, AMR prevalence decreased after 10 years for uptake ≥30% and after 50 years for uptake of ≥20%.

**Conclusion** In this modelling study, a partially protective prophylactic vaccine for gonorrhoea decreased overall prevalence, even with lower VE. This study also shows how vaccination can reduce the spread of AMR. For gonorrhoea, vaccination can decrease the speed at which AMR is transmitted, and even reduce AMR prevalence, but only with higher levels of vaccine efficacy or uptake in high sexual activity MSM.

**Disclosure** No significant relationships.

**P506 OPTIMIZING EPT FOR MSM AND TRANSGENDER WOMEN**

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**Background** Despite increasing rates of HIV and other STIs among men who have sex with men (MSM) and transgender women (TW), expedited partner therapy (EPT) is not routinely offered to these priority populations. The goal of this study was to understand healthcare providers' (HCP) views and opinions regarding the use of EPT with MSM and TW.

**Methods** Between May and October 2018, 18 HCP in Michigan completed semi-structured interviews. The interviews covered questions about knowledge, attitudes, experiences with, and barriers and strategies for delivering EPT to MSM and TW.

**Results** HCP (Mean<sub>age</sub> =47.4) included MDs (33%), NPs (61%), RNs (5%), and a Pharmacist (1%). The majority of HCP (94.5%) were willing to prescribe EPT for chlamydia and gonorrhoea to MSM and TW. Several HCP in community health clinics were currently prescribing EPT to MSM and TW, whereas others followed CDC guidelines. Some HCP expressed concerns about the provision of EPT for individuals