with multiple sexual partners, persistent/recurrent infection, and potential antimicrobial resistance; however, none of the HCP believed there was a difference in efficacy based on a client’s sexual preferences or gender identity. HCP who provided EPT described strategies to overcome these barriers, such as capitalizing on pharmacies and phone calls or video-conference calls with patients’ partners to discuss potential allergies, treatment regimens, and ensuring linkage to HIV testing. HCP described how telemedicine and the use of peer health navigators could help overcome systemic barriers to regular STI testing (e.g., transportation, delayed appointment times) and potentially overcome medical mistrust around HIV prevention and care.

Conclusion The provision of EPT represents an overlooked yet important strategy to curb increasing STI rates among MSM and TW. Changing EPT legislation and CDC guidelines to include MSM and TW represents a promising avenue to link these communities to HIV and other STI prevention services.

Disclosure No significant relationships.

P508 HEPATITIS C REINFECTION RATES AFTER CURE OR CLEARANCE AMONG HIV-INFECTED AND UNINFECTED MEN WHO HAVE SEX WITH MEN

Carmine Rossi, Zahid Butt, Manyam Davirschian*, Stanley Wong, Amanda Yu, Maria Alvarez, Mel Krajden, Naveed Janjua. BC CDC, Vancouver, Canada

Background Increasing rates hepatitis C virus (HCV) infection associated with ongoing risk activity have been reported after successful cure or viral clearance. We assessed factors associated with reinfection after treatment-induced or spontaneous clearance (SC) in both HIV-infected and uninfected men who have sex with men (MSM) in British Columbia.

Methods We followed HIV-infected and uninfected MSM who achieved sustained virologic response (SVR) to HCV treatment or had SC with ≥1 subsequent HCV RNA measurement in the British Columbia Hepatitis Testers Cohort. Crude reinfection rates per 100 person-years (PYs) were calculated. Cox regression was used to model adjusted hazard ratios (HRs) and 95% confidence intervals (CI) for reinfection.

Results We identified 1,349 HCV-infected MSM with SVR (n=856) or SC (n=493), of which 349 (26%) were HIV-positive. HIV-infected MSM were more likely to have histories of injection drug use (41% vs 21%), alcohol use (22% vs 14%) and mental health disorders (47% vs 28%), compared to HIV uninfected. A total of 98 reinfections were identified, yielding an overall reinfection rate of 1.9 per 100 PY (1.0 for SVR patients and 2.7 for SC). HIV-infected MSM had higher rates of reinfection (3.1 vs 1.6 per 100 PY) than HIV uninfected individuals. In multivariable analysis, age < 35 years (HR 3.1, 95% CI: 1.2, 8.1), cure through SVR (HR 0.2, 95% CI: 0.1, 0.4), HIV infection (HR 2.0, 95% CI: 1.3, 3.1), problematic alcohol use (HR 2.0, 95% CI: 1.2, 3.3), injection drug use (HR 2.7, 95% CI: 1.6, 4.3) and mental health counseling (HR 0.2, 95% CI: 0.1, 0.4) were independently associated with reinfection. Among HIV-infected, injection drug use (HR 1.9, 95% CI: 0.8, 4.2) was less strongly associated with reinfection.

Conclusion Rates of HCV reinfection remain elevated among HIV-infected and uninfected MSM. Substance use is driving reinfection among HIV-negative MSM, while sexual transmission may be more important among HIV-positive MSM.

Disclosure No significant relationships.