positive and symptomatic men. While a prevalence of 9% would prompt discussion of screening, more needs to be known about the natural history of MG in MSM, given the high levels of antimicrobial resistance and risk associated with quinolones. MG was uncommon in the pharynx of MSM (1%), suggesting this site is not a significant source of transmission and testing is not indicated.

Disclosure No significant relationships.

Background Rectal Chlamydia trachomatis (CT) and Neisseria gonorrhoeae (NG) infection have been neglected and epidemiological data is not available in Japan. Thus, we evaluated prevalence and incidence of rectal CT and NG in non HIV-infected men who have sex with men (MSM) cohort, Sexual Health Clinic (SHC) established in National Center for Global Health and Medicine (NCGM), in Tokyo in January 2017.

Methods Non HIV-infected MSM with aged 16 years old and over were included in SHC. Prevalence of rectal CT/NG infection in SHC were compared with those of an existing HIV-infected MSM cohort in NCGM. The participants of SHC were examined HIV infection and rectal and pharyngeal CT/NG every 3 months. Urethral CT/NG infection were evaluated at physician’s discretion. Incidence rate of HIV, CT and NG were evaluated at the time of December 2018.

Results 502 MSM had been included into SHC by December 2018 and 13 were diagnosed with HIV infection at the enrollment and excluded. 561 HIV-infected MSM were evaluated rectal CT/NG infection cross-sectionally. Between the two cohorts, mean age was 33.6 and 46.4 years old (p<0.001). Prevalence of rectal CT or NG infection were 18.4% and 16.8% (p=0.483). Prevalence of rectal CT was 16.4% and 15.5% (p=0.707) and prevalence of NG was 4.1% and 2.3% (p=0.101). Of the 489 subjects in SHC, 326 were followed at least twice, with 291.8 person-years during the study period. The incidence of HIV, rectal CT and NG infection were 3.8, 18.8, 4.9/100 person-year. The incidence of pharyngeal CT/NG every 3 months. Urethral CT/NG infection were evaluated at physician’s discretion. Incidence rate of HIV, CT and NG were evaluated at the time of December 2018.

Results More than a third (34.5%) had never been tested for HIV (never tester), 27.5% and 38.0% had their most recent HIV test more than three months (non-recent tester) and within the past three months (recent tester), from the time of interview, respectively. Sensitivity analysis showed similar point estimates excluding seed or HIV positive respondents (Table1). Results of multinomial logistic regression analyses show that MSM who reported high self-efficacy (adjusted Relative Risk Ratio [ARR]= 7.35, 95% CI: 2.29–23.5) and moderate self-efficacy (ARR= 8.61, 95% CI: 3.09–24.0) are more likely to report having tested for HIV in the past three months compared to their counterparts who reported low self-efficacy after adjusting for potential confounders.

Conclusion HIV testing coverage among YMSM is suboptimal and there is a positive association between self-efficacy and HIV testing uptake among YMSM. Further research is needed to examine the direction of this association to inform future public health interventions targeting YMSM in Myanmar.

Disclosure No significant relationships.