Background We have previously identified PrEP adherence as a risk factor for STIs in an academically affiliated Deep South PrEP clinic. In this analysis of a community-based Deep South PrEP clinic, we hypothesized that PrEP adherence and high risk sexual behaviors would be associated with STI.

Methods This was a retrospective analysis of men who have sex with men (MSM) aged ≥18 years receiving PrEP at a community-based clinic in Birmingham, AL from 2016 to 2018. HIV-negative patients were included if they completed ≥1 sexual behavior and PrEP adherence survey and were prescribed PrEP. Screening for gonorrhea, chlamydia, and syphilis and patient-reported outcomes (PROs) were performed at quarterly clinic visits. The outcome of interest was incident bacterial STI. We evaluated the association of sexual behavior and PrEP adherence PROs with STI using logistic regression.

Results Of 119 eligible participants, 48% were ≥35 years, 21% reported no condom use, and 75% reported ≥2 sexual partners. Over the study period, 29 cases of STI were detected including 18 chlamydia, 10 gonorrhea and 1 syphilis case. However, 14 participants declined STI testing. Of 85 patients who completed ≥1 PRO (initial visit plus follow-up), 74% reported excellent PrEP adherence. By univariate and multivariable analysis neither condom use, number of sexual partners, or PrEP adherence were significantly associated with STI. Overall lack of awareness of STI risk in this community. These results highlight the need for vigorous STI screening and education. No significant relationships.

Disclosure No significant relationships.
and C virus infection, genital herpes, amoebiasis, giardiasis, and condyloma, were recorded.

Results A total of 230 MSM completed the interviews from November 2017 through October 2018. The median age was 35 years (range: 18–70). MSM at the high risk was found in 185 (80.4%). MSM who knew PrEP was only 61.3%. Positive willingness of PrEP was observed in 64.8%. MSM who answered “No definitely” were 21 among 185 high risk MSM. Their main negative reasons were “I think my HIV acquisition risk is low” in 12 MSM and “I don’t like to take medicine” in 8. Histories of STI therapy within 1 year were found in 81 MSM (35.2%). Among them, 27 (33.3%) had still the negative willingness. There was no correlation of the positive willingness and history of STIs (p=0.66).

Conclusion Still one third of MSM in our cohort lacked the proper knowledge of PrEP. Especially it is important to allow themselves to assess their own risk of HIV infection.

Disclosure No significant relationships.