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THE UPTAKE OF NON-OCCUPATIONAL HIV POSTEXPOSURE PROPHYLAXIS AMONG MSM: A SYSTEMATIC REVIEW AND META-ANALYSIS

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Background MSM are disproportionately affected by HIV, a joint strategy of behavioral interventions and chemoprophylaxis, e.g. HIV post-exposure prophylaxis (PEP), is promising to reduce HIV infection. Worldwide PEP is recommended, and it has been prescribed to MSM over the past decade in many countries since 1990s. In order to better understand the role PEP played in HIV prevention among MSM, we reviewed literature to describe the global utilization of PEP.

Methods We searched the following databases for publications in English through 19 May 2018: Pubmed, Scopus, Embase, the Cochrane Library and Web of Science. Eligible articles reported the following data on nPEP among MSM: reasons for and/or the uptake of nPEP, adherence to treatment guidelines, and HIV seroconversion among MSM prescribed PEP.

Results

Fifty-six studies were included Medical records showed nPEP prescriptions increased significantly among MSM, who accounted for the majority of nPEP users in most settings, ranging from 57% to 88.1%. Twenty-eight studies reported on the uptake of PEP among MSM, with an overall pooled proportion of 8.1% (95% CI 5.6% to 10.5%). One-fifth of MSM nPEP users obtained repeated prescription. With regard to reasons for nPEP use, unprotected receptive anal intercourse was more frequent than unprotected insertive anal intercourse (35–65.8% vs 20–28.8%). The pooled full completion (28-day course) was 91.6% (95%CI: 89.9–93.2%), with 100% adherence to the regimen ranging from 52% to 85%. Ten studies reported 498 HIV seroconversions among 18908 MSM, which resulted in a post use HIV incidence of 0.97 to 7.2 per 100 person-years. but there is no clear linkage between nPEP use and HIV seroconversions.

Conclusion Our review demonstrated that PEP is underutilized as a HIV prevention strategy. Efforts are needed to raise awareness and knowledge of nPEP and engage MSM in this chemoprophylaxis. Efforts are also needed to reinforce completion and adherence among nPEP users.

Disclosure No significant relationships.

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FACTORS INFLUENCING GAY AND QUEER MEN'S ACCEPTABILITY OF INTEGRATING SUBSTANCE USE CARE WITHIN SEXUAL HEALTHCARE SETTINGS

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Background Just as sexual health services do not always attend to the substance-related needs of individuals, substance use care tends to neglect sexuality and sexual health. The objective of this study was to identify factors influencing the

acceptability of integrating substance use care within sexual health services for young gay, bisexual and other men who have sex with men (gbMSM) – a population that experiences disproportionate drug- and sexual-related harms.

Methods We draw on data from in-depth, semi-structured interviews conducted with 50 young gbMSM (18–30) who use substances during sex in Vancouver, BC.

Results Participants reported infrequently receiving substance use-related care when accessing sexual health services resulting in many having unmet needs surrounding their use of substances during sex. More so, a majority felt unable to initiate discussions about substances with a sexual health provider. Participants described several features of clinical interactions that they felt would enhance their comfort and ability to discuss their substance use, including: (i) the provision of convenient spaces where they could discuss their sexual health and substance use concurrently; (ii) the knowledge that discussions about substance use would be non-judgemental and include a harm reduction approach; and (iii) be offered by knowledgeable, resourceful professionals familiar with the sexualized use of substances among gbMSM (i.e., chemsex; other sub-cultures where substance use occurs). Finally, participants emphasized that mental health interplays with sexual health and substance use and, therefore, represents a key co-occurring health condition that they wanted to feature within discussions about their sexual health and substance use.

Conclusion Findings indicate that young gbMSM who use substances would both benefit from and desire opportunities to discuss substance use within sexual health care settings. Future efforts to more fulsomely integrate the provision of substance use and mental health care for young gbMSM in sexual health care settings are needed.

Disclosure No significant relationships.

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POSITIVITY OF SYPHILIS, RECTAL GONORRHEA AND RECTAL CHLAMYDIA AMONG MSM PREP USERS IN BALTIMORE CITY, MARYLAND

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Background Bacterial STIs such as syphilis, rectal gonorrhea (GC) and chlamydia (CT) are strongly associated with increased risk of HIV acquisition, and are a marker of ongoing sexual risk behavior among HIV pre-exposure prophylaxis (PrEP) users. STI positivity among men who have sex with men (MSM) PrEP-users in settings where PrEP has been implemented is understudied. Our objective was to determine syphilis and rectal GC/CT positivity among MSM PrEP-users