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, Scoups, 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.
enrolled in a large PrEP demonstration project in Baltimore City, Maryland.

**Methods** The demonstration project was a collaboration between a city health department, an academic evaluation partner, six clinical sites and one CBO. STI results at PrEP initiation and routine 6- and 12-month PrEP-care visits were collected among MSM receiving PrEP at participating clinical sites between September 30, 2015-March 31, 2018. Syphilis and rectal GC/CT positivity was calculated among those screened at each visit.

**Results** During the study period, 290 MSM initiated PrEP, of whom 46.9%(136) were Black/African-American, and 51.4%(149) aged 25–34 years. At PrEP initiation, 79.2%(230) and 56.1%(165) were screened for syphilis and rectal GC/CT, respectively; the proportion screened at 6- and 12-month PrEP-care visits was slightly lower. Overall, including PrEP initiation and care visits, 11.6%(30/258) were ever syphilis positive, 17.9%(35/196) ever rectal GC positive, and 22.5%(44/196) ever rectal CT positive. Specifically, at PrEP initiation, 7.8%(18/230) were syphilis positive; 11.1%(18/162) rectal GC positive, and 11.7%(19/162) rectal CT positive. Positivity at 6- and 12-month PrEP-care visits was similar to positivity at PrEP initiation.

**Conclusion** Despite CDC recommendations for biannual STI screening among PrEP-users, the proportion of MSM PrEP-users screened was suboptimal. The overall and ongoing positivity of syphilis and rectal GC/CT suggest that a substantial proportion of MSM PrEP-users may be engaging in ongoing sexual risk behaviors. Strategies are needed to encourage providers to screen PrEP-users more frequently for STIs and promote safer sexual practices.

**Disclosure** No significant relationships.

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**P570** DEMOGRAPHIC, HEALTHCARE, AND PSYCHOSOCIAL FACTORS RELATED TO STI DIAGNOSIS IN A SAMPLE OF YOUNG MSM: THE P18 COHORT STUDY

**Background** Seroadaptive behaviors to decrease risk of HIV acquisition and transmission is based on the knowledge of one’s own serostatus and that of one’s sexual partners. Partner-level and environmental-level attributes may affect seroadaptation practices. We characterized seroadaptive behaviors among iPrEX participants.

**Methods** Men who have sex with men (MSM) and transgender women (TGW) were recruited from eleven study sites in North and South America compared to Africa and Asia. These geographic differences may reflect greater access to HIV testing in these areas, thereby facilitating awareness of HIV status and enabling engagement in seroadaptation practices. TGW have fewer options than MSM to be classified as practicing seroadaptive behaviors since most engage in receptive sexual positioning. Our findings suggest that seroadaptive practices are influenced by the level of commitment to and emotional intimacy with partners.

**Disclosure** No significant relationships.