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.

P569 SEROADAPTIVE BEHAVIORS INFLUENCED BY PARTNER-LEVEL AND ENVIRONMENTAL-LEVEL FACTORS AMONG IPREX PARTICIPANTS

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10.1136/sextrans-2019-sti.643

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 the US, Peru, Brazil, Ecuador, Thailand and South Africa. Partnership-level data were collected at the screening visit for the 3 most recent sexual partners. Participants who reported knowing their partner was HIV-negative or did not have receptive anal intercourse were considered to be practicing seroadaptive behaviors.

Results Of the 2,095 iPrEX participants, 1,271 (61%) reported seroadaptive behaviors with all partners, 544 (26%) with some partners and 280 (13%) did not practice seroadaptation with any partners. Participants in steady relationships (aOR=1.45; p=0.005), who felt closer to their partner (aOR=1.08; p=0.013) and from US (aOR=3.33; p<0.001) or Andes region study sites (aOR=1.84; p<0.001) were more likely to engage in seroadaptive behaviors. TGW were less likely to practice seroadaptive behaviors (aOR=0.44; p<0.001). STI history at screening did not differ between participants reporting seroadaptive behaviors and those who did not (20% vs 25%; p=0.317).

Conclusion Seroadaptive behaviors were more commonly observed among iPrEX participants with partners they felt closer and more committed to. Seroadaptive behaviors were also more common among participants from 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.

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

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10.1136/sextrans-2019-sti.644

Background Understanding the relationships between demographic, healthcare-related and psychosocial factors with STI vulnerability will provide information that can guide development of STI prevention efforts tailored to the lived realities of YMSM.

Methods Between 2009–2011, n=600 YMSM were enrolled at age 18 in a prospective cohort study examining psychosocial and physical health during semi-annual visits conducted over a 36-month period. Reports of recent STIs were collected by self-report and a composite outcome variable was created: self-report of any STI (CT, GC, and/or syphilis) in the prior 90 days (hereafter called STI diagnoses). Bivariate analysis was conducted to examine relationships between STI diagnoses and 3 domains of covariates: demographic factors, psychosocial factors, and healthcare system related factors. Generalized estimating equations (GEE) with link logit was used to model factors from each domain associated with STI diagnoses.

Results Over the course of the study period, these 597 participants contributed a total of 2,765 visits and self-reported n=205 STI diagnoses (composite variable detailed above). Increased age was associated with increased likelihood of STI diagnoses (aOR=1.22 per year, 95% CI 1.04–1.43) after adjustment for SES, race, #insertive/receptive anal intercourse acts, type of healthcare obtained (private clinic, public clinic, VA), and insurance status. Black/African YMSM were more likely to self-report an STI (aOR=2.90, 95% CI 1.50–5.61), compared to White (non-hispanic) peers (adjusted for age, SES, #sex acts, clinic type, and insurance). Participants receiving healthcare at public clinics (aOR= 1.89, 95% CI 1.30–2.77) and VA facilities (aOR= 4.13 95% CI 2.24–7.60) were more likely to report STI diagnoses than those attending private clinics (adjusted for age, race, SES, #sex acts, insurance).