Depression score, gay-related stigma, internalized homophobia were not associated with STI diagnoses.
Conclusion Older black/african YMSM were more likely to self-report an STI, perhaps because they participant in a different core mixing group of sexual contacts than other participants.
Disclosure No significant relationships.

P571 PREVALENCE OF EXTRAGENITAL GONORRHEA AND CHLAMYDIA AMONG VENUE-ATTENDING MEN WHO HAVE SEX WITH MEN – SAN FRANCISCO, 2017

[1]Trang Nguyen*, [1]Hannah Brosnan, [2]Stephanie Cohen, [3]Yea-Hung Chen, [4]Henry Raymond. [1]*San Francisco Department of Public Health, Arches Branch, Population Health Division, San Francisco, USA*; [2]*San Francisco Department of Public Health, Disease Prevention and Control, San Francisco, USA*; [3]*San Francisco Department of Public Health, San Francisco, USA*; [4]*Rutgers School of Public Health, Piscataway, USA*

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Background The US National HIV Behavioral Surveillance (NHBS) system conducts venue-based sampling of men who ever had a male sexual partner (MSM). In 2017, NHBS-MSM included testing extragenital specimens for chlamydia (CT) and gonorrhea (GC). These population-based prevalence data could inform differences in STD rates across jurisdictions.
Methods We limited the analysis to San Francisco (SF) participants who consented to STD and HIV testing, and reported oral or anal sex with a man in the past year. We calculated the prevalence of rectal and pharyngeal CT and GC, and examined demographics, self-reported STD testing history and positivity, HIV status, and use of PrEP and condoms. We compared SF STD prevalence and testing history to aggregate preliminary data from the 5 NHBS cities where extragenital testing was conducted (including SF), using a z-test for significance.
Results Over half of SF participants were ages 18–39 (54.8%) and non-Hispanic white (51.0%); 25.5% were Hispanic, 4.5% non-Hispanic black, and 18.6% other. PrEP use was common among SF participants (48.8%); condomless sex was high (88.8%). Compared to national NHBS data, SF participants were more likely to report an STD test (75.7% vs 65.7%, $p<0.01$), or a positive test for CT (19.8% vs 11.2%, $p<0.01$) or GC (22.6% vs 14.4%, $p<0.01$), in the last year. Confirmed HIV-uninfected status was similar (79.0% SF vs 76.5% national). STD prevalence was lower in SF than nationally for any extragenital STD (8.2% vs 13.3%), rectal STD (6.2% vs 10.4%), and pharyngeal STD (4.1% vs 5.9%).
Conclusion NHBS-MSM prevalence of CT and GC was lower in SF than nationally. Higher reported STD testing in the past year and high self-reported PrEP use in SF point to high uptake of routine screening, which could help explain the low prevalence. Further examination of the consenting and positive national and SF NHBS participants might explain these striking differences.
Disclosure No significant relationships.

P572 HIGH PREVALENCE OF ANAL HUMAN PAPILLOMAVIRUS INFECTION IN HIV-INFECTED MALES HAVING SEX WITH MALES IN TURKEY

Alper Gunduz. *Sisli Etfal Training and Research Hospital, Istanbul, Turkey*

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Background Human papillomavirus (HPV) infection is a common sexually transmitted infection and it is associated with development of intraepithelial lesions and cancers. Among HIV patients, men who have sex with men (MSM) are at highest risk of anal intraepithelial neoplasia and cancer. In this study, we aimed to determine the prevalence of anogenital HPV infection in HIV-infected MSM patients.
Methods Totally 121 MSM, newly diagnosed HIV positive and treatment-naïve patients were enrolled. All of them were screened for HPV infection. For all the patients an anal swap sample was obtained and was studied for HPV by real-time PCR.
Results Anal swabs of the patients remained negative for HPV in 44 (36.4%), while were positive in 77 (63.6%). Age, education level, alcohol, and illicit drug use were not different between the HPV-positive and –negative groups. Among 77 patients with HPV infection, 33 were typed. Type 16 was the leading one (n=18) followed by type 18 (n=7), both type 16 and type 18 (n=4), and other types (n=4).
Conclusion HIV-infected MSM patients had considerably high rate of HPV infection with high-risk types. This represents a challenge for anal cancer development. These patients should be regularly checked for the early diagnosis of precancerous lesions.
Disclosure No significant relationships.

P573 GEOGRAPHIC EFFECTS OF INCARCERATION ON MULTIPLE PARTNERSHIPS AND STI AMONG BLACK MEN WHO HAVE SEX WITH MEN

[1]Maria Khan*, [2]Typhanye Dyer, [1]Joy Scheidell, [3]Russell Brewer, [4]Christopher Hucks-Ortiz, [1]Willem Van Der Mei, [1]Macregga Severe, [1]Kailyn Young, [1]Andrea Troxel, [5]Jay Kaufman. [1]*New York University School of Medicine, Population Health, New York, USA*; [2]*University of Maryland, Epidemiology and Biostatistics, College Park, USA*; [3]*University of Chicago, Chicago, USA*; [4]*The HIV Prevention Trials Network, Los Angeles, USA*; [5]*McGill University, Epidemiology, Biostatistics and Occupational Health, Montreal, Canada*

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Background Racial/ethnic and sexual minorities face elevated risk of policing and detainment. Dual minority status is linked to disproportionate incarceration; among black men who have sex with men (BMSM) in the HIV Prevention Trials Network (HPTN) study, 60% had been incarcerated. Incarceration disrupts networks and increases partnership exchange and STI. We lack understanding of the impact of incarceration on STI risk among BMSM.
Methods We used data from HPTN 061 (N=1553) conducted in Atlanta, Boston, New York, Los Angeles, San Francisco, and Washington DC to measure longitudinal associations between incarceration within six months and twelve-month risk of multiple partnerships and biologically-confirmed STI