

007.5 THE INDEX CASE'S PARTNERSHIP STATUS IS IMPORTANT IN PREDICTING THE LIKELIHOOD OF PERSISTENCE OF INTRODUCED XDR NG AMONG MSM

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10.1136/sextrans-2019-sti.144

Background Extensively drug resistant (XDR) *Neisseria gonorrhoeae* (NG) strains have recently been isolated in the UK and Australia. We use a mathematical model to assess the importance of the index cases' partnership status in predicting the probability that an introduced XDR NG strain will persist in a population of men who have sex with men (MSM).

Methods We developed an individual-based, anatomical site-specific model of NG transmission in an urban MSM population in Australia. We assume an XDR NG strain is introduced into a population where treatment-sensitive NG is already endemic. We define the index case as the individual initially infected with an introduced XDR NG strain, and their partnership preferences as seeking regular partnerships only, seeking casual partnerships only, or unrestricted. We ran around 1000 simulations for each preference in relation to the index case and recorded the length of time XDR NG persists in the population.

Results In simulations where index cases only have regular partners, XDR NG persists for more than 0.5 years in 37% of simulations. In simulations where index cases only have casual partners, XDR NG persists for more than 0.5 years in 33% of simulations, and in 95% of these the index cases had 5+ casual partners in the past 6 months. In simulations where the index cases have both regular and casual partners, XDR NG persists for more than 0.5 years in 50% of simulations, and in 86% of these the index cases had 5+ casual partners in the past 6 months.

Conclusion Our modelling suggests that an introduced XDR NG is more likely to persist if the index case has a regular partner and is likely to have frequent casual partnerships. These results emphasise the need to identify and treat such individuals and their partners to prevent the initial spread of XDR NG.

Disclosure No significant relationships.

007.6 A RCT TO FACILITATE PSYCHOSOCIAL CARE AMONG HIGH RISK MSM IN AMSTERDAM, A SYNDemic BASED INTERVENTION (SYN.BAS.IN STUDY)

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10.1136/sextrans-2019-sti.145

Background Men who have sex with men (MSM) constitute a risk group for sexual transmitted infections(STI). Syndemic theory holds that psychosocial problems often co-occur, interact and mutually reinforce each other, thereby increasing risk behavior. We studied the prevalence of psychosocial problems and whether raising awareness of these psychosocial problems increases help seeking behavior.

Methods An open-label randomized controlled trial was conducted among MSM with high risk behavior recruited from the STI clinic of Amsterdam (NCT02859935). Inclusion criteria were: either two STI or PEP treatment for HIV negative MSM or one STI for HIV positive MSM in the last 24 months. The following syndemic domains were explored: alcohol, drugs and sex addiction (AUDIT, DUDIT, SCS), anxiety disorder(HADS), depression(HADS), childhood sexual abuse and partner violence. Participants received trimonthly standard STI care for one year. Additionally, the intervention group received face-to-face feedback on syndemic questionnaires.

Results Between September 2016 and August 2017 155 MSM were included. Median age was 43(IQR [34–51]), and 103/155(66%) were HIV positive. At baseline, 37/155(24%) tested positive for chlamydia, gonorrhea or syphilis, 1/52(2%) for HIV, 138/148(93%) reported using drugs during sex in the preceding 3 months, and 51/155(33%) self-reported help seeking behavior. In total, 114/155(75%) scored positive for at least 1 questionnaire: 47/154(31%) for alcohol use disorder, 76/154(49%) for drug use disorder, 28/154(18%) for sexual compulsivity, 47/154(30%) for anxiety disorder, 26/154(17%) for depression, 17/154(11%) for sexual abuse and 12/154(8%) for partner violence. Between the intervention and control group, we found no significant difference in self-reported help seeking behavior (35% vs 24% $p=0.168$), or in number of partners(13 IQR[5.5–30] vs 8.5 IQR[5–15] respectively, $p=0.128$).

Conclusion Psychosocial and addiction related problems are alarmingly high in high risk MSM, and a syndemic approach seems necessary. Preliminary results indicate that our intervention did not increase self-reported help seeking behavior. Data collection on confirmed help seeking is ongoing.

Disclosure No significant relationships.

008 – GETTING REAL WITH IMPLEMENTING PREP 1: GAY, BISEXUAL AND OTHER MEN WHO HAVE SEX WITH MEN

Tuesday, July 16, 2019

10:45 AM – 12:15 PM

008.1 PRE-EXPOSURE PROPHYLAXIS IN BRAZIL: OPPORTUNITIES AND CHALLENGES FOR MEN WHO HAVE SEX WITH MEN, BRAZIL, 2018

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10.1136/sextrans-2019-sti.146

Background In Brazil Pre-exposure prophylaxis (PrEP) free-of-charge at the public health system has gained a central role in combination prevention of HIV infection. PrEP is recommended for HIV prevention for most at-risk MSM by the Public Health System (SUS). The aim of this study is to report the profile and characteristics of MSM using PrEP.

Methods Programmatic PrEP data from three forms for PrEP monitoring were analyzed for this study: First Service Record, First Return Record, and Clinical Monitoring Record, as well as the sociodemographic data collected from PrEP user