

registration from the Medicine Logistic Control System (Siclom), collected from January 1st to October 31st, 2018.

Results Out of the 5,559 PrEP users in October 2018, 82% (4,535) were MSM. A similar distribution pattern is noted in most all cities of Brazil where PrEP is implemented, having MSM as the majority of users. 19% were between 18 to 29 yo and 37% were 30 to 39 yo. Approximately 59% self declared themselves as white and 41% as black. Considering education, 84% of the MSM have at least 12 years of study. Regarding sexual practices, 47% reported a decrease in the number of partnerships and 24% reported an increase in condom use.

Conclusion Free-of-charge PrEP in public health system can reach a large number of MSM, but access also needs to be equitable considering intersectional risk factors. Our analyses suggest the need to invest for community-based led strategies to increase the reach of PrEP among younger, black and less educated MSM.

Disclosure No significant relationships.

008.2 SEXUAL BEHAVIOUR, RISK AND SEXUALLY TRANSMITTED INFECTIONS BEFORE AND AFTER THE INTRODUCTION OF THE PREP IMPACT TRIAL

¹Katy Turner*, ²Lindsey Harryman, ³Nathan Speare, ³Paddy Horner, ³Louis MacGregor, ³Jeremy Horwood, ³Jo Kesten, ³Rebecca Gardiner, ³Paul North, ⁴Peter Muir, ⁵Peter Vickerman, ⁶Mark Gompels, ³Margaret May, ³Jane Nicholls. ¹University of Bristol, Bristol Vet School, Bristol, UK; ²Unity Sexual Health, Bristol, UK; ³University of Bristol, Bristol, UK; ⁴Public Health England, Bristol, UK; ⁵University of Bristol, School of Social and Community Medicine, Bristol, UK; ⁶North Bristol NHS Trust, Bristol, UK

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Background There is currently considerable interest the complex relationship between PrEP and STI incidence. Our Challenges and Opportunities of PrEP (CHOP) study uses qualitative and quantitative methods to ascertain the changes in behaviour and STI rates in high risk men/transgender/nonbinary persons who have sex with men (MSM/TPSM) before and after commencement of the PrEP Impact trial ('Impact') in our clinic (01/12/2017).

Methods We performed retrospective data analysis of clinic and laboratory records for MSM/TPSM attendees who attended a British sexual health clinic in a large urban area between 01/12/2016 and 28/02/2019.

We used logistic regression to compare STI diagnoses (chlamydia, gonorrhoea and syphilis at any site) and sexual risk score in two time periods (1: 01/12/2016 – 31/11/17 and 2: 01/12/2017 to 28/02/2019).

Results Of 72,667 attendances, 10,918 were MSM/TPSM and, excluding duplicate entries (164) and those who were already HIV positive (236), this left 3,407 individuals with 10,518 attendances: 4,378 (period 1) and 6,140 (period 2).

Mean HIV acquisition risk score at first visit in period 1 was 5.8 and 5.4 in period 2.

In period 1 at first visit 13.5% (266/1,975) had one or more STI compared with 20.2% (289/1143) in period 2, a rise of 6.7%. Logistic regression showed OR1.6 ($p < 0.001$, 95%CI 1.35–1.95).

STI diagnoses for subsequent visits in period 1, 6.3% (151/2403) attendances had one or more STIs diagnosed, and in period 2 10.9% (513/4708). This is a rise of 4.6% (OR 1.8 ($p < 0.001$ 95%CI 1.51–2.20)).

Conclusion Although risk score was similar during both time periods, STI rates were significantly higher both at first visit and at subsequent visits. The qualitative aspect of this study will explore whether this reflects attracting more high risk MSM/TPSM into the service or whether use of PrEP increases risk-taking behaviour.

Disclosure No significant relationships.

008.3 RATES OF CHLAMYDIA AND GONORRHEA TESTING AND POSITIVITY BEFORE AND AFTER INITIATION OF PREP AMONG MSM IN US PRIVATE SETTINGS

¹Guoyu Tao*, ¹William Pearson, ²Jane Sullivan, ²Henry Henk, ³Thomas Gift. ¹Centers for Disease Control and Prevention, Atlanta, USA; ²OptumLabs, Twin Cities, USA; ³Centers for Disease Control and Prevention, Division of STD Prevention, Atlanta, USA

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Background The Centers for Disease Control and Prevention (CDC) recommends initial and follow-up STD and HIV testing when taking HIV pre-exposure prophylaxis (PrEP). We assessed frequencies of STD and HIV testing and rates of STDs among men who have sex with men (MSM) taking PrEP.

Methods We used the OptumLabs® Data Warehouse (OLDW) a comprehensive, longitudinal, real-world data asset with de-identified people from a national U.S. insurance plan. Male patients aged ≥ 18 years were identified as MSM if patients had rectal chlamydia or gonorrhoea tests or had an ICD-10 code for high-risk homosexual or bisexual behavior in 2016–2017. Initiation of PrEP was defined as the first date of tenofovir plus emtricitabine (Truvada) prescription in 2016–2017 if they had no previous HIV or HBV infection and had no PrEP prescription before 2016. Continuous use of PrEP was defined if there were no 14 day gaps between prescriptions. We measured STD and HIV testing in MSM who continuously used PrEP for ≥ 180 days.

Results Of 682 MSM who initiated PrEP in 2016–2017 and continuously used PrEP for ≥ 180 days, chlamydia, gonorrhoea, and HIV testing was 61.4%, 61.4%, and 51.3%, respectively, at 6 month follow-up. These percentages were significantly lower than testing in the same patients at PrEP initiation (67.6%, 67.6%, and 57.2%, respectively, $p < 0.01$). Chlamydia and gonorrhoea positivity in MSM who were tested at 6 month follow-up was 10.0% and 9.5%, respectively, versus 6.1% and 6.7%, respectively, at PrEP initiation.

Conclusion MSM on PrEP are at high risk for chlamydia and gonorrhoea. STD testing at 6 month follow-up for MSM who are continuously enrolled on PrEP is sub-optimal, but that STD positivity increases versus the baseline, suggesting elevated risk. Interventions to improve provider adherence to screening recommendations in the CDC STD treatment guidelines for MSM on PrEP are urgently needed.

Disclosure No significant relationships.