

008.4 INFLUENCE OF HIV-STATUS AND PREP USE ON HIGH STI PREVALENCES IN MSM IN GERMANY, 2018

Klaus Jansen^{1*}, Gyde Steffen², Ann-Kathrin Schuppe³, Viviane Bremer², Carsten Tiemann³, Msm Screening Study Group¹. ¹Robert Koch Institute, Infectious Disease Epidemiology, Berlin, Germany; ²Robert Koch Institute, Berlin, Germany; ³Krone Laboratory, Bad Salzuflen, Germany

10.1136/sextrans-2019-sti.149

Background HIV-positive (HIV+) MSM often show higher STI-prevalence than HIV-negative MSM (HIV-). Approval of HIV pre-exposure prophylaxis (PrEP) in Germany might have influenced sexual behaviour and STI-prevalence of HIV- MSM. We estimated STI-prevalence and risk factors amongst HIV- and HIV+ MSM in Germany to plan effective interventions.

Methods We conducted a nationwide, cross-sectional study between February and July 2018. Thirteen MSM-friendly STI-clinics screened MSM for *Chlamydia trachomatis* (CT), *Mycoplasma genitalium* (MG), *Neisseria gonorrhoea* (NG), and *Trichomonas vaginalis* (TV) using self-collected rectal and pharyngeal swabs, and urine samples, and APTIMA[®] STI-assays. We oversampled HIV+ MSM. We collected information on sociodemographics, HIV-status, clinical symptoms, sexual behaviour within last 6 months, and PrEP-use. We combined HIV status and PrEP use for defining risk groups, and used multivariate logistic regression to identify risk factors for STI.

Results 2,303 MSM were included: 50.5% HIV+, median age 39 years. Median number of male sex partners was 5. 57.2% reported unprotected receptive anal intercourse (URAI), 43.0% use of party drugs. 78.9% had a STI history, 32.1% of STI+ MSM reported STI-related symptoms. 27.6% of HIV- MSM used PrEP. Overall STI-prevalence was 25.0% in HIV-/PrEP-MSM (CT:7.2%; MG:14.2%; NG:7.4%; TV:0%), 40.3% in HIV-/PrEP+ MSM (CT:13.8%; MG:19.4%; NG:14.9%; TV:0.4%), and 30.8% in HIV+ MSM (CT:10.1%; MG:18.4%; NG:8.6%; TV:0.1%). Independent risk factors were HIV/PrEP-status (HIV-/PrEP+ OR:1.4; 95%-CI:1.0–2.0; HIV+ OR:1.5; 95%-CI:1.1–1.9), >5 sex partners (OR:1.5; 95%-CI:1.2–1.9), URAI (OR:2.0; 95%-CI:1.5–2.6), and use of party drugs (OR:1.5; 95%-CI:1.2–2.0).

Conclusion We found a high STI-prevalence in MSM in Germany, especially in PrEP users, frequently being asymptomatic. Higher STI prevalence in PrEP users than in HIV+ MSM was partly explained by differences in risk behaviour. As a relevant proportion of PrEP users will not use a condom while using PrEP, counselling and comprehensive STI screening is essential. Counselling of PrEP users should address condom use and party drugs.

Disclosure No significant relationships.

008.5 TRENDS IN BACTERIAL STI INCIDENCE AND IMPACT OF PREP USE AMONG MSM ATTENDING WESTERN SYDNEY SEXUAL HEALTH CENTRE (2013–2018)

¹David Lewis*, ¹Charles Chung, ¹Jennifer Walsh, ²Shailendra Sawleshwarkar, ²Iryna Zablotska-Manos. ¹Western Sydney Local Health District, Western Sydney Sexual Health Centre, Parramatta, Australia; ²University of Sydney, Western Sydney Sexual Health Centre, Parramatta, Australia

10.1136/sextrans-2019-sti.150

Background Bacterial sexually transmitted infections (STI) are rising among men-who-have-sex-with-men (MSM) in many

urban settings. Western Sydney Sexual Health Centre (WSSHC) provides HIV/STI services for a culturally and linguistically diverse MSM population; many have commenced HIV pre-exposure prophylaxis (PrEP) since 2016. The study analyses changes in the incidence of chlamydia, gonorrhoea and syphilis among this MSM population around a period of transition to PrEP provision.

Methods Data were extracted from WSSHC's Specialised Health Information Program database for men providing anorectal/oropharyngeal samples for chlamydia/gonorrhoea testing during two time periods (2013–2015, 'pre-PrEP era'; 2016–2018, 'PrEP era'). Extracted variables included age at visit, country of birth, STI diagnosis date and site of chlamydia/gonorrhoea infection. Analyses used population-average panel-data models based on generalised estimation equations (5% cut-off level of error, $p=0.05$). Logistical regression analyses accounted for the number of clinic visits; a multivariate model adjusted for age group, year and PrEP use.

Results Data were extracted for 6,734 STI testing visits by 2,796 MSM. There were 1,121 (16.7%) gonorrhoea cases, 1,144 (17.0%) chlamydia cases and 257 syphilis cases (199 with early syphilis). Chlamydia (OR:1.08; 95%CI:1.04–1.13) and gonorrhoea incidence (OR:1.06; 95%CI:1.02–1.11) increased over time; syphilis incidence did not. There was no significant trend differences in bacterial STI incidence by country of birth. In multivariate analyses, the incidence of chlamydial and gonococcal cases was much higher among PrEP users: any chlamydial infection (aOR:2.35; 95%CI 1.96–2.81), anorectal chlamydia (aOR:2.60; 95%CI 1.93–3.52), any gonorrhoea (aOR:2.13; 95% CI 1.65–2.76), anorectal gonorrhoea (aOR:2.00; 95%CI 1.38–2.90). There were no significant differences in syphilis incidence between PrEP users and non-PrEP users.

Conclusion Incident chlamydial and gonococcal infections, but not syphilis, significantly increased over time in MSM attending WSSHC and PrEP use was the major determinant of these observations. Data analyses at clinic level are important for informing local health service planning and health promotion activities.

Disclosure No significant relationships.

008.6 FREQUENCY AND DETERMINANTS OF SWITCHING BETWEEN DAILY OR EVENT-DRIVEN PREP AND DISCONTINUING EACH REGIMEN IN AMSTERDAM MSM

¹Liza Coyer*, ¹Mark Van Den Elshout, ¹Roel Achterbergh, ²Maarten Schim Van Der Loeff, ¹Udi Davidovich, ³Henry De Vries, ²Maria Prins, ¹Elske Hoorneborg, ¹Anders Boyd. ¹Public Health Service of Amsterdam, Infectious Diseases, Amsterdam, Netherlands; ²Public Health Service of Amsterdam, Amsterdam UMC, Infectious Diseases, Amsterdam, Netherlands; ³Public Health Service Amsterdam, Amsterdam UMC, Infectious Diseases, Dermatology, Amsterdam, Netherlands

10.1136/sextrans-2019-sti.151

Background Optimizing HIV pre-exposure prophylaxis (PrEP) roll-out requires insight in dosing regimen preferences, frequency and determinants of regimen switches, and PrEP discontinuation. We assessed user-initiated switches and factors associated with switching or stopping daily (dPrEP) or event-driven (edPrEP) PrEP regimens among men who have sex with men (MSM) participating in a PrEP demonstration project in Amsterdam.

Methods At enrolment, participants could choose either dPrEP or edPrEP. Participants were able to switch regimens at each quarterly study visit. We evaluated transition intensities (TI) and (time-varying) factors associated with switching (i) between