PrEP prescription, and if they seroconverted, from 2015–2018.

Results Over 50,000 unique patients were included, with median age 30.5; patients were 48% White, 47% men who have sex with men (MSM), and 7% transwomen. Overall, there were 14.6 patients on PrEP for each incident HIV infection (PrEP:Need). PrEP:Need was 24.5 among White patients, compared to 6.6 among Black patients. PrEP:Need was low for Medicaid/Medicare patients (7.9), transwomen (10.0), and particularly Black transwomen (4.6). Low PrEP:Need ratios were usually driven by low Identification:Need ratios, with large differences: among MSM, 23.2 patients were indicated for PrEP per incident infection compared to 7.2 among transwomen. Uptake, measured by PrEP:Identification ratios, were lowest among patients without insurance and highest among those with private insurance.

Conclusion We found high variation in PrEP:Need ratios across race, gender, and insurance status. This may be due to a poor fit between current PrEP indications and actual HIV incidence in key populations; there may also be gaps in patient-provider communication and documentation of PrEP indications in certain populations. We also found evidence of barriers to uptake, particularly related to insurance status. We will discuss ways to improve PrEP detection and uptake, which attendees can apply to their practice.

Disclosure No significant relationships.

010.2 IMPACT OF HIV-PRP FOR FEMALE SEX WORKERS ON COMMUNITY-WIDE AWARENESS, UPTAKE, AND PERCEPTIONS IN A RURAL-AREA KWAZULU-NATAL

¹Natsayi Chimbindi*, ¹Nondumiso Mthiyane, ¹Thembelihle Zuma, ²Kathy Baisley, ³Deenan Pillay, ⁴Nuala Mcgrath, ³Guy Harling, ³Lorraine Sherr, ²Isolde Birdthistle, ²Sian Floyd, ¹Jaco Dreyer, ²Janet Seeley, ⁵Maryam Shahmanesh. ¹Africa Health Research Institute (AHRI), Research, Mtubatuba, South Africa; ²London School of Hygiene and Tropical Medicine, London, UK; ³University College London, Research, London, UK; ⁴University of Southampton, Research, Southampton, UK; ⁵University College London, London, UK

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Background Between 2016–2018 a targeted roll-out of pre-exposure prophylaxis (PrEP) for 15–24-year-old female-sex-workers (FSW) was conducted in a sub-district of rural Kwa-Zulu-Natal, South Africa where antenatal HIV-prevalence is 40%. We use an HIV-prevention cascade framework to understand how implementation impacted the first two steps at a population-level, i.e. demand for, access to and community members' attitudes towards PrEP.

Methods We conducted participatory community mapping of four purposively sampled communities and enrolled a representative nested cohort of adolescent girls and young women (AGYW) aged 13–22 in 2017–2018. We conducted group discussions (14), key-informant interviews (9), in-depth interviews (94) and participatory observations (4). All interviews were recorded, transcribed and analysed using thematic content analysis.

Results Among n=2184 AGYW in the nested cohort, n=965 reported being sexually active, of whom 13.4% reported transactional-sex and 10.6% sex-for-money (therefore PrEP-eligible). PrEP awareness significantly increased from 2% in 2017 to 9% in 2018 ($p<0.001$). Among PrEP-eligible AGYWs

(n=194), 11.3% were aware of, and <1% had used PrEP. Interview respondents were generally unaware of PrEP but imagined it would benefit young people, discordant couples and those with long-distance partners. Condoms were described by young people as undesirable, 'killing your babies' or 'eating sweets in a wrapper', in contrast to PrEP which '...will be in their system' so not act as a barrier. Teachers and healthcare providers were apprehensive: while acknowledging PrEP's effectiveness, they worried it would lower personal responsibility for sexual health (e.g., abstinence, condoms). Targeting FSWs was portrayed as further stigmatizing PrEP, already tarnished by association with HIV.

Conclusion The narrow focus of public-sector PrEP contributed to implementation challenges in this high HIV-prevalence setting. PrEP reach was low, even amongst self-identifying eligible FSW. Community-based approaches to PrEP education and provision, including engagement of youth and key stakeholders, may help improve demand for, access to, and optimise the PrEP cascade.

Disclosure No significant relationships.

010.3 HIGH CURABLE STI PREVALENCE AND INCIDENCE AMONG YOUNG AFRICAN WOMEN INITIATING PREP IN HPTN 082

¹Sinead Delany-Moretwe*, ²Nyaradzo Mgodi, ³Linda-Gail Bekker, ⁴Jared Baeten, ⁵Subash Pathak, ⁵Deborah Donnell, ⁶Denni Lennon, ⁷Scott Rose, ¹Keolopile Makgamathe, ⁸Sheetal Kassim, ²Shorai Mukaka, ⁵Heather Noble, ⁹Adeola Adeyeye, ¹⁰Connie Celum. ¹University of the Witwatersrand, Wits RHI, Johannesburg, South Africa; ²University of Zimbabwe, College of Health Sciences Clinical Trials Unit, Harare, Zimbabwe; ³University of Cape Town, Infectious Diseases, Cape Town, South Africa; ⁴University of Washington, Medicine, Global Health, Epidemiology, Seattle, USA; ⁵Fred Hutchinson Cancer Research Centre, Scharp, Seattle, USA; ⁶Johns Hopkins University School of Medicine, Department of Pathology, Baltimore, USA; ⁷FHI 360, 8fhi 360, HIV Prevention Trials Network, Durham, USA; ⁸The Desmond Tutu HIV Centre, Cape Town, South Africa; ⁹National Institutes of Allergy and Infectious Diseases, Division of AIDS, Rockville, USA; ¹⁰University of Washington, Seattle, USA

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Background African women face overlapping HIV and STI risks. PrEP programs among men who have sex with men have seen high STI incidence, but few data from African women taking PrEP are available

Methods HPTN 082 was conducted in Cape Town, Johannesburg (South Africa) and Harare (Zimbabwe) to evaluate uptake and adherence to daily oral PrEP in young African women. Sexually active HIV-negative women ages 16–25 were enrolled. Enrollment vaginal swabs were tested for gonorrhea (GC) and chlamydia (CT) by nucleic acid amplification, and trichomonas (TV) by rapid test. Syphilis serology was assessed. All women with positive test results received treatment. Repeat testing was conducted at 6 and 12 months.

Results Of the 412 women who initiated PrEP, median age was 21 years, 84% reported a primary sex partner and a median of 4 vaginal sex acts (IQR 2,8) in the prior month; 35% reported that they never or rarely used condoms. At enrollment 29% of women had CT, 8% GC, 7% TV and 2% reactive syphilis serology. STI incidence was 29.6 per 100 person-years (py) for CT (95% CI 24.3, 35.4), 11.8 per 100 py for GC (95% CI 8.7, 15.7), and 7.1 per 100 py for TV