remained associated with incident HSV-2 after adjusting for socio-demographic, social and biological variables.

Conclusion The high HSV-2 rates among AGYW particularly those engaging in high-risk sexual behaviours underscores the need for HSV-2 control interventions to slow its spread and other STIs in KwaZulu-Natal. However, further research is required for more targeted interventions due to the lack of association between sexual behaviours and HSV-2 incidence.

P321 A REVIEW OF TYPE 2 DIABETES AND TRADITIONAL RISK FACTORS IN A LARGE HIV+ COHORT

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Introduction As antiretroviral therapy (ART) has become more effective, life expectancy of HIV+ patients has increased to normal levels. Therefore, there is an increased risk of developing other age-associated chronic illnesses, including type 2 diabetes (T2DM). Some older ARTs and protease inhibitors may increase the risk of developing insulin resistance and diabetes. This study aimed to measure prevalence of diabetes within a large HIV+ cohort and describe potential risk factors for developing diabetes and factors predictive of a poor outcome.

Methods A case note review of a 2390-person HIV+ cohort was conducted and people with diabetes were identified. Data on demographics, HIV duration, ART exposure, diabetic risk factors, and comorbidities were collected.

Results 77 patients within the HIV+ cohort had T2DM. 63 were male (81.8%) and the median age was 59.0 (Interquartile range 54–67). Median time between HIV and DM diagnosis was 16.3 years (IQR 12.4–24.0). The median ART duration was 16.3 years, with a median of 14.5 years from antiretroviral commencement until diabetes diagnosis (IQR 9.8–21.9). 50 (64.9%) had been exposed to protease inhibitors. 17 (22.1%) had a nadir CD4 <200. Many had risk factors for diabetes, 34/74 (45.9%) had BMI >30 and 22 (28.6%) were from minority ethnic groups. Factors associated with diabetic complications included 27 (35.1%) had hyperlipidaemia and 33 (42.9%) had hypertension.

Conclusion This study shows a prevalence of 3.2% of T2DM within a large HIV+ cohort, similar to the prevalence in the UK adult population. Traditional risk factors were common, and it seems a long duration of HIV infection and long exposure to ARV therapy, particularly protease inhibitors may increase risk. Factors associated with a poor prognosis were frequent, suggesting more aggressive management may be required in HIV+ patients with T2DM. Further research into the outcomes of such patients is needed.

P323 STI PREVENTION IN BLACK MEN WHO HAVE SEX WITH MEN TAKING PREP: CONCERNS, COGNIZANCE, CONDOM NORMS AND MORE

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Introduction Profound sexual health disparities exist for Black men who have sex with men (MSM) in the US South,

including high prevalence of sexually transmitted infections (STIs). STI prevention strategies beyond condoms are needed for Black MSM taking PrEP.

Methods We conducted in-depth interviews with Black MSM taking PrEP. Informed by the Health Belief Model, we asked about participants' STI knowledge; perceived susceptibility, severity, and concerns; and perceived benefits of STI prevention. We also asked about support systems, condom use norms, and various STI prevention strategies, particularly peer support via an mHealth application. Interviews were audio-recorded and analyzed using directed content analysis.

Results We interviewed 20 Black MSM ages 18–35. Eight had an STI diagnosis within 12 months; most (n=15) had been taking PrEP for more than one year; 15 identified as gay, 4 as bisexual, and 1 as queer; and 17 had insurance. Participants felt well-informed about STI symptoms, transmission, and treatment. Most had concern about an STI diagnosis, noting shame or disappointment. Potential long-term effects were described as concerning but not frequently considered. Almost all reported strong social support from family or friends. Participants described being less likely to use condoms with routine partners or those on PrEP, noting the norm 'had switched from condoms to PrEP.' Most were willing to test for STIs more frequently (e.g. monthly), but desired convenience. Most said they would deliver partner therapy and some desired STI education. Although some did not use social media, most felt app-based social support would be helpful.

Conclusion Black MSM on PrEP voiced concern about STIs but many noted condom use was no longer the norm. They were willing to engage in methods focused on preventing STIs on an individual- or population-level. Most had sources of social support but still desired app-based peer support from other MSM.

P324 IMPLEMENTATION OF ROUTINE HPV TESTING IN MEN

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Objective Rising awareness of human papillomavirus (HPV) infection in both genders leads to an increasing demand for HPV testing in men. In a previous study, two different collection devices were compared according to their performance and failure rate (CerviBrush and FLOQSwabs®). Since the quality of the specimens was significantly better when taken with FLOQSwabs® (COPAN), all samples in this study were collected with FLOQSwabs® only. Aim of this study was to further evaluate the performance of FLOQSwabs® in a larger cohort to confirm the results already generated.

Methods In total 632 samples collected using the FLOQSwabs® from the penile, perigenital, pharyngeal and anorectal area were tested for HPV at the Outpatient's Centre for Diagnosis of STIs by using the Greiner Bio-One PapilloCheck® genotyping assay.

Results HPV prevalence was 49.7%. The most frequent HPV hr types were 16, 53, 51, 66, 39, 59 and 31. The highest prevalence of HPV hr types was detected in penis (41.5%), urethral orifice and glans penis (39.5%), followed by mons pubis (31.25%). The most prevalent HPV lr types were 6 (16.8%) and 42 (6.6%). The highest prevalence of HPV lr 6 was detected on the scrotum (60%) and the penis shaft (54.5%).

Out of 632 samples tested, 26 led to an invalid result (4.1%) due to a reduced signal for the sample control (SC). A weak PCR performance was observed in 3.5% of all samples tested. Interestingly, PCR failure rate was more prominent among anal specimens (21.1%).

Conclusion The high prevalence of HPV infections in men shows that routine testing is justified. FLOQSwabs[®] proved to be the main criterion for a robust HPV analysis allowing sufficient collection of cellular material. Further studies need to be conducted to improve collection and processing of anal samples to increase number of valid anal samples.

P325 HIV STATUS DISCLOSURE AMONG PREGNANT WOMEN AT A DISTRICT HOSPITAL IN GHANA

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Background HIV disclosure plays a critical role in the prevention, treatment, care and support for HIV-infected persons. In the context of PMTCT, disclosure to sexual partners has been associated with improved adherence to antiretroviral therapy, better infant feeding practices, safer sex and increased male partner testing. The objective of this study was to assess HIV status disclosure among pregnant women and explore factors that affect disclosure.

Methods A cross sectional institutional based survey was conducted at the Suntreso Government Hospital Kumasi from April to May 2020 using a quantitative approach. Data was collected from pregnant women accessing antenatal care at the selected facility using a structured questionnaire and analysed using STATA 18 version.

Results A total of 118 pregnant women were sampled for the study. Majority (27.97%) of pregnant women were between 21–25 years. More than half (52.54%) were married. Almost a half (48.2%) had at least a secondary school education. HIV status disclosure rate was 37.29% and the most predominant reason for nondisclosure was fear of loss of economic support (28.81%). A third (33.05%) will never disclose their status. 43.22%, believe antiretroviral therapy could prevent mother to child transmission of HIV. Education, parity and reason for nondisclosure were found to be statistically associated with HIV status disclosure.

Conclusion The high nondisclosure rate among seropositive women in this study highlight the need for interventions that will encourage HIV status disclosure among pregnant women.

P327 DISPARITIES AND TRENDS IN SEXUAL PRACTICES AND STI POSITIVITY AMONG WOMEN ACCORDING TO SEXUAL ORIENTATION IN MELBOURNE, AUSTRALIA, 2011–2019

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Objectives Despite rises in sexually transmitted infection (STI) notifications among Australian women in the previous decade, limited STI surveillance data exists for women by sexual orientation. This study aimed to compare differences in sexual practices and STI positivity among women by sexual orientation, and whether these changed over time.

Methods In this retrospective repeated cross-sectional study, women attending the Melbourne Sexual Health Centre for the first time between 2011–2019 were categorised as ‘bisexual’, ‘lesbian’ or ‘heterosexual’ according to sexual practices in the previous 12 months. Demographic information, sexual practices and STI positivity were compared between the three groups and over time.

Results 36,147 women (2,618 bisexual, 534 lesbian and 32,995 heterosexual) were included. Bisexual women reported more sexual partners (median=6; IQR=4–10), followed by heterosexual (median=3; IQR=2–5) and lesbian (median=2; IQR=1–4) women. A higher proportion of bisexual women consistently used condoms with casual male partners compared to heterosexual women (20.4% vs 15.9%; $p<0.001$). Consistent condom use with casual male partners decreased over time in heterosexual women, (19.9% in 2011 to 15.2% in 2019, $P[\text{trend}]<0.001$) but not in bisexual women. Bacterial vaginosis was more common in lesbian women (14.8%) than in bisexual (11.8%) and heterosexual women (7.7%) ($p<0.001$). Chlamydia was more common in heterosexual women (9.3%) than in bisexual (6.6%) and lesbian women (1.2%) ($p<0.001$). Syphilis was more common in heterosexual women (1.0%) than in bisexual (0.3%) and lesbian women (0.0%) ($p=0.004$). Over time, chlamydia positivity in lesbian women increased (from 0.0% to 2.7%, $P[\text{trend}]=0.014$), and syphilis positivity in bisexual women increased (from 0.0% to 0.7%, $P[\text{trend}]=0.028$), but positivity of these STIs did not change in other groups.

Conclusion Sexual practices and STI positivity differed according to the sexual orientation of women. Knowledge of these differences is important to account for future changes in STI trends that may occur in these subpopulations.

P328 HIV STATUS IS NOT ASSOCIATED WITH TREPONEMA PALLIDUM BURDEN IN EARLY SYPHILIS CASES IN CALI, COLOMBIA

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Background The re-emergence of venereal syphilis cases is a public health concern, particularly in people living with HIV (PLWH). There is conflicting evidence whether or not *Treponema pallidum* (Tp) burdens are higher in early syphilis (ES) patients with HIV. The aim of this retrospective study was therefore to compare Tp burdens in blood and tissues of PLWH and people without HIV (PWH).

Methods Patients with ES were consented and enrolled in Cali, Colombia between 2003 and 2020. Age, sex, HIV status and Tp *poA* results were extracted from available clinical and laboratory records. Data from PLWH and PWH were compared using Fisher's exact test for qualitative variables and