013.3 TRENDS IN PREP AWARENESS AND UPTAKE AMONG GAY, BISEXUAL AND OTHER MEN WHO HAVE SEX WITH MEN (GBM) IN CANADA

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Background Availability and public funding of pre-exposure prophylaxis (PrEP) varies by jurisdiction in Canada. We conducted a multi-site prospective-longitudinal study to assess trends and correlates of PrEP awareness and use among gay, bisexual and other men who have sex with men (GBM) in Vancouver, Toronto and Montreal.

Methods Sexually-active GBM, aged ≥ 16 years, were recruited through respondent-driven sampling (RDS) from February 2017 with follow-up data collected to March 2020. Participants completed a Computer-Assisted Self-Interview to assess PrEP awareness and use. Analyses were limited to HIV-negative GBM. We used generalized estimating equations accounting for two levels of clustering (RDS recruitment chain; participant) to evaluate temporal trends (monthly prevalence) of awareness and past six-month usage of PrEP. Multivariable models were built using backward selection to minimize QIC to identify correlates for two outcomes 1) PrEP awareness, and 2) PrEP use.

Results We recruited 2008 HIV-negative GBM (N=622 from Vancouver, N=418 from Toronto, and N=968 from Montreal). Awareness of PrEP increased significantly in all three sites: Montreal, 81.2% during the first 6-month period to 91.4% during the last 6-month period ($p<0.001$); Toronto, 94.2% to 96.6% ($p=0.036$) Vancouver, 90.2% to 98.3% ($p<0.001$). Use of PrEP also increased significantly in all three sites: Montreal, 14.2% during the first 6-month period to 39.3% during the last 6-month period ($p<0.001$); Toronto, 21.4% to 31.4% ($p<0.001$); Vancouver, 21.7% to 59.5% ($p<0.001$). Multivariable models identified that Vancouver GBM had greater odds of PrEP awareness (aOR=1.94 95%CI=1.32–2.87) and PrEP use (aOR=2.05, 95%CI=1.60–2.63) compared with Montreal GBM; Toronto GBM were not significantly different from Montreal GBM.

Conclusions PrEP awareness was very high among GBM in all three cities. Uptake was highest in Vancouver where full public funding and active health promotion began in 2018 for those clinically eligible. Health policy and public health intervention can remove key barriers to PrEP implementation.

013.4 PREVALENCE OF GONORRHEA, CHLAMYDIA AND SYPHILIS AMONG MEN WHO HAVE SEX WITH MEN INITIATING HIV PRE-EXPOSURE PROPHYLAXIS IN COTONOU, BENIN

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Background Men who have sex with men (MSM) experience a high burden of sexually transmitted infections (STIs). Data on STIs among MSM in West Africa are sparse, especially for HIV-negative MSM. We assessed the prevalence of gonorrhea (NG), chlamydia (CT) and syphilis among MSM initiating participation in an HIV pre-exposure prophylaxis demonstration study in Cotonou, Benin.

Methods Following community mobilization, 204 HIV-negative MSM were recruited between August and November 2020. They answered a questionnaire, underwent clinical examination and provided clinical samples. Pharyngeal and rectal swabs, and urine samples were collected for NG and CT testing using GeneXpert CT/NG (CEPHEID). Serum samples were tested for syphilis with a rapid treponemal test, followed by a Rapid Plasma Reagin (RPR) test if positive.

Results Site-specific NG (CT) prevalence was: rectal 9.8% (8.8%); pharyngeal 6.4% (2.5%); urethral 2.5% (9.8%). Overall, 31 (15.2%) and 38 (18.6%) men were infected at least at one site by NG and CT, respectively. Considering the 12 cases (5.9%) of co-infection, the overall prevalence of NG and/or CT (NG/CT) was 27.9% (57/204). Among all cases of NG/CT, only 5 (8.8%) had clinical symptoms or signs and were treated using the syndromic approach. Asymptomatic participants were contacted and treated. Receptive anal sex, reported by 36.9% of MSM, was the only significant factor for rectal NG [Prevalence ratio (PR): 6.8; 95% Confidence Interval (95%CI): 2.4–19.6], NG at any site (PR: 2.1; 95%CI: 1.1–3.9) and NG/CT at any site (PR: 1.6; 95%CI: 1.1–2.6). There was only one case of syphilis rapid test positivity; it was not confirmed by RPR.

Conclusion NG and CT are extremely frequent and mostly asymptomatic among MSM in Benin. Consequently, alternatives to the syndromic approach for their management should be widely implemented. However, syphilis seems rare, as previously shown for female sex workers and the general population in Benin.