013.5 COMPARING MSM USING EVENT-DRIVEN PREP TO THOSE USING DAILY PREP – DATA FROM TWO EUROPEAN PREP DEMONSTRATION PROJECTS

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Background Daily and event-driven PrEP are both efficacious in preventing HIV infection. However, event-driven PrEP (edPrEP) is less well understood, in particular when provided as an alternative to daily PrEP. We studied regimen preferences and switches, and sexually transmitted infection (STI) incidence.

Methods We pooled data from the Dutch (AMPrEP) and the Belgian (Be-PrEP-ared) PrEP demonstration projects. In both projects, participants could choose between daily and event-driven PrEP (edPrEP) at 3-monthly study visits, when they were also screened for STIs including hepatitis C virus (HCV) infection. We assessed the proportion choosing each regimen, and the determinants of choosing edPrEP at baseline. Additionally, we compared the incidence rates (IRs) of HCV, syphilis, and chlamydia or gonorrhoea between regimens using Poisson regression.

Results The pooled dataset consisted of data of 571 men who have sex with men (n=374 AMPrEP; n=197 Be-PrEP-ared), of whom 148 (25.9%) chose edPrEP at baseline. Older participants (adjusted odds ratio (aOR)=1.38 per 10 year increase, 95% confidence interval (CI)=1.15–1.64) and those unemployed (aOR=1.68, 95%CI=1.03–1.75) were more likely to choose edPrEP at baseline. Median follow up was 26 months [interquartile range 21–27]. 381 participants (68.3%) never switched between PrEP regimens, 96 (17.2%) switched once, and 81 (14.5%) more than once. After 28 months, 23.5% used edPrEP. IR of HCV and syphilis did not differ between regimens, but the IR of chlamydia/gonorrhoea was higher among daily users (adjusted incidence rate ratio=1.61, 95% CI=1.35–1.94).

Conclusion A quarter of participants chose edPrEP at baseline and at 28 months this proportion was similar. The frequent switching suggests that participants adapt their PrEP regimen to their changing needs. Although the IR of HCV and syphilis were similar in both regimens, the lower incidence of chlamydia and gonorrhoea among edPrEP users may suggest that less frequent STI testing of this group could be considered.

013.6 DETERMINANTS OF PREP UPTAKE, INTENTION AND AWARENESS IN THE NETHERLANDS: A SOCIO-SPATIAL ANALYSIS

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Background Since its formal introduction in 2019, PrEP uptake in the Netherlands is growing, but remains at suboptimal levels. Hence, the analysis of determinants is paramount. Given the initial focus of PrEP provision among men-who-have-sex-with-men (MSM) via a demonstration project, AmPrEP in Amsterdam, and pharmacies in the main urban areas (so called ‘Randstad’, entailing Amsterdam, Utrecht, Leiden, The Hague and Rotterdam), investigating regional discrepancies is necessary. We seek to unravel regional differences jointly with known predictors of PrEP use, intention and awareness.

Method This cross-sectional study included 3,232 HIV-negative Dutch MSM recruited via the EMIS survey in late 2017. Prevalence and standardized prevalence ratio (SPR) of PrEP use, awareness and intention were measured on a regional level (Randstad vs. the rest of the country). Multi-level logistic modeling was conducted to identify the association of PrEP use with PrEP awareness and intention, sociodemographic, behavioral, psychological/cognitive determinants, and random effects from regional differences.

Results MSM from Randstad used more PrEP (SPR=1.4 vs. 0.7) compared to the rest of the country, but there were minor differences for awareness and intention. The regional distinction was estimated to explain 4.6% of the PrEP use variance (adjusted ICC=0.046). Greater influence from intention to use (OR=4.5, 95%CI 2.0–10.1) and knowledge of PrEP (OR=7.0, 95%CI 4.1–12.0), while limited influence from the awareness of PrEP was observed (OR=0.4, 95%CI 0.04–4.4). Lower education (OR=0.4, 95%CI 0.2–0.9) was negatively associated with PrEP use, however, no significant difference was found between middle and high education (OR=1.2, 95%CI 0.7–2.0).

Conclusion We showed that regional differences – MSM in non-urban regions – and with a low educational background account for lower PrEP use and intention. Based on these findings more fine-tuned PrEP access with a focus on non-urban regions can be implemented, and tailored campaigns increasing intention/use can be conducted among target populations.

LGBTQ populations – MSM

014.1 BEHAVIOUR OR IDENTITY? DIFFERENCES IN HIV TESTING BY SEXUAL IDENTITY AMONG MSM IN HIGH-INCOME COUNTRIES: AN INDIVIDUAL PARTICIPANT DATA META-ANALYSIS

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Background HIV testing guidelines recommend MSM test at least annually. However, heterosexual- and bisexual-identifying MSM (heterosexual-MSM; bisexual-MSM) may be less likely to test for HIV than gay-identifying MSM (gay-MSM). We hypothesised that differences in HIV testing may reflect