Conclusion Nuanced messaging from healthcare providers and media is necessary to properly educate and engage TGW in HIV prevention strategies such as PrEP. A one-size-fits-all approach is inappropriate given the diversity among TGW regarding sexual behaviors and HIV risk factors. Discussions between TGW and healthcare providers should focus on individual HIV risk and patient concerns when determining whether or not PrEP is appropriate.

015.3 HETEROGENEITY AMONG AMERICAN MEN WHO HAVE SEX WITH MEN AND WOMEN: NATIONAL SURVEY OF FAMILY GROWTH (NSFG) 2011–2019

K Bernstein*, C Copen, E Torrone. *Division of Std Prevention, CDC, Atlanta, USA*

10.1136/sextrans-2021-sti.136

Background Nearly 6% of American men report having had sex with another male since puberty. However, as men age, their sexual repertoires likely change. Recent sexual behaviors may be more important with respect to risk for bacterial STDs. We investigated recent sexual behaviors and STD/HIV testing among US men who report having had sex with both men and women in their lifetime (MSMW).

Methods MSMW aged 15–44 years who participated in the National Survey of Family Growth during 2011–2019 were included. MSMW were further classified based on gender of recent (past 12 months) sex partners: (1) both men and women, (2) only men and (3) only women. Weighted percentages and corresponding 95% confidence intervals (CI) of behaviors were estimated.

Results Among all MSMW (n=801), 23% (95% CI: 20–27) reported recent sex with both men and women, 21% (95% CI: 17–24) with only men and 56% (95% CI: 51–61) with only women. Among MSMW who recently had sex with both men and women, half (52%, 95% CI: 41–62) identified as bisexual and almost half (46%, 95% CI: 36–56) had 4+ sex partners in the past year, higher than MSMW who recently had sex with only men (29%, 95% CI: 20–38) or only women (6%, 95% CI: 4–9). Compared to MSMW who recently had sex with both men and women, MSMW who recently had sex with men only were more likely to have had a recent HIV test (57%, 95% CI: 49–68 versus 30%, 95% CI: 21–39) and a recent STD test (55%, 95% CI: 46–64 versus 45%, 95% CI: 35–55).

Conclusion MSMW are a heterogeneous group with respect to recent sexual behaviors and may have different sexual health needs. The collection of sexual history at clinical visits is critical to ensuring culturally competent sexual health care for this population.

015.4 GEOGRAPHIC VARIATION IN HIV TESTING AMONG TRANSGENDER AND NON-BINARY ADULTS IN THE UNITED STATES

¹D Tordoff*, ^{2,3}S Zangeneh, ¹C Khosropour, ^{1,4,5}R McClelland, ²D Dimitrov, ^{5,6}S Reisner, ^{3,5}A Duerr. ¹University of Washington, Department of Epidemiology, Seattle, USA; ²RTI International, Division for Statistics and Data Science, Seattle, USA; ³Fred Hutchinson Cancer Research Center, Seattle, USA; ⁴University of Washington, School of Medicine, Seattle, USA; ⁵University of Washington, Department of Global Health, Seattle, USA; ⁶Harvard Medical School and T.H. Chan School of Public Health, Departments of Medicine and Epidemiology, Boston, USA

10.1136/sextrans-2021-sti.137

Background Transgender and non-binary (TNB) populations are disproportionately impacted by HIV in the United States (US), and prior studies show that approximately half of TNB adults meet CDC recommendations for HIV testing at least annually. In addition, few local health departments or HIV surveillance systems report data for TNB identities. Thus, we aimed to estimate the county-level prevalence of HIV testing among TNB adults living in the US.

Methods We applied a Bayesian hierarchical spatial small area estimation model to data from the 2015 US Transgender Survey, a nationwide internet-based survey of TNB adults, to estimate county-level prevalence of ever testing and testing for HIV in the last year overall and by gender, race/ethnicity, and age.

Results Our analysis included 26,100 TNB participants with valid zip codes who resided in 1,688 counties (54% of all 3,141 counties that cover 92% of the US population). The median county-level proportion of TNB adults who ever tested for HIV was 45% (range 9–80%) and who tested for HIV in the last year was 17% (range 4–44%). Within most counties, testing was highest among transgender women, Black respondents, and people age ≥25; it was lowest among non-binary and young adults age <25. Patterns in HIV testing among White, Hispanic/Latinx, and Asian/Pacific Islander TNB people varied significantly across geographies. Notably, the proportion of TNB people who tested for HIV in the last year was very low—below 25%—in 28 of the 50 counties in the US where the majority of HIV diagnoses occur.

Conclusions We observed significant variation across US counties in the proportion of TNB adults who have tested for HIV. Ever and recent HIV testing was below recommended levels in the majority of counties. HIV testing by gender and race/ethnicity also varied geographically, suggesting that HIV testing strategies may need to be tailored to local settings.

015.5 PREVALENCE AND RISK FACTORS FOR CHLAMYDIA AND GONORRHEA AMONG TRANSGENDER WOMEN IN 2019–20 IN SÃO PAULO, BRAZIL

¹B Nobre Monteiro Paiatto*, ²P Mayaud, ³S Araújo, ³R Carvalho, ⁴M Bazzo, ⁵A Benzaken, ^{2,6}G Hughes, ¹M de Sousa Mascena Veras. ¹Santa Casa de São Paulo School of Medical Sciences, São Paulo, Brazil; ²London School of Hygiene & Tropical Medicine, London, United Kingdom; ³Centro de Referência e treinamento em DST/AIDS, São Paulo, Brazil; ⁴Universidade Federal de Santa Catarina, Florianópolis, Brazil; ⁵AIDS Healthcare Foundation, Los Angeles, US; ⁶National Infection Service, Public Health England, London, United Kingdom

10.1136/sextrans-2021-sti.138

Transgender women (TGW) in Brazil are disproportionately affected by HIV, but knowledge about others STIs is scarce. We estimated the prevalence of chlamydia and gonorrhea infections and investigated risk factors associated with infection in TGW in São Paulo, a part of a national survey.

TransOdara is a cross-sectional study which included TGW ≥ 18 years, recruited at CRT DST/AIDS in São Paulo, Brazil, from December 2019–October 2020. Participants were recruited from an ongoing cohort study, originally assembled using RDS. A structured interview collecting socio-demographic and behavioral information was followed by triple-anatomical site STI testing and an HIV test. Risk factors were assessed using multivariable logistic regression. The study was supported by Brazilian MOH and PAHO.