

research settings. Pre-exposure prophylaxis (PrEP) for HIV prevention among individuals without HIV has become a key preventive measure for ending the HIV epidemic. In the United States, gay, bisexual, and other men who have sex with men (GBMSM) constitute the majority of new HIV diagnoses. To provide insight on topics of most concern to GBMSM regarding PrEP, we examined user-generated posts on the Reddit subreddit r/askgaybros.

**Methods** We collected Reddit posts from Pushshift.io's and Reddit's application program interfaces that contained 'PrEP' and/or 'Truvada' (case insensitive) posted between November 1, 2012 and December 31, 2019 on the r/askgaybros subreddit which produced the most mentions of Truvada. We developed a codebook based on themes identified in a subset of posts and thematically coded all posts based on the primary purpose expressed in post titles and body. All data are descriptive.

**Results** We identified 1,163 PrEP-related posts in total. There was a 23.3 fold increase in posts per year from 2014 (first year of posts) to 2019. The proportion of posters self-identifying as not on PrEP (26.8%) and on PrEP (30.3%) were similar. Incidental mentions of PrEP (54.5%), access challenges (19.1%), information seeking (17.5%), and cultural effects (16.3%) were the most common themes. 19.2% of posts involved assessment of risk following a sexual encounter. The topics mentioned least frequently, each with <5.5% of posts, focused on active promotion of PrEP use, stigma, and usage questions.

**Discussion** Reddit is a useful way of documenting user-initiated interest in discussion of PrEP. The frequent incidental mention of PrEP reflects the normalization and perceived importance of PrEP. Reddit may be less useful for gaining insight into issues like usage and side effects.

019.4

#### HOW CAN WE ENHANCE THE IMPLEMENTATION OF PREP? DEVELOPING EVIDENCE-BASED AND THEORY-INFORMED RECOMMENDATIONS FROM SCOTLAND'S NATIONAL PREP PROGRAMME

<sup>1,2</sup>C Estcourt, <sup>1</sup>J MacDonald, <sup>2,3</sup>R Nandwani, <sup>1</sup>J Frankis, <sup>4</sup>I Young, <sup>5,6</sup>J Saunders, <sup>7</sup>D Clutterbuck, <sup>8</sup>L McDaid, <sup>1</sup>J Dalrymple, <sup>9</sup>N Steedman, <sup>10</sup>N Sparling, <sup>11</sup>P Flowers\*. <sup>1</sup>Glasgow Caledonian University, Glasgow, UK; <sup>2</sup>NHS Greater Glasgow and Clyde, Glasgow, UK; <sup>3</sup>University of Glasgow, Glasgow, UK; <sup>4</sup>University of Edinburgh, Edinburgh, UK; <sup>5</sup>University College London, London, UK; <sup>6</sup>Public Health England, London, UK; <sup>7</sup>NHS Lothian, UK; <sup>8</sup>University of Queensland, Brisbane, Australia; <sup>9</sup>NHS National Services Scotland, Edinburgh, UK; <sup>10</sup>HIV Scotland, Edinburgh, UK; <sup>11</sup>University of Strathclyde, Glasgow, UK

10.1136/sextrans-2021-sti.161

**Background** Widely accessible, acceptable, equitable, HIV pre-exposure prophylaxis (PrEP) services are central to HIV transmission elimination. Multi-stakeholder collaboration, activism and government support enabled Scotland to implement a publicly-funded national PrEP programme delivered through sexual health services from 2017. Although innovations in PrEP implementation occur, they are rarely analysed or consolidated. We address this gap in Scotland by: 1) examining diverse perspectives on barriers and facilitators to the key steps of PrEP implementation (i.e., awareness, access, uptake, initiation, adherence and retention in care) and 2) using implementation science theories to systematically specify transferable ways to improve these steps.

**Method** Semi-structured interviews and focus groups (2018–2019) with geographically and demographically diverse sexual health clinic patients seeking/using/declining or stopping PrEP (n=39), sexual healthcare professionals (n= 54), community-based organisation (CBO) service users (n=9) and staff (n=15). Thematic analysis identifying barriers and facilitators to implementing PrEP was complemented by analyses using the Behaviour Change Wheel to specify detailed recommendations for enhancing PrEP implementation.

**Results** Barriers and Facilitators to the key steps ranged from: macrosocial (political will, competitive dynamics in the service ecology, structural racism); mesosocial (effective monitoring systems and reporting); to microsocial (staff skills and self-efficacy, low HIV literacy).

Enhancing implementation across the key steps included: incentivising organisations to share expertise (funding mechanisms, equitable partnership work); targeted culturally sensitive, normalising and awareness-raising interventions; co-production of nationally co-ordinated training and patient resources (e.g. for managing side-effects, adherence support, improving cultural competencies); guidance for correct use of event-based PrEP; supporting PrEP provision in diverse settings to reach underserved communities.

**Conclusion** Systematic analysis of what had and had not worked, and why has enabled development of wide-ranging but specific recommendations for policy-makers, clinicians, CBOs and individuals to optimise PrEP awareness, access, uptake, initiation, adherence and retention in care. These recommendations could be used to improve all PrEP services.

019.5

#### INTEGRATING CARE FOR TRANS PEOPLE: THE TRANSCLINIC, A COLLABORATION BETWEEN TRANS UNITED EUROPE AND THE PUBLIC HEALTH SERVICE OF AMSTERDAM

<sup>1</sup>A van Dijk, <sup>2</sup>D Bons\*, <sup>2</sup>E Hoornenborg, <sup>2</sup>C Welling. <sup>1</sup>Public Health Service of Amsterdam, GGD Amsterdam, Amsterdam, the Netherlands; <sup>2</sup>Trans United Europe, Amsterdam, the Netherlands

10.1136/sextrans-2021-sti.162

**Background/Purpose** Although public health based STI/HIV services are without costs available to key populations in the Netherlands, a gap in reaching some specific key communities is present, such as transgender people of the black, indigenous and people of color (BIPOC) community, especially those who have limited access to healthcare (due to homelessness, refugee-status, or sex workers). Additionally, these communities struggle to gain access to hormone replacement therapy (HRT). Combining STI/HIV services with reliable HRT can better engage these communities to public health services.

**Approach** In 2021, community-led transgender organisation Trans United Europe (TUE) started a collaboration with the sexual health department of the Public Health Service (PHS) of Amsterdam. TUE is organised by and for the transgender BIPOC community, and advocates for better transgender rights and healthcare policies. In 2017, TUE developed a transgender social center, operated by transgender sex workers, including a Transclinic to provide HRT. Limitations at the Transclinic were the lack of laboratory testing possibilities and limited support from health care professionals. By uniting the