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

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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 TRANSLINIC, A COLLABORATION BETWEEN TRANS UNITED EUROPE AND THE PUBLIC HEALTH SERVICE OF AMSTERDAM

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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

Transclinic with the services of the PHS, we are able to provide multidisciplinary services, including social support, patient-empowerment, HRT, STI/HIV testing and provision of pre-exposure prophylaxis.

Outcomes/Impact By reaching this previously unsuccessfully engaged population, several public health concerns can be addressed, including prevention and early detection of HIV, improving linkage to care for those living with HIV, prevention of STI transmission and of harm caused by informal HRT. Strong community-led social support encourages patient-empowerment and trust in available medical health services.

Innovation and significance Fusing peer-to-peer organisations with professional healthcare organisations may result in increased access to key communities and improved health outcomes. Combining services from TUE and the PHS of Amsterdam resulted in the first alliance in the Netherlands between a public health service and a transgender-led organisation.

019.6

PATHWAYS BETWEEN INTERSECTIONAL STIGMA, GENDER EQUITABLE NORMS, AND CONDOM OUTCOMES AMONG URBAN REFUGEE AND DISPLACED YOUTH IN KAMPALA, UGANDA

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Background Social inequities elevate HIV vulnerabilities among youth in humanitarian contexts. Condom efficacy—knowledge, intention, and relationship dynamics that facilitate condom negotiation—is understudied among refugee youth. We examined social-ecological factors (stigma, gender equitable norms [GEN], depression) associated with condom efficacy and use among urban refugee youth in Kampala, Uganda.

Methods We conducted a cross-sectional survey with refugee youth aged 16–24 in Kampala's informal settlements. In multivariable regression analyses we examined associations between adolescent sexual and reproductive health (SRH)-related stigma, HIV-related stigma, and GEN with condom efficacy and recent (past 3-month) consistent condom use among sexually active participants. In path analyses we tested: direct effects of stigma (adolescent SRH-related, HIV-related) and GEN on condom efficacy, and indirect effects via depression; and direct effects of stigma (adolescent SRH-related, HIV-related) and GEN on recent consistent condom use, and indirect effects via condom efficacy.

Results Among participants (mean age: 19.59, SD: 2.59; women: n=333, men: n=112), 62.5% were sexually active. Of these, only 53.3% reported consistent condom use. In multivariable analyses, lower adolescent SRH-related ($\beta = -0.18$, $p < 0.001$) and HIV-related ($\beta = -0.18$, $p < 0.001$) stigma and higher GEN ($\beta = 0.15$, $p < 0.001$) were associated with condom efficacy. Among sexually active participants, GEN was associated with increased (AOR: 1.07, 95%CI: 1.01–1.13), and adolescent SRH-related stigma with reduced (AOR: 0.92, 95%CI: 0.84–0.99), odds of recent consistent condom use.

There were direct pathways from lower stigma (adolescent SRH-related, HIV-related) and higher GEN to condom efficacy. Depression partially mediated the pathway from HIV-related stigma to condom efficacy. Condom efficacy mediated pathways from stigma (HIV-related, adolescent SRH-related) and GEN to consistent condom use.

Conclusion Consistent condom use was low and associated with community (lower stigma, gender equity), interpersonal (condom efficacy), and intrapersonal (reduced depression) factors. Gender transformative and intersectional stigma reduction interventions are needed to advance HIV/STI prevention among urban refugee youth in Kampala.

Late breakers

020.1

A CLINICAL ENDOCERVICAL NEISSERIA GONORRHOEA ISOLATE TRANSIENTLY COLONIZES THE NONHUMAN PRIMATE LOWER GENITAL TRACT

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Background The development of a nonhuman primate (NHP) model for gonococcal infection will provide a clinically immunologically relevant model to test future vaccine candidates and novel antimicrobials for multidrug-resistant *Neisseria gonorrhoeae* (GC). We adapted principles of the established murine model to a NHP model for GC in the pigtailed macaque (*Macaca nemestrina*).

Methods Twelve *Macaca nemestrina* underwent nine separate experiments, each designed to assess one or more aspects of NHP model refinement. NHP were exposed to two standard GC strains (FA1090 and MS11) and seven recent clinical GC isolates. Experimental exposure consisted of cervical inoculation(s), administered to *Chlamydia trachomatis* (CT)-infected and CT-naïve NHP, during different phases of the menstrual cycle, and in the presence or absence of streptomycin treatment. GC detection was performed by culture and nucleic acid amplification testing of cervical secretions during the first three days after experimental challenge, and weekly thereafter.

Results A single clinical isolate (UW-Cx1) transiently colonized the pigtail macaque's lower reproductive tract (GC culture positive to day 3; NAAT positive to week 1). UW-Cx1, isolated from a clinical endocervical specimen in 2017, is a P1B strain with piliation confirmed at the time of GC challenge. The in vitro growth of UW-Cx1 is not inhibited by macaque cervicovaginal fluid (agar diffusion assay), is highly susceptible to macaque serum complement (bactericidal₅₀ titer: 1.17), and susceptible to cefixime and ceftriaxone. Whole genome sequencing determined that UW-Cx1 and eight sequenced macaque-recovered GC isolates are phylogenetically related. Variables that need to be controlled in the mouse model (estrous cycle stage, suppression of commensal flora) did not affect GC colonization in NHP.

Conclusion We have identified a single clinical GC isolate that has an affinity for the NHP cervicovaginal environment. This strain, UW-Cx1, has repeatedly colonized the macaque cervix, as have the macaque-recovered progeny, when delivered by endocervical challenge.