Lessons learned: A total of 7244 gay men and other MSM were recruited between July 2014 and December 2015, with nearly 50% getting tested for HIV. Nearly 200 HIV cases were diagnosed, making a twist in male/female ratio in national HIV statistics, from 1.4 in 2013 to 2.1 in 2015. Compared to MSM estimations, 23% of MSM in Guatemala city were tested for HIV, and 22% of the HIV estimated cases in MSM for these city were diagnosed and linked to an HIV service. These new strategies to outreach MSM seems to be promising in a low income country.
Conclusions/Next steps: Expansion to other cities in Guatemala is needed to increase access to MSM for HIV services. More intense work with other community based organization (CBO), to use these model is also a major challenge. Training of other CBOs in Central America will also help to improve current strategies for these population.

THAC0104

Trends in internet use to meet sex partners among men who have sex with men

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Introduction: Internet-based platforms are increasingly prominent interfaces for sexual networking among men who have sex with men (MSM). We used data among MSM participating in the National HIV Behavioral Surveillance to evaluate changes from 2008 to 2014 in using the internet to meet sex partners and in having met the last sex partner online. We also investigated the association of internet use and partner seeking and testing behaviour in 2014.
Methods: MSM were recruited through venue-based sampling in 2008, 2011, and 2014 in 20 U.S. cities. Among men reporting $\geq$ 1 male partner in the past 12 months, we used log-linked Poisson regression with GEE to calculate adjusted prevalence ratios (APR) and 95% confidence intervals (CI) to compare internet use (IU) to meet sex partners and meeting the last sex partner online by year. Models were adjusted for age, race, and education. We used the Wilcoxon rank sum and chi-square tests to compare factors associated with increased IU. IU was categorized as $\leq$ once a month, $>$ once a month but $<$ once a week, and $\geq$ once a week.
Results: IU at least once a week increased from 20% in 2008 to 44% in 2014 (APR = 2.2, 95% CI: 2.1–1.3). Similarly, having met the last partner online increased from 19% in 2008 to 32% in 2014 (APR = 1.7, 95% CI: 1.6–1.8). Median number of partners in the past 12 months increased with increasing IU ($\leq$ once a month: median of 2 partners, interquartile range (IQR): 1–5; $>$ once a month: 4, IQR: 2–9; $\geq$ once a week: 5, IQR: 3–12, $P < 0.0001$). HIV testing in the past 12 months also increased with increasing IU (59, 68, and 71%, respectively, $P < 0.0001$). While the percent HIV-positive and aware of their status was similar by frequency of IU (16%), the percent HIV-positive but unaware decreased as IU increased (6, 5, and 4%, $P < 0.0001$).
Conclusions: Both internet use to meet sex partners and meeting the last partner online have increased since 2008. Although men who used the internet more frequently reported more partners, they were also more likely to report testing and were less likely to be HIV-positive but unaware.

THAC0105LB

Incidence and correlates of STIs among Black men who have sex with men participating in a US PrEP study

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Introduction: HPTN 073 assessed the feasibility, acceptability and safety of pre-exposure prophylaxis (PrEP) for Black men who have sex with men (BMSM). Understanding the relationship between PrEP uptake and sexually transmitted infection (STI) acquisition is critical to informing best practices in PrEP delivery for BMSM, a population most highly affected by HIV in the US.
Methods: From August 2013 to September 2014, we enrolled 226 HIV-uninfected BMSM in three cities (Los Angeles, CA; Washington, DC; and Chapel Hill, NC). All participants received client-centred care coordination and were offered daily oral PrEP with emtricitabine/tenofovir. Men were followed for 12 months with scheduled clinical visits and STI testing (rectal and urine NAAT for gonorrhoea and chlamydia, RPR for syphilis) at weeks 26 and 52. Logistic regression was used to examine the association between STI prevalence and baseline factors. Person-years (PY) follow-up time was calculated to the first STI event or last STI date from either the PrEP acceptance date or enrolment date depending if BMSM accepted PrEP.
Results: Baseline STI prevalence was 14%; no differences were noted among study sites. Men $<$25 were more likely to have a baseline STI (25.3% vs. 6.7%; OR = 4.39, 95% CI: 1.91, 10.11**)**. Sixty participants (26.5%) acquired $\geq$1 STI during follow-up, 9 participants had an STI at both follow-up visits. Higher rates of STIs were seen during follow-up among those with STIs at baseline (Table 1). STI rate was 32.8/100 PY (24.3, 43.2) among those who accepted PrEP compared to those who declined 26.8/100 PY (12.9, 49.3).
Conclusions: While we found higher rates of STIs in younger BMSM, the overall rates of STI in this trial were lower than in prior PrEP trials with no increase over time. BMSM with STIs at PrEP initiation may require additional counselling on STI acquisition risk and more frequent STI testing during follow-up.

THAD0101

Healthcare supply-related barriers to adherence among HIV-positive patients followed within the Cameroonian antiretroviral treatment program: the deleterious effect of stock outs (EVOLCAM – ANRS 122)

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Abstract THAC0105LB–Table 1. Characteristics of Incident STIs by PrEP Acceptance and by visit

	Week 2 PrEP Accept % (n/N)	Week 2 PrEP Not Accept % (n/N)	Week 52 PrEP Accept % (n/N)	Week 52 PrEP Not Accept % (n/N)
Site				
GWU CRS	20.0% (11/55)	18.2% (2/11)	21.8% (12/55)	18.2% (2/11)
UCLA CRS	14.9% (7/47)	10.5% (2/19)	25.0% (12/48)	22.2% (4/18)
UNC AIDS CRS	16.7% (10/60)	0.0% (0/6)	10.9% (7/64)	0.0% (0/6)
Age				
<25	25.4% (18/71)	30.0% (3/10)	22.9% (16/70)	16.7% (2/12)
> = 25	11.0% (10/91)	3.8% (1/26)	15.5% (15/97)	17.4% (4/23)
Baseline Any STI diagnosis				
No	12.7% (17/134)	12.1% (4/33)	15.6% (22/141)	16.8% (6/32)
Yes	**39.3% (11/2)**	0.0% (0/3)	**34. % (9/2)**	0.0% (0/3)
Any condomless sex				
No	14.7% (10/68)	17.4% (4/23)	17.9% (15/84)	12.0% (3/25)
Yes	19.8% (16/81)	0.0% (0/11)	17.6% (13/73)	37.5% (3/8)
Any condomless receptive Sex				
No	16.2% (16/99)	14.8% (4/27)	16.1% (19/118)	11.1% (3/27)
Yes	20.0% (10/50)	0.0% (0/7)	23.1% (9/39)	50.0% (3/6)
Any condomless insertive Sex				
NO	19.5% (17/87)	15.4% (4/26)	15.8% (16/101)	11.1% (3/27)
Yes	14.5% (9/62)	0.0% (0/8)	21.4% (12/56)	50.0% (3/6)
Any alcohol/drug 2 hrs. before or during Sex				
No	15.8% (15/95)	8.3% (2/24)	15.7% (16/102)	18.5% (5/27)
Yes	20.4% (11/54)	20.0% (2/10)	21.8% (12/55)	16.7% (1/6)
Self-Report adherence < = 50 pct				
No	16.2% (18/111)	0.0% (0/0)	14.8% (13/88)	0.0% (0/0)
Yes	25.9% (7/27)	0.0% (0/0)	35.7% (5/14)	0.0% (0/0)
Self-Report adherence > = 90 pct				
No	20.8% (11/53)	0.0% (0/0)	18.2% (6/83)	0.0% (0/0)
Yes	16.5% (14/85)	0.0% (0/0)	17.4% (12/69)	0.0% (0/0)
Average C4 sessions				
Mean (SD)	30 (10.2)	28 (13.4)	28 (13.4)	28 (13.4)
Min, Max	15, 45	10, 65	10, 65	10, 65
25th, 75th %tile	23, 40	19, 33	19, 33	19, 33

Background: Adherence to antiretroviral treatment (ART) is the main driver of virological success, an essential issue in the fight against HIV. As international financial resources are decreasing while number of ART-treated patients is increasing, healthcare supply barriers may play an important role in ART adherence. This study aimed to investigate individual and healthcare supply-related factors of non-adherence and >2 days treatment interruption (TI) among HIV-positive patients followed within the Cameroonian ART program.

Methods: Present analyses included 1875 ART-treated patients in 19 HIV services in the Centre and Littoral regions of Cameroon. Data on adherence were collected using a face-to-face questionnaire. Adherence was evaluated using a validated algorithm measuring respect of the dosing schedule during the last four weeks. Two-level hierarchical logistic models were used to investigate correlates of non-adherence and >2 days TI.

Results: Among study patients, 29.3% were highly adherent, 49.7% were non-adherent and 21.0% reported TI. Common factors associated with a lower risk of non-adherence and TI were current or recent tuberculosis treatment at the individual level and medium-sized hospitals at the healthcare supply level, whereas binge drinking at the individual level and occurrence of ART stock outs at the healthcare supply level were risk factors of those two outcomes. Lower educational level and having benefited from an interview with a counsellor during the past year were additional individual factors associated with a lower risk of non-adherence while people feeling stigma and taking multi-tablets ART regimen were more likely to be non-adherent. Regarding individual factors of TI, we found that older