title
Factors associated to incident sexually transmitted infections (STI) among men who have sex with men (MSM) and tr women (TGW) on oral PrEP in Latin America: the ImPrEP study

## PRESENTER

Mayara Secco Torres Silva

## AUTHORS

M. Secco Torres Silva¹, T. Silva Torres ${ }^{1}$, C. Coutinho¹, R. Ismério Moreira¹, I. Costa Leite ${ }^{2}$, M. Cunha ${ }^{2}$, P.H. Amparo Costa Le Cáceres $^{3}$, K. A Konda ${ }^{3}$, J. V Guanira ${ }^{3}$, H. Vega-Ramírez ${ }^{4}$, H. Vermandere ${ }^{5}$, S. Bautista-Arredondo ${ }^{5}$, B. Hoagland¹, S. Wagı Benedetti ${ }^{1}$, M.C. Pimenta ${ }^{6}$, V. Gonçalves Veloso ${ }^{1}$, B. Grinsztejn ${ }^{1}$, ImPrEP Study Group

## INSTITUTIONS

${ }^{1}$ Instituto Nacional de Infectologia Evandro Chagas (Fiocruz), Rio de Janeiro, Brazil, ${ }^{2}$ Escola Nacional de Saúde Públiç de Janeiro, Brazil, ${ }^{3}$ Universidad Peruana Cayetano Heredia, Lima, Peru, ${ }^{4}$ Instituto Nacional de Psiquiatria Ramón de I Mexico City, Mexico, ${ }^{5}$ Instituto Nacional de Salud Pública (INSP), Cuernavaca, Mexico, ${ }^{6}$ Ministério da Saúde, Brasília, Brı

BACKGROUND: Latin America holds a high burden of STI, disproportionally affecting MSM and TGW. Despite structural s a local response, regional expansion of PrEP programs would strengthen a combination prevention approach, includii We aim to identify factors associated to STI diagnosis after PrEP initiation during the ImPrEP study.
METHODS: ImPrEP was a prospective, single-arm, open-label study, enrolling 9,509 MSM/TGW from February 2018 to De Syphilis serology was collected quarterly, while rectal chlamydia and gonorrhea molecular detection was performed ( Participants with no STI testing during follow-up were excluded. The Cox proportional hazard model was used to iden associated with first diagnosis of any STI ( p -value $<=0.05$ ).
RESULTS: Of 7,624 participants [Brazil( $n=3,478$ ); Mexico( $n=2,541$ ); Peru( $n=1605$ )], 2350(30.8\%) had at least one STI during fo Participants younger than 30 years, reporting prior post-exposure prophylaxis use, multiple sex partners (>=2), condon sex (both within 3 months prior to baseline), presenting adequate PrEP adherence (medication possession rate [MPR]> months prior to STI diagnosis), and having any STI at baseline had higher odds of having an incident STI during follow substantial behavior change was observed after PrEP initiation (Table 1). During follow-up, 28.5\% ( $n=670 / 2,350$ ) had rec

Figure 1. Factors associated to any STI diagnosis during ImPrEP study


Table 1. Behavioral characteristics of ImPrEP participants diagnosed with any STI ( $n=2,350$ )

|  | At study entry | At the time of first STI diagnosis |
| :---: | :---: | :---: |
| Multiple sex partners in the last 3 months (>= 2) | 2,095 (89.15\%) | 1,991 (84.7\%) |
| Condomless receptive anal sex | 1,731 (73.7\%) | 1,037 (44.1\%) |
| Use of stimulant drugs | 502 (21.4\%) | 409 (17.4\%) |

CONCLUSIONS: High rates of STI among PrEP users underscore a need for tailored interventions, especially among you results suggest that PrEP users with incident STI were already highly vulnerable at the study's baseline, not configuring compensation behavior after PrEP initiation. PrEP programs represent an unprecedented opportunity to expand STI sc preventing further HIV and bacterial STI transmission. Our findings also contribute to identifying individuals who woul from bacterial STI prophylaxis.

