INTRODUCTION
Since the FDA approval of Pre-exposure Prophylaxis (PrEP) for those at risk of HIV and the knowledge that having an undetectable viral load in patients living with HIV makes transmission unlikely, many individuals in both groups have reduced condom use. Higher rates of bacterial sexually transmitted infections (STIs) may reduce the health impact of chemoprophylaxis.

METHODS
A retrospective cohort of PrEP and HIV patients with at least one medical visit to one of two clinics in Dallas, Texas from January, 2016 through December, 2018 were compared. Three-site testing was performed on all patients reporting condomless sex. Categorical variables were compared using Chi-Square. A binomial logistic regression model was used to evaluate the odds of STI acquisition.

RESULTS
- 185 PrEP patients were screened in 731 visits; 2375 HIV patients had 5472 visits.
- PrEP patients contributed 156 person-years (py) to the study, while HIV patients 1949 py.
- Incidence rates were higher in PrEP patients than HIV patients for any STI (76/100 py, 95% CI, 69-82 vs. 36/100py, 95% CI, 34-38, p<0.001)
- Any chlamydia (CT) (46/100py, 95%CI, 39-54 vs. 16/100py, 95% CI, 15-18, p<0.0001)
- Rectal gonorrhea (GC) or CT (53/100py, 95% CI, 39-54 vs.24/100py, 95%CI, 22-26, p<0.00001).
- In a binomial regression model, being a PrEP vs. HIV patient was positively correlated with any rectal STI on screening (aOR, 2.17, 95% CI, 1.39 -3.37, adjusted for age, race, year specimen obtained, and HIV viral load<20).

CONCLUSIONS
Higher rates of gonorrhea and chlamydia in PrEP patients highlight the need to emphasize condom use in the era of chemoprophylaxis.

REFERENCES