

**Discussion** The COVID pandemic has a significant effect on sexual health care in a metropolitan region of the US; that effect is lasting, especially in areas of medium and high chlamydia rates. Health systems must consider how the pandemic has impacted care provided for all major public health problems, including STIs/HIV or risk worsening sexual health.

**P255 TROUBLING SILENCES: REFLECTING ON FINDINGS FROM AN INTEGRATIVE REVIEW ON ACCESS TO PREP**

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**Background** In 2012, pre-exposure prophylaxis (PrEP) was approved as an HIV-prevention intervention. PrEP is a highly effective strategy for reducing the risk of HIV acquisition, particularly in populations at high risk of contracting the virus. In an integrative review of the literature, we explored barriers and facilitators to accessing PrEP and outlined potential interventions to mitigate access. In the integrative review, 48 studies were included. We also extracted data that provided information on potential interventions and recommendations that stakeholders and decision-makers can utilize to advance practice guidelines and health policies that will improve PrEP access among high-risk populations. In this paper, we reflect on the review findings and contemplate the silences that became visible when looking across all studies.

**Methods** We engaged in the process of reflexivity as we looked across the included studies. Throughout this process, we made notes, engaged in conversations, and consulted with others who work in the field. Results/

**Conclusion** We noted three significant areas of silence. One was a lack of intersectional analysis, which considers multiple minority-stress factors acting simultaneously. With little understanding of the complexities impacting understudied populations' intersectionalities, stakeholders and decision-makers lack not only formative contextual research, but also any effective implementable measure to increase PrEP uptake. The studies analyzed showed a lack of community-participatory research practice. At large, the studies found did not explore, nor perceive, communities at HIV risk as agents of their own health. Neither did they represent these communities as capable stakeholders and decision-makers in matters regarding sexual behavior and harm reduction. Peer-support involvement in public health measures to improve PrEP access has been scarce. Despite social connections and relationships representing efficient methods for PrEP awareness, education, and stigma reduction, peer involvement remains mostly unexplored in the literature in relation to PrEP access.

**P256 IDENTIFYING STI RISK GROUPS AMONG HETEROSEXUALS IN A COHORT STUDY BASED ON BEHAVIOURAL AND PSYCHOLOGICAL CHARACTERISTICS DURING THE COVID-19 PANDEMIC**

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Measures to reduce Coronavirus disease (COVID-19) transmission, including physical distancing, and downscaling of sexual health care impact behaviour and sexual health. We aimed to examine the impact of COVID-19 measures on sexual behaviour, and to characterize heterosexuals who were at high risk of acquiring sexually transmitted infection (STI) during the pandemic. A longitudinal cohort study (2016–2020) was conducted among Dutch heterosexual males and females aged 21–28 years in 2020. We used data on behavioural and psychological characteristics from: pre-lockdown (June–August 2019), lockdown (March–May 2020), and post-lockdown (June–August 2020). Behaviour change was compared between subgroups identified with latent class analysis. Four latent classes were identified (n=239). Individuals in class 1 (48% of study population) and 2 (36%) were at low risk of acquiring STI pre-lockdown, during, and post-lockdown, and reported mostly steady partnerships. Individuals in class 3 (9%) and 4 (7%) reported multiple casual partners pre-lockdown, and class 4 continued having multiple partners during lockdown (56% reported same/increased partner numbers compared to pre-lockdown versus 18% in class 3). Class 4 was characterized by less condom use, lower health goals, less positive STI/COVID-19 prevention attitudes, and higher impulsiveness compared to class 3. Post-lockdown, 36% in class 3 and 42% in class 4 reported same/increased partner numbers compared to pre-lockdown. Of individuals who wanted an STI test during or post-lockdown in class 3 (57%) and 4 (75%), 62% and 56% respectively did not get tested, mainly because they were not able to get an appointment. STI risk during the COVID-19 pandemic was low in most heterosexuals, but specific subgroups engaged in high-risk behaviour during lockdown and post-lockdown. During and after the COVID-19 pandemic, impulsive individuals with low health goals and less positive infection prevention attitudes should be prioritized for STI testing, and targeted with behavioural interventions tailored to these psychological characteristics.

**P257 ONLINE PARTNER SEEKING AS A SOCIAL PRACTICE: FINDINGS TO DEVELOP THE FOURTH NATIONAL SURVEY OF SEXUAL ATTITUDES AND LIFESTYLES**

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**Background** Rapid development and uptake of digital technologies have influenced sexual lives. As part of development research for the decennial British National Survey of Sexual Attitudes and Lifestyles (Natsal-4), we aimed to understand the practices of adults in Britain using digital technologies to meet sexual and romantic partners.

**Methods** We conducted 40 semi-structured interviews with adults in Britain on the role digital technologies played in their sexual lives. Here we draw on the accounts of 22 of those who had direct experience of online partner seeking. Informed by Social Practice Theory, we developed thematic

codes encompassing the materials, skills and meanings that constitute online partner-seeking as a social practice.

**Findings** Online partner seeking is a social practice normalised in contemporary culture, enmeshed within broader online cultures of image presentation. It is associated with multiple goals and imbued with possibilities as well as risks. Material elements we identified related to the technology, its affordances, and how these shape interactions. We found that technological, interpersonal, and self-care skills were together required to seek and progress to various relationship forms and protect the self. Distinct linguistic, sexual, harm/damage limitation and exit strategies also drew on a range of skills. Participants reflected on how they presented themselves online, on their intentions, and on the skills required to 'read' situations and act authentically.

**Conclusion** While online partner seeking has often been considered individualistic, outcomes can be read through a lens of Social Practice Theory. Successful partner selection, communication and avoidance of harm depend on a complex learned constellation of the skills, materials and meanings associated with dating choices. Our findings have potential to inform survey questionnaire design and effective, nuanced health promotion interventions which consider intersecting dimensions of this social practice to build skills, develop goals and assess strategies to respond to unwanted interaction.

**P258** EXPLORING THE ATTITUDES AND ACCEPTABILITY OF ANAL SELF-EXAMINATION FOR EARLY DETECTION OF ANAL SYPHILIS – A MIXED METHOD STUDY

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**Objective** Studies have suggested MSM practising receptive anal sex are more likely to miss anorectal syphilis lesions. We hypothesised that performing regular anal self-examination (ASE) could detect anorectal syphilis lesions. We aimed to explore the attitudes and acceptability of MSM on performing ASE to detect primary anal syphilis.

**Methods** This mixed-method study involved semi-structured interviews with 20 MSM purposively sampled from a sexual health clinic and a cross sectional survey with MSM over 18 years of age recruited through the clinic and social media between January to November 2020. Interviews data were analysed thematically and descriptive analysis performed on the survey data.

**Results** Four major themes emerged from the interviews; reasons for ASE, preferred resources for ASE, acceptability of ASE, and attitudes towards partner anal examination. The majority of MSM had conducted ASE previously; however, only a few performed it regularly for medical reasons. Most men not regularly conducting ASE were uncertain about differentiating normal and abnormal ASE findings, although were willing to perform ASE regularly with appropriate education and training.

574 MSM completed the survey (median age: 34 [IQR 27–45]): 182 (32%) had previously performed ASE. Among 373 (65%) who had not performed ASE, 250 (67%) were willing to consider ASE as a regular practice for early syphilis detection (median 0.9 times per month). There were no significant differences in demographic characteristics and sexual practices between the two groups.

**Conclusion** Most MSM were willing to perform ASE, however, would like further education and training to gain more confidence in performing ASE as a screening tool. Almost two-third of the MSM who had never performed ASE were willing to adopt ASE practice in the future. Further studies are required to explore the adherence and cost-effectiveness of ASE.

**P259** SEX IN THE CITY: UNDERSTANDING PERCEIVED RISKS AND SEXUAL BEHAVIOR AMONG ADOLESCENTS AND YOUNG ADULTS DURING THE SARS CO-V-2 PANDEMIC

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**Background** SARS Co-V-2 (COVID-19) mitigation strategies have resulted in limited clinical operations for sexual health services and adolescents and young adults (AYA) have received mixed messages about the risk for serious COVID-19 infection. This work describes the sexual behavior and relationship between COVID-19 risk perceptions and sexual behaviors among urban AYA during the pandemic.

**Methods** Cross-sectional data were used from AYA enrolled across four sexual health studies in Baltimore, Maryland (USA). Participants had an active STI, HIV, or were at risk for STI/HIV. The March 16, 2020 'stay-at-home' orders were used to define the pandemic period in the human subjects' approved telephone survey. Demographics, COVID-19 risk perception, testing behavior, positivity in their social circle, and relationship/sexual behaviors data were evaluated using regression analyses.

**Results** 194 participants with a mean (sd) age of 22.7 (2.8) years were surveyed. Most were female (81%) with public health insurance (68%), 61% were in a relationship, 36% were cohabiting, 79% had sex during the stay-at-home order, 68% used some form of contraception, 39% used a condom at last sex, and 23% had STI screening during the pandemic. 51% had COVID-19 testing, and 31% and 8% experienced a COVID-19-related diagnosis or death, respectively, in their social circle. Using a 10-point Likert scale (10=most concerned), the mean concern score for contracting COVID-19 was 5.0 (3.7) and during intercourse was 3.0 (4.1). Those with COVID-19 positivity within their social circle were marginally more likely to have COVID-19 testing (adjusted OR 1.69, 95% CI 0.89 – 3.19, p = 0.107). Concern for COVID infection or COVID-19 in social circle was not associated with sexual intercourse or condom use.

**Conclusion** Urban AYAs remain at risk for STIs and COVID-19 given community rates, low condom use, and low COVID risk perceptions. Youth-focused mitigation strategies to reduce STI/HIV and COVID-19 are warranted.