

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

¹T Trombetta*, ²J Benito Tovillo, ²V Caine. ¹Go Freddie, Edmonton, Canada; ²University of Alberta, Canada

10.1136/sextrans-2021-sti.330

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

¹D van Wees*, ²N Godijk, ³C den Daas, ²M Kretzschmar, ¹J Heijne. ¹Center for Infectious Diseases Control, National Institute for Public Health and the Environment, Bilthoven, The Netherlands; ²Julius Center for Health Sciences and Primary Care, University Medical Center Utrecht, Utrecht, The Netherlands; ³Aberdeen Health Psychology Group, Institute of Applied Health Sciences, Aberdeen, UK

10.1136/sextrans-2021-sti.331

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

¹D Reid*, ¹C Bonell, ²R Lewis, ³B Hogan, ²K Mitchell, ²R Bosó Pérez, ⁴J Gibbs, ⁵C Smith, ⁶F Attwood, ⁴C Mercer, ⁴P Sonnenberg, ¹W Macdowall, the Natsal-4 Team. ¹Department of Public Health, Environments and Society, London School of Hygiene and Tropical Medicine, London, UK; ²MRC/CSO Social and Public Health Sciences Unit, University of Glasgow, Glasgow, UK; ³Oxford Internet Institute, University of Oxford, Oxford, UK; ⁴Institute for Global Health, University College London, London, UK; ⁵Northumbria University, Newcastle, UK; ⁶Independent Scholar, UK

10.1136/sextrans-2021-sti.332

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

¹E Aung*, ^{1,2}J Ong, ^{1,2}T Phillips, ^{1,2}M Chen, ^{1,2}K Maddaford, ^{1,2}E Rodriguez, ^{1,2}C Fairley, ^{1,2,3}E Chow. ¹Melbourne Sexual Health Centre, Carlton, Australia; ²Central Clinical School, Faculty of Medicine, Nursing and Health Sciences, Monash University, Melbourne, Australia; ³Centre for Epidemiology and Biostatistics, Melbourne School of Population and Global Health, The University of Melbourne, Melbourne, Australia

10.1136/sextrans-2021-sti.333

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

M Trent*, A Agwu, J Perin, J Rowell, L Spatafore, J Coleman, C Gaydos, P Matson. *Johns Hopkins School of Medicine, Baltimore, USA*

10.1136/sextrans-2021-sti.334

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.