

HIV healthcare professional (HCP) beliefs and practices around sharing diverse types of service user and clinic-generated data across multiple contexts.

**Methods** During February–October 2020, we conducted 14 semi-structured interviews with HCPs working in a large UK HIV outpatient service. Participants engaged in a card sorting task, sorting 33 data types routinely shared in HIV care into categories (comfortable/not comfortable/not sure) across three data-sharing contexts: (a) service users to HCPs in consultations; (b) HCPs to GPs; (c) HCPs to non-HIV HCPs. Data were analysed thematically.

**Results** Over half (57%) of participants were female; 57% were doctors. Participants had worked in HIV for 12 years on average.

HCPs were comfortable with a wide range of data being shared with them by service users. Across all sharing contexts, HCPs were uncomfortable with sharing of service user photographs, perceiving them as not routinely shared, unnecessary, and potentially risking inadvertent sharing of inappropriate content. HCPs were comfortable sharing data with GPs and other non-HIV HCPs in two broad categories: (a) demographic data (e.g. age) and (b) non-sensitive data related to general health (e.g. sleep). HCPs were less comfortable sharing sensitive information about HIV status, sexual health, behaviour and identity. Service user consent and relevance of data to sharing context were key determinants of data-sharing comfort.

**Conclusion** Understanding the context of data-sharing in HIV care is increasingly important given the shift to remote consultations and expectations for self-management. We demonstrate the complex interplay of data types, relationship dynamics, and contexts of care provision that shape the data-sharing ecosystem in HIV care. Developing guidance on the sharing of service user and clinic-generated data in HIV care must account for these complexities.

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#### SWITCHING TO DORAVIRINE IN CART EXPERIENCED PATIENTS: EFFECTIVE, HIGHLY TOLERATED, AND COST SAVING. A RETROSPECTIVE COHORT STUDY

<sup>1</sup>V Lanting\*, <sup>1</sup>P Oosterhof, <sup>1</sup>D Ait Moha, <sup>1</sup>G Van den Berk, <sup>1,2</sup>K Brinkman, <sup>1</sup>OLVG hospital, Amsterdam, The Netherlands; <sup>2</sup>University of Amsterdam, Amsterdam, The Netherlands

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**Background** Doravirine is a NNRTI with demonstrated effect as third agent in treatment naive and experienced HIV patients.

**Aim** To evaluate outcomes of cART experienced patients switching their therapy to DOR/TDF/3TC or doravirine based regimens, with focus on efficacy, tolerability and costs.

**Methods** Baseline characteristics like treatment history, and laboratory values were retrospectively collected with follow up data at 6 months. If patients stopped therapy, reasons were evaluated. Baseline and follow-up data were compared in patients that continued therapy using IBM SPSS. Potential cost savings compared to prior cART were estimated for the cohort that continued DOR/TDF/3TC for follow-up period and extrapolated to the average per year.

**Results** A total of 377 patients (91% men) were included that completed outpatient clinic visit or/and laboratory data at 6 months: 97.1% switched to Doravirine/tenofovir/lamivudine (DOR/TDF/3TC) and 2.9% to other doravirine based

regimens. Doravirine was prematurely stopped in 58/377 patients (15.4%). Reason to stop was a patient-reported adverse event in 43/377 patients (11.4%); most frequently gastrointestinal (3.8%) or insomnia/sleep disturbances (3.4%). Other reasons were virologic failure (0,8%) with only 1 case demonstrating resistance (V106VA, V108VI), decreased renal function (0,8%), and ALAT grade 2 (0,5%).

Within the group that continued doravirine grade 1 ALAT elevation was more frequently observed at 6 months compared to baseline (14.2% vs. 7.9% ( $p=0.004$ ),  $n=318$ ); no grade 2/3/4 increase was observed. A decrease in LDL-c was seen (3.50 ( $\pm 1.10$ ) mmol/L vs. 2.97 ( $\pm 0.79$ ) mmol/L;  $n=42$ ,  $p<0.001$ ). No change in creatinine levels was observed. The switch in 319 patients that continued therapy saved 33% in costs with an average saving of € 3,130 euros per patient/year (€ 1 million total).

**Conclusion** Doravirine is a suitable therapy for maintenance treatment and shows enormous savings. In addition, our data shows that it is also effective and well tolerated by 85% in our patient group.

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#### CHANGES IN SEXUAL BEHAVIOR DURING COVID-19 AMONG MEN WHO HAVE SEX WITH MEN IN A SEXUAL NETWORK STUDY

<sup>1</sup>M Spahnie\*, <sup>1</sup>A Matthews, <sup>1</sup>D Kiss, <sup>1</sup>L Jones, <sup>2</sup>C Copen, <sup>2</sup>J Rushmore, <sup>2</sup>K Bernstein, <sup>1</sup>J Ricks, <sup>1</sup>W Miller, <sup>3</sup>A Norris Turner. <sup>1</sup>College of Public Health, The Ohio State University, Columbus, USA; <sup>2</sup>Division of STD Prevention, Centers for Disease Control and Prevention, Atlanta, USA; <sup>3</sup>College of Medicine, The Ohio State University, Columbus, USA

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**Background** As part of an ongoing sexual network study, we assessed the impact of COVID-19 on sexual behavior of men who have sex with men (MSM).

**Methods** The Columbus, Ohio arm of the multi-site Network Epidemiology of Syphilis Transmission (NEST) study is following 241 MSM over two years. Participants attend quarterly visits with behavioral surveys and HIV/STI testing. In April 2020, we implemented an additional survey to measure the impact of COVID-19 on sexual behavior. Our analysis compared participants' reported sexual behavior during two periods: April–July 2020 (T1) and August–December 2020 (T2).

**Results** Of the 200 participants who completed at least one COVID-19 survey in either time period, 10 (5%) self-reported a previous COVID-19 diagnosis. We compared behaviors reported by 174 respondents who submitted surveys in both time periods. During T1, about half (46%) said they felt more anxious about sex since COVID-19; anxiety was similar during T2 (43%). Many reported engaging in online sexual activities, though we saw no meaningful differences by time period for starting or increasing chatting on hookup apps (T1=30%, T2=30%), sexting (T1=30%, T2=25%), or video chat sex (T1=16%, T2=14%). Watching pornography was reported more often in T1 than T2 (53% vs. 42%). Nearly a third of respondents (30%) in T1 reported that they were not having sex; this decreased to 17% in T2. Compared to pre-pandemic behavior, in T1 a majority of participants (74%) said they were less likely to have sex with a new partner, compared to 61% during T2.

**Conclusion** During COVID-19, nearly half of MSM reported feeling more anxious about sex, and many turned to online activities in lieu of in-person sex. However, when comparing