management of STIs/RTIs versus reference-standard laboratory diagnoses.

Methods This was an observational cross-sectional study of 1,086 pregnant women. Participants were enrolled at ANC booking, socio-demographic information and biological samples were collected, and the provision of syndromic management based care was documented. The Piot-Fransen model was used to evaluate the effectiveness of syndromic management versus etiological testing.

Results Participants had a mean age of 25.6 years and a mean gestational age of 22.0 weeks. Of 1084 women, 700 had at least one STI/RTI (64.6%; 95% confidence interval [CI], 61.7, 67.4). Only 10.2% of infected women received any treatment for a curable STI/RTI (excluding syphilis). Treatment was given to 0 of 56 women with chlamydia (prevalence 5.2%; 95% CI, 4.0, 6.6), 14.7% of participants with gonorrhoea (prevalence 3.1%; 95% CI, 2.2, 4.4), 7.8% of trichomoniasis positives (prevalence 24.8%; 95% CI, 22.3, 27.5); 7.5% of women with bacterial vaginosis (prevalence 48.7%; 95% CI, 45.2, 51.2). An estimated 7.1% (95% CI, 5.6, 8.7) of participants had syphilis and received treatment.

Conclusions Curable STIs/RTIs were common and the majority of cases were undetected and untreated. Alternative approaches are urgently needed in the ANC setting in rural Zambia.

P222 AWARENESS OF INTERNET-BASED TESTING FOR SEXUALLY-TRANSMITTED AND BLOOD-BORNE INFECTIONS AMONG SEXUAL MINORITY MEN IN BRITISH COLUMBIA, CANADA

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Background GetCheckedOnline is an internet-based testing program for HIV, Hepatitis C, and other sexually-transmitted infections (STIs) in British Columbia (BC), Canada. The program launched in 2014 in Vancouver, BC's largest urban centre, and expanded to six smaller urban and suburban BC communities in 2016. We sought to measure GetCheckedOnline awareness among gay, bisexual, and other men who have sex with men (gbMSM), and to identify characteristics that may contribute to program awareness.

Methods Sex Now was a cross-sectional online health survey of Canadian gbMSM aged ≥ 15 years recruited from 10/2019–02/2020. BC residents were asked if they knew about GetCheckedOnline and additional questions related to implementation outcomes. We built a multivariable logistic regression model including all variables significant in univariate analysis to quantify associations with awareness, and report adjusted odds ratios and 95% confidence intervals (AOR [95%CI]).

Results Among participants living in regions where GetCheckedOnline is available (n=1132, median age: 36 years), 38.1% were aware of GetCheckedOnline. Greater GetCheckedOnline awareness was associated with living outside of Vancouver (AOR=2.15 [1.50–3.10]), identifying as queer (AOR=1.58

[1.13–2.21]), having post-graduate education (AOR=1.84 [1.17–2.91]), being out to healthcare providers (AOR=1.97 [1.22–3.24]), using ≥ 3 geolocation-based sex-seeking apps (AOR=2.15 [1.40–3.33]), and past-year involvement in LGBTQ2S+-specific activities (AOR=1.56 [1.10–2.23]). Awareness decreased with increasing years of age (AOR=0.98 [0.97–1.00]). Compared with participants who usually tested for STIs at a sexual health clinic, awareness was lower among participants who usually tested for STIs through their family doctor (AOR=0.50 [0.33–0.73]) or at walk-in medical clinics (AOR=0.54 [0.30–0.96]), and among those who had never tested for STIs previously (AOR=0.17 [0.06–0.39]).

Conclusion Almost 40% of gbMSM in our sample were aware of GetCheckedOnline. Increasing promotion to gbMSM who are not out to their healthcare provider, who have never tested previously for STIs, or who are less connected to LGBTQ2S+ communities may improve program reach.

P224 LONELINESS AMONG OLDER BLACK AND WHITE PEOPLE LIVING WITH HIV

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Background Loneliness is a concern among older people living with HIV (PLWH), especially given the ongoing COVID-19 pandemic. Currently, there is little research characterizing loneliness and race. To investigate how HIV impacts older (age 50+) PLWH in the US, a study called Aging with Dignity, Health, Optimism and Community (ADHOC) was launched at ten sites to collect self-reported data. This study uses ADHOC data to compare loneliness between older Black and White PLWH.

Methods A cross-sectional analysis was performed to compare loneliness between older Black and White PLWH. Loneliness was assessed using the Three-item Loneliness Scale, a validated patient-reported outcome measure (range 3–9), with higher scores indicating greater loneliness. Student's t-test was used to compare loneliness between White and Black people. Control variables for loneliness were identified a priori and included in a multivariable linear regression model.

Results Of 868 participants, the average age was 60 (SD 6.2) years, 77% (N=671) were White and 23% (N=197) were Black, 85% were male, and 82% were gay or lesbian. In bivariate analyses, Black participants were less lonely than White participants (5.2 vs 5.6, P=.02). In the multivariable linear regression analysis, Black participants were again less lonely than Whites (coef. -0.45, P=0.01) while controlling for age, education, depression, anxiety, number of co-morbid conditions, being single, income, gender, sexual orientation, and spirituality (Adjusted R²=0.38; P<.01).

Conclusion Among PLWH over age 50 in ADHOC, Black participants experienced less loneliness than White participants, even after controlling for a variety of factors. Additional research is needed to better understand the causes of these racial differences, so that programs designed to decrease loneliness among PLWH can consider the unique characteristics of each group.