Results We included 355 participants with in total 459 syphilis episodes. HIV-positive MSM were more likely to have a history of previous syphilis episodes compared to HIV-negative MSM (68/90 [75.6%] vs 96/265 [36.2%], $P < 0.001$). Moreover, HIV-positive MSM with repeat syphilis were less often diagnosed with primary syphilis than HIV-negative MSM (7/73 [9.6%] vs 36/126 [28.6%]) and more often diagnosed with secondary syphilis (16/73 [21.9%] vs 17/126 [13.5%]) and early latent syphilis (50/73 [68.5%] vs 73/126 [57.9%]) ($P = 0.005$). While not significantly different at 12 months, HIV-negative MSM were more likely to have an adequate titre response after 6 months compared to HIV-positive MSM (138/143 [96.5%] vs 66/74 [89.2%]) ($P = 0.032$).

Conclusions In repeat syphilis, HIV-infection is associated with advanced syphilis stages and with higher non-treponemal titres. HIV-infection affects the serological outcome after treatment, as an adequate titre response was observed earlier in HIV-negative MSM.

P240 THE IMPACT OF THE COVID-19 PANDEMIC ON THE TRENDS OF SEXUALLY TRANSMITTED INFECTIONS IN BELGIUM. RESULTS OF AN STI CLINIC

¹I De Baetselier*, ²L Apers, ²T Platteau, ²K Wouters, ³J Buyze, ²E Florence, ²C Kenyon, ¹D Van den Bossche. ¹Institute of Tropical Medicine, cClinical Reference Laboratory, Belgium; ²Institute of Tropical Medicine, Department of Clinical Sciences, STI Clinic, Belgium; ³Institute of Tropical Medicine, Department of Clinical Sciences, Clinical Trials Unit, Belgium

10.1136/sextrans-2021-sti.322

Background Due to the COVID-19 pandemic, the Belgian government imposed two semi-lockdowns (LD) with different social behavioral restrictions in 2020. Our aim was to assess the impact of these COVID-19 pandemic-response measures on *Neisseria gonorrhoeae* (NG) and *Chlamydia trachomatis* (CT) figures in an STI clinic (low-threshold clinic, PrEP & HIV follow-up) in Antwerp, Belgium.

Methods The overall number of CT/NG requests and positivity ratio during 2020 was compared with 2019. In addition, different periods of 2019 and 2020 were compared using mixed-effects logistic regression methods. 1. pre-lockdown (01/01–17/03, no restrictions), 2. LD1 (18/03–10/05, no social contact outside the household, only 'urgent' consultations), 3. after LD1 (11/05–01/11, varying between 2–10 additional social contacts) and 4. LD2 (02/11–31/12, maximum two social contacts).

Results Overall, the number of CT/NG requests decreased by 27.7% (7170 in 2019 to 5183 in 2020). Whilst the number of patient contacts declined by 22.4%, positivity rate of CT (8.0% in 2019; 7.8% in 2020) and NG (4.7% vs 5.5%) remained similar in both years. During LD1, a significant reduction in CT/NG requests was noted (decrease of 88.1%) and the number of consultations dropped by 60.1%. Whereas the positivity ratio of NG during period LD1 increased from 5.3% in 2019 to 9.3% in 2020, no significant change was found for CT (8.2% in 2019 to 7.8% in 2020). During the other time periods, the absolute number of requests and CT/NG infections in 2020 were comparable with 2019. Nevertheless, higher positivity ratios were found during LD2 period 2020 compared to 2019 (CT: 9.9% vs 8.2% in 2019; NG: 6.1 vs 5.1% in 2019, $p > 0.05$).

Conclusion Despite a sharp drop in consultations, the proportion of CT/NG did not decrease in 2020 compared to 2019.

We observed a trend towards higher positive CT/NG rates in LD2 which may depict social distancing fatigue.

P241 UGANDAN MEN WITH URETHRITIS, WHAT CAN DIAGNOSTIC CERTAINTY TELL US?

¹M Hamill*, ¹J Melendez, ²A Onzia, ²M Atuheirwe, ³P Kyambadde, ⁴T Wang, ^{1,2}Y Manabe. ¹Johns Hopkins School of Medicine, Baltimore, USA; ²Infectious Disease Institute, Kampala, Uganda; ³AIDS Control Program, Division of Sexually Transmitted Infections, Ministry of Health, Kampala, Uganda; ⁴Johns Hopkins University, Department of Mechanical Engineering, Baltimore, USA

10.1136/sextrans-2021-sti.323

Background Laboratory infrastructure is limited in Uganda; syndromic case management is used to treat sexually transmitted infections (STI). Progress in addressing the HIV epidemic is threatened by uncontrolled STI transmission. We report on the prevalence of STI in Kampala, Uganda.

Methods Demographic and behavioral data were captured by questionnaire. Penile-meatal swabs, urine and blood were collected from Ugandan men with urethral discharge syndrome (UDS) attending 6 clinical sites in Kampala Uganda. Genital samples were cultured for *Neisseria gonorrhoeae* (NG), and nucleic acid amplifications tests (NAATs) performed for NG, *Chlamydia trachomatis* (CT), and *Mycoplasma genitalium* (MG). HIV, and syphilis were diagnosed using point-of-care assays.

Results Of 250 participants, mean age was 27.9 (16–59 years), 140 (56.0%) were ≤ 25 years, and 238 (95.2%) identified as heterosexual. 'Always' condom use was 1 (0.4%), and 154 (61.6%) reported transactional sex in the previous 6 months. In the 14 days prior to attendance, 100 (40%) reported antibiotic use, including ciprofloxacin, doxycycline, and penicillin (26 (25.7%), 31 (30.7%), and 13 (12.9%), respectively) despite $>98\%$ resistance in NG isolates. NAAT positivity was 166 (66.5%), 51 (20.4%), and 29 (11.6%) for NG, CT, and MG respectively. Of 50 (20%) participants with HIV; 2 (0.8%) were newly diagnosed. Syphilis serology was positive in 25 (10%), of these 20 (80%) were new diagnoses; RPR range 1:1 – 1:1024. Dual and triple NG, CT, MG co-infections were found in 33 (13.3%), 4 (1.6%) respectively.

Conclusions This cross-sectional study demonstrates a very high prevalence of bacterial STI in men with UDS, presenting to clinical services in Kampala. In contrast, new HIV infections were relatively uncommon. Without POC testing, the vast majority of syphilis infections would have gone undiagnosed. Diagnosing STI in this population presents an ideal segue into HIV prevention services; the feasibility and efficacy of this approach requires further study.

P243 TIME-TO-CLEARANCE OF N. GONORRHOEAE (NG) RNA AT THE PHARYNX FOLLOWING TREATMENT WITH CEFTRIAXONE AND AZITHROMYCIN

^{1,2}L Barbee*, ^{1,3}O Soge, ⁴C Khosropour, ¹A LeClaire, ^{1,2,4}M Golden. ¹University of Washington, Department of Medicine, Division of Allergy and Infectious Diseases, Seattle, USA; ²Public Health – Seattle and King County HIV/STD Program, Seattle, USA; ³University of Washington, Department of Global Health, Seattle, USA; ⁴University of Washington, Department of Epidemiology, Seattle, USA

10.1136/sextrans-2021-sti.324