

**Background** It is estimated that everyday over 1 million individuals contract a curable sexually transmitted infection (STI) worldwide. For an appropriate STI treatment, it is necessary to have an accurate diagnosis. The Alinity m STI assay is a multiplex RT-PCR assay that identifies four STI pathogens: *Chlamydia trachomatis* (CT), *Neisseria gonorrhoeae* (NG), *Trichomonas vaginalis* (TV), and *Mycoplasma genitalium* (MG) in a single (115 min) reaction. The aim of this study was to evaluate the assay clinical performance.

**Methods** Clinical performance of Alinity m STI assay was assessed using 201 residual clinical samples [119 urine and 82 in gynecological specimens] and compared with Abbott Real-Time CT/NG assay and XGEN MULTI UP test (Mobius Life Science) for TV/MG. Precision and reproducibility were evaluated by testing panel members in contrived swab. Five panel members (PM) were tested in 12 replicates in two days: PM1=CT, PM2=NG, PM3=TV, PM4=MG and PM5=CT/NG/TV/MG at 2X claimed LoD.

**Results** For CT, the positive (PPA) agreement and negative (NPA) agreements were 95% and 100% respectively. For NG, the PPA was 94% for urine and 100% for gynecological specimens, and NPA was 99% and 100%, respectively. For MG, PPA and NPA were 100%. For TV, NPA was 100% (no positive result obtained). Co-infection with MG was observed in 5% of CT or NG positive samples. The overall agreement for both sample types and the four organisms was 98.5% (516/524). All panel members were detected and accurately identified, individually (PM1–4) or in the presence of the other three pathogens (PM5).

**Conclusion** The Alinity m STI assay showed excellent agreement (97–100%) between methods and streamlines laboratory workflow with simultaneous detection of 4 pathogens in a single reaction from the same sample. This assay allows rapid infection identification supporting clinicians to properly treat patients, especially when a co-infection is present.

#### P270 ACCEPTABILITY OF SELF-COLLECTED THROAT SWABS AMONG MEN WHO HAVE SEX WITH MEN ATTENDING A SEXUAL HEALTH CENTRE

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**Background** Due to the COVID-19 pandemic, sexual health clinics across Australia have switched from clinician-collected to self-collected swabs for oropharyngeal STI screening. The study aimed to determine the acceptability of self-collected throat swabs among 200 gay, bisexual and other men who have sex with men (GBMSM) attending a sexual health service.

**Methods** GBMSM aged  $\geq 16$  years old, had a throat swab taken at the Melbourne Sexual Health Centre (MSHC), and provided consent to participate in research, were invited to take this online survey by SMS. The survey collected data on how easy or difficult men found collecting their own throat swab.

**Results** 273 GBMSM completed the survey; 218 (79.9%) self-collected their throat swab and were included in the final analysis. Most participants found collecting their own throat

swabs very easy, easy, or were neutral (190; 87.2%; 95% confidence interval [95%CI]: 82.0% to 91.3%) and 28 (12.8%; 95%CI: 8.7% to 18.0%) found it difficult or very difficult. There were 85 (39.0%) who reported taking the swab by themselves was worse than previous experiences of clinician-collected swabs, compared to 110 (50.5%) who reported it was better taking the swab by themselves or found no difference to previous clinician-collected swabs. The two most commonly reported experiences during self-collection were gagging (155; 71.1%) and being worried they had not done it correctly (46 out of 95 who were asked this; 48.4%). Almost half of participants preferred to have a clinician take their throat swab (103; 47.5%; 95%CI: 40.5% to 54.1%); 66 (30.4%; CI: 24.3% to 36.8%) did not have a preference and 48 (22.1%; 95%CI: 16.7% to 28.1%) preferred to take the swab themselves.

**Conclusion** Most GBMSM did not find self-collecting throat swabs difficult, however almost half of participants preferred to have a clinician take the swab.

#### P271 SEXUAL HEALTH SERVICE ADAPTATIONS TO THE CORONAVIRUS DISEASE 2019 (COVID-19) PANDEMIC IN AUSTRALIA: A NATIONWIDE ONLINE SURVEY

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**Background** We aimed to examine the changes public sexual health services across Australia made during the national lockdown (March-May 2020) due to the COVID-19 pandemic.

**Methods** From July-August 2020, we emailed a link to an online survey to 21 sexual health clinic directors/managers who were part of the Australian Collaboration for Coordinated Enhanced Sentinel Surveillance of Sexually Transmissible Infections and Blood-borne Viruses (ACCESS) network.

**Results** All 20 participating clinics remained open but reported changes during the lockdown, including suspension of walk-in services in 8 clinics.

Some clinics stopped offering asymptomatic screening for heterosexuals (n=11), men who have sex with men (MSM) (n=3), or transgender persons (n=2). Most clinics offered a mix of telehealth and face-to-face consultations for asymptomatic MSM (n=11), asymptomatic transgender persons (n=12), post-exposure prophylaxis (PEP) prescription (n=13) or to initiate pre-exposure prophylaxis (PrEP) (n=14). People who were symptomatic for STIs and contacts of STIs were offered face-to-face and telehealth consultations across all clinics. Seven clinics suspended STI test-of-cure consultations and four clinics suspended hepatitis vaccinations for people not living with HIV. Nineteen clinics reported delays in testing and 13 reported limitations in testing during lockdown. Most clinics changed to phone consultations for HIV

medication refill (n=15) with faxed (n=14) or mailed (n=13) prescriptions. Fourteen clinics had staff redeployed to assist the COVID-19 response; 14 clinics reported a reduction in total number of full-time equivalent (FTE) clinical nurses from 74.4 to 45.6 FTE collectively and three clinics reported reduction in FTE clinical doctors, from 20.1 to 17.1 FTE collectively.

**Conclusion** Australian public sexual health clinics rapidly pivoted service delivery to reduce the risk of COVID-19 transmission in their clinical settings, managed staffing reductions and delays in molecular testing, released staff to support the COVID-19 response, and maintained a focus on urgent and symptomatic STI presentations and those at higher risk of HIV/STI acquisition.

**P272** AGE PATTERNS OF ORAL AND ANAL SEXUAL PRACTICES AMONG HETEROSEXUAL MALES AND FEMALES: A CROSS-SECTIONAL SURVEY IN MELBOURNE, AUSTRALIA

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**Background** Oral and anal sex practices among heterosexuals are not well-studied. We aimed to explore these sexual practices among heterosexuals attending a sexual health clinic.

**Methods** This cross-sectional survey was conducted at Melbourne Sexual Health Centre between March-April 2019. This survey asked questions on oral sex (fellatio or cunnilingus), anal sex and rimming in the previous 3 months among heterosexuals. Age was categorized by: 18–24; 25–34; and ≥35 years.

**Results** There were 709 participants (333 males; 376 females) who were eligible and completed the survey, with a median age of 26 (IQR: 23–31) and 35% (n=250) born in Australia. Most participants had had vaginal sex (n=677; 95.5%), with a median of 2 (IQR: 1–3) vaginal sex partners, and half did not use a condom (n=358; 50.1%). 148 (20.8%) participants had had anal sex, with a median of 1 (IQR: 1–1) anal sex partner, with 63.5% (n=94) not using a condom. There were no significant differences in vaginal/anal sex partner number or condom use by gender. Being ≥35 years was associated with higher mean partner number for anal sex (ptrend=0.021) and being 18–24 years with higher mean partner number for vaginal sex (ptrend=0.027). Most participants (n=637, 89.8%) had received oral sex; this proportion did not differ by age group or gender. Females (n=351, 93.4%) were more likely to perform oral sex than males (n=275; 82.6% males) (p<.001). Females were more likely to have received rimming (26.6% females vs 12.6% males; p<.001) and males were more likely to have performed rimming (25.5% males vs 9.3% females; p<.001). Performing but not receiving rimming increased with age (ptrend=0.011).

**Conclusion** Rimming and anal sex are practiced by one fifth or more of heterosexuals. Younger heterosexuals had higher numbers of vaginal sex partners, while older heterosexuals had higher numbers of anal sex partners and were more likely to perform rimming.

**P273** SOCIAL NETWORK DISTRIBUTION OF SYPHILIS SELF-TESTING AMONG MSMS IN CHINA: STUDY PROTOCOL FOR A CLUSTER RANDOMIZED CONTROL TRIAL

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**Background** Syphilis is a common sexually transmitted infection (STI) among men who have sex with men (MSM). Increasing syphilis testing is important to syphilis control. However, in low- and middle-income countries like China, syphilis testing rates remain low among MSM. We describe a randomized controlled trial protocol to examine the effectiveness of social network distribution approaches of syphilis self-testing among MSM in China.

**Methods** We will recruit index and alter MSM. Indexes will be eligible if they: are born biologically male; aged 18 years or above; ever had sex with another man; are willing to distribute syphilis testing packages or referral links to their alters; and willing to provide personal contact information for future follow-up. Three hundred MSM will be recruited and randomly assigned in a 1:1:1 ratio into three arms: standard of care (control arm); standard syphilis self-testing (SST) delivery arm; and referral link SST delivery arm. Indexes will distribute SST packages or referral links to encourage alters to receive syphilis testing. All indexes will complete a baseline survey and a 3-month follow-up survey. Syphilis self-test results will be determined by photo verification via a digital platform. The primary outcome is the mean number of alters who returned verified syphilis testing results per index in each arm.

**Discussion** The trial findings will provide practical implications in strengthening syphilis self-testing distribution and increasing syphilis testing uptake among MSM in China. This study also empowers MSM community in expanding syphilis testing by using their own social network.

**P274** LESSONS LEARNED FROM AN EDUCATIONAL INTERVENTION TO IMPROVE HIV TESTING BY GPs IN AMSTERDAM, THE NETHERLANDS

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**Background** In the Netherlands, general practitioners (GPs) diagnose 79% of STIs and 36% of HIV infections, but