P402 ASYMPTOMATIC TRICHOMONIASIS AMONG WOMEN OF CHILDBEARING AGE IN SOUTH-WESTERN NIGERIA

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Background Trichomoniasis is a common sexually transmitted infection (STI) globally. The disease is complicated with an increased risk of STIs, infertility, adverse pregnancy outcome and postoperative infections. We evaluated the prevalence of trichomoniasis among women of childbearing age in Oyo state, South-western Nigeria.

Methods This cross-sectional community-based study included a total of 222 women recruited from both urban and rural areas of two randomly selected Local Government Areas (LGAs) of Oyo State, South-western Nigeria. Pelvic examinations for signs of STIs were carried out on both symptomatic and asymptomatic participants. High vaginal swabs were collected from the sides of the vaginal wall to screen for the presence of sexually transmitted organisms. These swabs were subjected to DNA extraction using Quick-DNA mini Prep ZYMO kits. The extracted DNAs were analysed by CFX-96 Real-time PCR using the Allplex™ Assay system (Seegene, Seoul, Korea).

Results The mean age of the participants was 37.0 years $\pm$ 9.0 (range 18–55), 37.8% (84/222) were in their thirties and 80.6% were married. Most of them (45.9%) were educated to the tertiary level and 53.6% lived in urban areas. The mean calculated body mass index (BMI) was 26.9 $\pm$ 5.5 (Range 14.7 – 46.6) and 65.8% were obese or grossly obese. At the time of enrolment, 106 (47.7%) were asymptomatic. Trichomonas vaginalis was the commonest organisms detected (36/222, 16.2%), followed by Ureaplasma parvum (26/222, 11.7%), Mycoplasma hominis (16/222, 7.2%), U. urealyticum (11/222, 5.0%) and Mycoplasma genitalium infection (0.5%). The prevalence of Trichomoniasis was commoner among asymptomatic participants (19/222, 17.9%/17/222, 14.9%), though not statistically significant (OR = 0.8 (0.4–1.6) P>0.05,).

Conclusion Routine testing for T. vaginalis infection is advocated in all women seeking care for genital-related diseases, in addition to screening for T. vaginalis in women at high risk of STI.

P403 ADVANCING SEXUAL HARASSMENT PREVENTION AND ELIMINATION IN THE SCIENCES: 'EVERY ...HEALTH ORGANIZATION MUST DO SOMETHING SIMILAR.'

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Introduction Sexual harassment is pervasive in science. A 2018 report by the National Academies of Science, Engineering and Medicine found that the prevalence of sexual harassment in academia in the United States is 58%. The objective of this manuscript is to describe an activity held at an international scientific congress, which was designed to advance sexual

harassment prevention and elimination, and to provide a model for other scientific communities with similar goals.

Methods A description of the plenary and key components as well as the data collection and analysis of selected outcomes are provided.

Results Among 1,338 congress participants from 61 countries, 526 (39%) attended the #MeToo plenary session and the majority engaged in some way during the plenary session. Engagement included standing for the pledge (85%), engaging in the question and answer session (n=5), seeking counseling (n=3), and/or providing written post-it comments (n=96). The post-it comments were sorted into 14 themes within 6 domains including: (1) emotional responses, (2) barriers to speaking out, (3) public health priorities, (4) reframing narratives about the issue, (5) allyship, and (6) moving the issue forward. Respondents to a post-congress survey (N=388, 24% of all attendees) ranked the plenary as the number one plenary among 14 plenaries provided at the congress.

Conclusions Scientific organizations, agencies, and institutions have an important role to play in setting norms and changing enabling policies towards a zero-tolerance culture of sexual harassment. The activity presented offers a model, which may be applicable to any scientific community seeking to advance sexual harassment prevention and empower binary and non-binary persons at risk for harassment, discrimination, and violence. The outcomes suggested that the plenary successfully engaged participants and had meaningful and measurable impact on the participants.

P404 IS CONDOMLESS SEX ASSOCIATED WITH NON-ADHERENCE TO COVID-19 PREVENTION BEHAVIORS AMONG YOUNG BLACK MEN WHO HAVE SEX WITH WOMEN?

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Background Health behaviors in young people tend to cluster. The objective of this study was to determine if condomless sex among young Black men who have sex with women was associated with non-adherence to COVID-19 prevention behaviors.

Methods Men previously enrolled in a community-based chlamydia screening program for Black men who have sex with women, aged 15–24, were enrolled in a sub-study between May-June, 2020 and asked about adherence to the City of New Orleans requirements for proper hand-washing, mask-wearing, social-distancing, staying-at-home and condomless vaginal sex while COVID-19 restrictions were in place.

Results Of 105 men included in analysis, the mean age was 20.5 (s.d.2.0) and 17.3% previously tested positive for chlamydia in the parent study. During COVID-19 stay-at-home orders, 37.1% engaged in at least one act of condomless sex and responded sometime/never to the following: hand-washing for 20 seconds (8.1%), physical-distancing (21.6%), mask-wearing (18.8%) and staying-at-home except for essential needs (24.3%). Some men were not able to get PPE (36.9%) or thought a homemade mask would subject them to discrimination (14.4%). Men who engaged in condomless sex were more likely than those who either did use condoms/did not

have vaginal sex to not wash their hands properly (19.4% vs. 3.0%, $p < 0.03$) and not wear a mask (30.8% vs. 10.6%, $p < 0.02$); there was a trend for them to not physically distance (28.2% vs. 16.7%, $p < 0.17$) and there was no association for not following stay-at-home orders (28.2% vs. 22.7%, $p < 0.54$). Age, access to masks, and perception that mask-wearing could subject them to discrimination were not associated with mask-wearing ($p > 0.40$).

Conclusion Overall, adherence to disease prevention behaviors was high. Non-adherent behaviors such as condomless sex, lack of mask-wearing and lack of hand-washing were associated. Men with one non-adherent behavior may benefit from counseling in other potentially non-adherent behaviors.

P405 IDENTIFYING SUBGROUPS AT HIGHER RISK OF INFECTIOUS SYPHILIS IN MAJOR AUSTRALIAN CITIES: ANALYSIS OF NATIONAL SENTINEL SURVEILLANCE DATA 2011–2018

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Background In Australia, infectious syphilis notifications have increased 234% in the past decade, from 1318 in 2008 to 4398 in 2017. Although historically concentrated among urban men who have sex with men and remote Indigenous communities, a rise in syphilis notifications among women in major cities and cases of congenital syphilis have been observed. We analysed trends in infectious syphilis positivity among women and heterosexual men in major Australian cities and identified associated risk factors.

Methods De-identified patient data were extracted from 34 sexual health clinics within a national sentinel surveillance network (2011–18). All women and heterosexual men ≥ 15 years in major cities were included. Infectious syphilis positivity was defined as the proportion of attendees per 6-monthly calendar period with recorded syphilis testing who had recorded clinical diagnoses of infectious syphilis. Poisson regression determined annual trends in positivity and risk factors for infectious syphilis (rate ratios and 95% CIs).

Results Of 100,230 patients attending the clinics, 50.8% were female (of whom, 96.1% were of childbearing age), 51.2% were aged 15–29 years, 1.7% were Indigenous and 7.4% were from culturally and linguistically diverse (CALD) backgrounds. Modelled positivity for infectious syphilis (2011–18) increased 85% in females from 2.41 (95%CI:1.67–3.14) to 4.48 (95%CI:3.53–5.43) per 1000 patients tested, and 76% in

heterosexual males from 4.47 (95%CI:3.44–5.49) to 7.87 (95%CI:6.49–9.24). Factors associated with increased risk of infectious syphilis included: reporting a history of injecting drug use (RR:4.36;95%CI:3.26–5.83), using condoms inconsistently in the past year (RR:2.30;95%CI:1.10–4.79), being male (RR:1.80;95%CI:1.51–2.14), Indigenous (RR:1.70;95%CI:1.02–2.84), from CALD backgrounds (RR:1.90;95%CI:1.46–2.46), and older (30–39 years: RR:1.33;95%CI:1.08–1.65; 40–49 years: RR:2.95;95%CI:2.34–3.73; 50+ years: RR:3.59;95%CI:2.81–4.57). Lower risk was observed in bisexual females (RR:0.53;95%CI:0.30–0.94) and female sex workers (RR:0.43;95%CI:0.29–0.63).

Conclusion Increasing syphilis in women and heterosexual men in major Australian cities requires enhanced prevention, including integration of sexual and reproductive health care into harm reduction programs.

P407 MODEST MONETARY INCENTIVIZED PEER REFERRAL TO INCREASE CHLAMYDIA COMMUNITY-BASED TESTING AMONG YOUNG BLACK MEN WHO HAVE SEX WITH WOMEN

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Purpose The U.S. Centers for Disease Control and Prevention recommend screening young women for chlamydia but not young men. One reason young men have not been a focus for chlamydia screening is due to the perceived difficulty of accessing these men. Peers are among the most influential people in a young person's life. We hypothesized that incentivized peer referral (IPR) could assist in increasing enrollment in this screening study.

Methods The Check it Program in New Orleans is a community-based screening program for young Black men aged 15–24. Peer referral was monitored between 3/7/2018–11/28/2020. IPR started on 8/29/2020 during which men enrolled in the parent study were offered \$5 for each peer they referred and were successfully enrolled in the study.

Results Of 1457 men enrolled in the study, 44 were enrolled after IPR was initiated. The percentage of men who said they were referred by a friend was higher in the post-IPR compared to the pre-IPR period (40.9% vs. 20.0%, $P < 0.001$). Peer referral vouchers were claimed by 7 index men who successfully enrolled 9 men; two of the men referred 2 men. Those who said they heard about the study from a friend were: older (20.3 vs 19.9 years, $P < 0.02$), more likely to live in a dorm (21.7% vs 11.1%, $P < 0.001$), and to have prior chlamydia infection (13.9%, vs. 10.1%, $P = 0.06$). After adjusting for these factors, hearing about the study from a friend was higher in the post-IPR compared to the pre-IPR period with a 2.56 greater likelihood of enrolling (95% C.I. 1.38–4.78, $p < 0.01$).

Conclusion Incentivized peer referral significantly increased study enrollment and can serve as a method for increasing screening rates in community-based chlamydia screening programs for young Black men who have sex with women.