

**P444** CHANGING PRACTICES IN A LARGE URBAN HIV CLINIC IN RESPONSE TO COVID-19

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**Background/Purpose** In March 2020 the World Health Organisation declared Covid-19 a global pandemic. Ireland responded by shutting all non-essential shops, businesses and schools. Our healthcare system had to adapt and rapid adaptations were made to ambulatory HIV care.

**Approach** Records were virtually reviewed and triaged using existing electronic patient records(EPR) prior to appointments. Antiretrovirals(ARVs) were pre-prescribed and prepared by pharmacy for those anticipated to remain on the same ARVs. We determined those for whom routine phlebotomy could be diverted. We paused cervical, STI screening and vaccination programme in the initial phase, reopening in a more streamlined manner as the pandemic went out of each wave and adapting again as it went back into a new wave. We undertook a staff survey to assess their views on the new service delivery.

**Outcomes/Impact** We conducted a survey of our staff members across all disciplines. There were 34 responses out of 53 staff members. 76.47% agreed that pre reviewing EPR was better for patient care, 88.24% believed that patient flow was improved, 76.47% believed that patients time in the department was reduced due to the virtual reviews and that covid-19 risk was reduced. 80% of doctors felt that doing the virtual reviews was a valuable training experience. 50% believed that there was more time available to deal with complex cases.

**Innovation and Significance** Pre prescribing medications has led to better patient flow and social distancing during clinic. Complex issues, in many cases can be addressed prior to clinic and discussed with senior providers. Stricter adherence to appointment times is more convenient for patients and staff. This system has allowed us to identify patients with complex medical needs and presented opportunity for education and training between senior and junior providers, whilst decreasing Covid-19 risk to provider and patient.

**P445** FORMALIZING PARTNERSHIPS: HOW REGIONAL COALITIONS IN SEXUAL HEALTH CAN ADDRESS THE STI EPIDEMIC

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**Background** Sexually transmitted infection (STI) rates have increased in the United States and in Colorado for over five years. To address the rising STI rates in the Denver Metro Area (DMA), leaders at the Denver Prevention Training Center (DPTC), Denver Public Health, and the Colorado Department of Health and Environment (CDPHE) supported the establishment of the Denver Metro STI Coalition (DMSC), a collective impact group. Collective impact groups have a history of success in aiding public health crises, most notably the HIV epidemic, but have not been extensively used to address the ongoing U.S. STI epidemic. We discuss the development of an STI collective impact group to increase local communication and collaboration to support high quality,

accessible STI care and reduce STI health disparities in our jurisdiction.

**Approach** DMSC members were recruited from health care and community-based organizations engaged in STI services in DMA. This report summarizes DMSC progress from its initial meeting on 11/2019 to 3/2021.

**Outcomes/Impact** DMSC participation has included 106 individuals from 20 health care and community-based organizations. DMSC has conducted four quarterly general assembly meetings. DMSC has facilitated member education through its quarterly meetings, group emails, and DMSC Groupsite shared documents. Shared education and resources have included information on STI epidemiology, STI testing shortages, CDC STI updates, and local STI health alerts. DMSC workgroups have developed products including a one-page congenital syphilis infographic highlighting jurisdictional epidemiology and treatment algorithms, including state specific recommendations for universal third trimester syphilis screening during pregnancy and a provider counseling guide for safe sex during COVID-19.

**Innovation** The DMSC has provided a structure for leveraging local partnerships, sharing information, expanding healthcare provider STI knowledge and improving STI infrastructure in the metropolitan area. STI focused collective impact groups could be used in other jurisdictions to coordinate efforts to control rising STI rates.

**P446** DECREASED SEX PARTNERSHIPS BUT NO CHANGE IN GONORRHEA/CHLAMYDIA PREVALENCE AMONG GAY, BISEXUAL AND OTHER MEN-WHO-HAVE-SEX-WITH-MEN (MSM) DURING THE COVID-19 PANDEMIC

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**Background** COVID-19 mitigation measures may indirectly impact sexually transmitted infection (STI) transmission. Social distancing may impact number/type of sex partnerships and access to STI testing and treatment. The objective was to compare the number of reported sex partnerships and gonorrhea and chlamydia prevalence pre- and during-pandemic among a cohort of gay, bisexual and other men-who-have-sex-with-men (MSM) in Baltimore, Maryland, a U.S. city with sustained STI epidemics.

**Methods** This study was nested in a cohort study of sexually active MSM aged 18–45, and included participants who had at least one study visit after March 13, 2020 (during-pandemic) and ≤ six months between their first during-pandemic and last pre-pandemic visit. Wilcoxon and McNemar tests for paired data were used for statistical testing.

**Results** Among 417 MSM enrolled in the cohort, 220 (52.8%) were included. 213 (96.8%) had a visit between April 6–June 30, 2020 (during-pandemic1); 185 (84.1%) had a visit between July 1–September 30, 2020 (during-pandemic2), including seven who missed the during-pandemic1 visit. The majority were Black (73.2%) and aged 24–35 (56.4%); 42% were living with HIV. Compared to pre-pandemic, the median number of total and casual male sex partners (past three months) significantly declined during-pandemic1 and during-pandemic2 (Total partners: pre-pandemic: 2.0 (range: 0–75); during-pandemic1: 1.0 (0–25),  $p < 0.0001$ ; during-pandemic2:

1.0 (0–20)  $p < 0.0001$ ; Casual partners: pre-pandemic: 1.0 (0–75); during-pandemic1: 0.0 (0–25)  $p < 0.0001$ , during-pandemic2: 1.0 (0–20),  $p = 0.004$ ). Among those tested both pre and during-pandemic2, ( $n = 96$ ) STI prevalence was similar (gonorrhoea: 14.1% vs. 15.8%,  $p = 0.847$ ; chlamydia: 7.0% vs. 9.5%,  $p = 0.527$ ).

**Conclusions** Although overall and casual sex partnerships declined significantly during- compared to pre-pandemic, STI prevalence was similar. The observed decreased sex partnerships may not have substantially altered transmission dynamics or were offset by increased prevalence due to limited access to testing/treatment. Improved understanding of how COVID-19 mitigation measures alter STI transmission dynamics is needed.

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#### FACTORS ASSOCIATED WITH GROUP SEX IN HETEROSEXUAL MALES AND FEMALES ATTENDING A SEXUAL HEALTH CLINIC IN MELBOURNE, AUSTRALIA

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**Background** Group sex participation carries a higher risk of sexually transmitted infection (STI) transmission. Research on group sex has predominately analysed men who have sex with men, while there have been a small number on heterosexuals. This study aimed to explore the factors associated with group sex among heterosexuals.

**Methods** A cross-sectional survey was conducted amongst heterosexuals aged  $\geq 16$  years attending the Melbourne Sexual Health Centre between March and April 2019. Participants completed a survey about participation in group sex, methods used to meet partners, casual and/or regular partners, and intravenous drug use (IVDU) in the previous 3 months. HIV and STI (chlamydia, gonorrhoea, syphilis) diagnoses were extracted. A multivariable logistic regression was conducted to identify the factors associated with group sex participation.

**Results** A total of 698 participants (325 males, 373 females) were included and 4.7% (33/698) had participated in group sex in the previous 3 months. There was no difference between the proportion of males (6.5%, 21/325) and females (3.2%, 12/373) participating in group sex ( $p = 0.198$ ). The proportion who participated in group sex increased with age (2.1% in 16–24 years, 5.5% in 25–34 years, 7.8% in  $\geq 35$

years,  $p_{trend} = 0.010$ ). Meeting partners at sex-venues (e.g. brothel) was associated with the highest odds of participating in group sex (AOR=5.74, 95%CI:1.20–27.44), followed by dating-apps (AOR=2.99, 95%CI:1.36–6.58), friends/family (AOR=2.99, 95%CI:1.34–6.69) and social-venues (e.g. bar) (AOR=2.73, 95%CI:1.18–6.30). Group sex was strongly associated with STI positivity (AOR=6.24, 95%CI:2.41–16.13). There was no association between group sex and HIV positivity, casual and/or regular partners, or IVDU.

**Conclusion** Heterosexuals participating in group sex had a six-fold risk of testing positive for STIs and were most likely to meet sexual partners at sex-venues. Including group sex in a sexual history is useful to determine STI risk. Safe sex messages on group sex at sex-venues would be beneficial.

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#### COVID UNDER THE SHEETS, A STI CLINIC SURVIVES LOCKDOWN!

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**Background** Our aim principally was to assess our readiness to remain open as we provide an essential public health service namely the treatment of infectious diseases. Facing this pandemic with limited preparation time, the journey of our sexual health clinic had to evolve multiple times in order in to provide optimal care for our patient population.

**Method** A retrospective study was conducted of all consultations during March – June 2020, which was Ireland's first lockdown period and was compared to the same period in 2019.

**Results** 251 symptomatic people attended the clinic in 2019 compared to 129 attendees in 2020. We assume; this was due to our national lockdown due to a global pandemic. Of note, a doubling of Herpes Simplex Virus (HSV) rates was noted from 4% in 2019 to 8% in 2020. Non- sexually transmitted infections increased from 11% in 2019 to 53% in 2020, These included genital dermatoses, non-specific urethritis, and testicular pathologies such as epididymitis.

**Conclusion** Our sexual health clinic adapted overnight to the challenges of Covid-19 with virtual consults being one of many new techniques that were employed. The high number of symptomatic patients certainly surprised us but also helped us in understanding human nature and their craving for social interaction.