Since then, many countries have introduced national responses to the COVID-19 pandemic and these include the closure of international borders, stay at home orders, restrictions of movement, curfews, physical distancing and wearing face masks. This talk will discuss how these restrictions have impacted sexual practices among individuals, access to health-care seeking as well as the diagnoses of sexually transmitted infections globally.

PL06 A TRIBUTE TO JULIUS SCHACHTER, CHLAMYDIA CHAMPION

J Chow*. *Sexually Transmitted Diseases, Orinda, USA*

10.1136/sextrans-2021-sti.6

This presentation will honor the distinguished career of Julius Schachter, PhD, whose untimely passing due to COVID-19 in December 2020 left a major gap in the STD/HIV field. We will review the career highlights of our eminent colleague in the field of chlamydia microbiology, novel diagnostics, epidemiology, and their application to national and international program policies for chlamydia prevention.

PL07 (RE-)EMERGING STIS, A CHALLENGE FOR PUBLIC HEALTH

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In the early eighties HIV/aids emerged among men who have sex with men (MSM), this new virus was originally transmitted from chimpanzees in Central Africa to humans about 100 years ago. In the beginning no one foresaw that HIV/aids would spread all over the world through sexual transmission. In the past decades hundreds of infectious diseases (re-) emerged including other sexually transmitted infections (STIs). Among MSM outbreaks occurred of enteric pathogens through oro-anal transmission like Hepatitis A virus, Shigella, Campylobacter and Entamoeba histolytica. Also among MSM, clusters of invasive meningococcal disease were seen while the same pathogen, the N meningitidis, a colonizer of the nasopharynx, was found to cause urethritis in heterosexual men. Other examples of (re-)emerging STIs among MSM are lymphogranuloma venereum (LGV) and Hepatitis C among HIV-positive MSM and HIV-negative MSM using PrEP. In 2015 Zikavirus, a flavivirus transmitted through the mosquito Aedes Aegypti, broke out in South America and unexpectedly was found to be sexually transmitted especially from men to women. During the Ebola outbreak in West-Africa in 2013–2016, reports strongly suggested sexual transmission of this filovirus from men to women. In 2021 Ebola Virus re-emerged in Guinea and genomic analysis made it likely that this outbreak started through sexual transmission of the virus by a survivor of the West African epidemic 5 years earlier. In the future new and re-emerging STIs will surface and cause limited outbreaks, epidemics and possibly even a pandemic, a major challenge for public health.

PL08 CHLAMYDIA CONTROL IN WOMEN AND MEN WHO HAVE SEX WITH MEN: CONTROVERSIES AND EVIDENCE ON (EXTRA)GENITAL TESTING AND TREATMENT

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Background Chlamydia trachomatis (CT) is the most common bacterial sexually transmitted infection worldwide. In CT-control, testing and treatment is considered key to prevent transmission and complications. Testing and treatment is not without controversy, expressing opposing views on what are best test-and-treat strategies in women and men who have sex with men (MSM). Views in urogenital testing include promoting testing in [key]populations versus reluctance to testing asymptomatics. Views in extragenital testing include promoting testing versus reluctance to rectal testing in women and pharyngeal CT testing overall. Views in CT treatment involve using azithromycin versus using doxycycline. Controversies are here explored by state-of-the-art scientific insights, in order to provide guidance in CT control.

Discussion Recent studies provided updates on CT prevalence, complication risks, and new evidence on CT bacterial load and viability of urogenital, rectal, and pharyngeal CT detection by nucleic acid amplification assays (NAATs). Recent evaluations confirmed high numbers of extragenital CT missed in MSM and women, and high accuracy of NAATs for testing on self-collected samples, adding to the feasibility of (extra) genital testing. Recent controlled trial results in MSM provide evidence on treatment effectiveness in rectal CT, stressing concerns on azithromycin use in both MSM and women. Evidence also accumulates on the downsides of testing and treatment, i.e. difficulty to reduce prevalence, and inducing of harms (e.g. antimicrobial resistance). Calls were observed for a renewed focus on comprehensive case-management and prevention of morbidity, rather than on testing asymptomatics.

Summary and Conclusions The controversies on testing and treatment appear to be grounded in judgements of 'relevance' (infectiousness, pathogenicity) of CT at a certain anatomic site and a certain population, and in weighing benefits and harms to test-and-treat these infections. The scientific insights presented provide further guidance for care professionals and policy makers to make these trade-offs for CT control.

PL09 DIGITAL SEXUAL HEALTH: WHAT WE KNOW AND WHAT WE NEED TO KNOW FOR EFFECTIVE SERVICES

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Many countries' health strategies promote a large scale shift to digital and self-managed care to meet the population's health needs. Sexual health services have been at the forefront in some countries, offering an increasing proportion of care remotely through a variety of mixed online and in person clinical care pathways. This shift has probably accelerated during the Covid-19 pandemic when face-to-face care has been actively discouraged, and digital care is at the heart of many countries' recovery plans.