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

Roel Coutinho*. *Pharmaccess, The Netherlands*

10.1136/sextrans-2021-sti.7

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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10.1136/sextrans-2021-sti.9

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.

Much innovation in digital sexual health has focussed on postal self-sampling for STIs and blood borne viruses. The available literature, with some exceptions, suggests these services appeal more to women, people with higher educational qualifications, and those from more affluent areas. A recent study suggests that people with mild learning disabilities find considerable barriers to this type of care. Where available, clinical outcomes of online care compare variably with traditional care pathways and there has been little robust economic evaluation.

Digital sexual health has huge potential to meet the needs of people who are willing and able to engage with online care. Much more ambitious care could be provided in seamless eClinics which are integrated with face-to-face services, giving the user and health care professional flexibility, continuity and choice. They have the potential to provide good value for money.

However, STIs, like digital literacy are socially patterned; the burden of STIs is disproportionately borne by those who already experience health inequalities and people experiencing health inequalities are less digitally and health literate. We need to ensure we create digital health systems which narrow rather than widen existing health divides, and evaluate them robustly.

I will summarise existing evidence for online sexual health care and draw out the major evidence gaps to help us develop inclusive, effective online sexual health care.

PL10 USING PATHOGEN POPULATION GENOMICS TO STUDY THE EVOLUTION, SPREAD, AND ANTIBIOTIC RESISTANCE OF STIS

Y Grad*. *Harvard Chan School of Public Health, Boston, USA*

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The analysis of genomes from populations of isolates can help address many questions relevant to the pathogen's biology and epidemiology and thus inform on clinical and public health practice. These questions include the origins and evolution of the pathogen, its spread through populations, and the genes and genotypes associated with a pathogen's antimicrobial resistance, virulence, and other phenotypes of interest. Here, I will discuss the application of population genomics to STIs, with a focus on *Neisseria gonorrhoeae* and with highlights from other sexually transmitted pathogens.

PL11 HONOURING THE 'LIVED EXPERIENCE': A REFLECTION ON PARTICIPATORY PRACTICES IN RESEARCH

B Kasadha*. *University of Oxford, Oxford, UK*

10.1136/sextrans-2021-sti.11

This talk will reflect on community engagement and participatory practices implemented in health research and the contexts that enable and hinder this. The talk will explore what is needed to address the dichotomy between 'knowledge producers' and 'knowledge recipients' and the impact this has on partnerships and collaborating with communities in health research. Bakita Kasadha will draw on her experiences in

community and academically led participatory health research with people living with HIV.

PL12 THE NEW ABNORMAL: STI AND HIV DIVERGENCE AND CONVERGENCE IN A CHANGING UNIVERSE

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10.1136/sextrans-2021-sti.12

Soon after the recognition of HIV as the cause of AIDS, its multiple interactions with STI were recognized. HIV-STI synergism was manifested in several ways. Individuals at increased risk for HIV were also at increased risk for STI, resulting in epidemiological synergism. The transmission of HIV was greatly facilitated by anogenital inflammation, ulcerations, and abnormal microflora, often due to STI, and HIV could alter susceptibility to some STI, examples of biological synergism. However, the subsequent development of highly effective antiretrovirals for HIV treatment and prevention altered these relationships. HIV-infected individuals who were virally suppressed on treatment were found to be incapable of transmitting HIV to uninfected partners, leading to the mantra that Undetectable=Untransmissible, or U=U. The use of antiretroviral pre-exposure prophylaxis (PrEP) by sexually active, HIV-infected individuals limited their risk for HIV acquisition. Over the past decade, the recognition that antiretrovirals can protect against HIV transmission or acquisition has been associated with increasing detection of STI globally, i.e. unlinking epidemiological synergism. These new challenges present new opportunities, creating a greater need for the coordination and integration of HIV and STI diagnostic, therapeutic and preventive services, and the development of creative, consumer-friendly services focused on sexually active persons. Some jurisdictions have developed express clinics which use touchpad computers and rapid turn around NAAT screening to create a seamless experience for sexually active clients. Many of these centers use a 'status neutral' approach, i.e. providing 'one stop shopping' sexual health services, where HIV-positive and negative persons can access STI screening and treatment. Those whose HIV status is unknown, can be tested, and depending on the results, be triaged to antiretroviral treatment or PrEP. New concepts and models that are people- rather than pathogen-centered may ultimately result in better control of multiple co-prevalent pathogens.

PL13 EFFECTIVENESS OF INTERVENTIONS WITHOUT RCTS

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Randomized clinical trials (RCTs) are generally considered the gold standard for the evaluation of interventions. In an RCT, one group is randomly assigned the intervention and another group serves as a comparison group. But RCTs can be subject to loss to follow-up and non-adherence, which can create challenges for interpretation. In addition, we often cannot randomize an intervention, whether for ethical or logistical reasons. What can be done in those circumstances?

In the past quarter century, the field of epidemiology has made dramatic progress in the use of causal methods to