account, the reduction in reported MUS cases suggest that COVID-19 may have increased the burden of untreated STIs in our community.

004.4 MEASURING IMPACTS OF COVID-19 ON SEXUAL AND REPRODUCTIVE HEALTH SERVICE USE IN BRITAIN: FINDINGS FROM A LARGE, QUASI-REPRESENTATIVE SURVEY (NATSAL-COVID)

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Background Sexual and reproductive health (SRH) services in Britain shifted rapidly in response to COVID-19 and the first national lockdown. We investigated SRH service access and unmet need in Britain in the 4-months following lockdown (23/03/2020) to inform service delivery during and after the pandemic.

Methods 6,657 participants aged 18–59 years completed a web-panel survey (29/07/2020–10/08/2020). Quota-based sampling and weighting enabled a quasi-representative population sample. We estimated the prevalence of reported SRH service access and failed access, and calculated age-adjusted odds ratios (aOR) for sexually-experienced (≥ 1 sexual partner/lifetime; $n=3,065$) and sexually-active (≥ 1 sexual partner/past year; $n=2,752$) participants aged 18–44 years.

Results 20.8% (95%CI:19.3%–22.3%) of sexually-experienced participants reported accessing ≥ 1 SRH service in the 4-months from lockdown. 9.7% (8.6%–10.8%) reported being unable to access a service they needed, though many of these participants (76.4%) also reported successful access. 14.8% (13.1%–16.6%) of sexually-experienced women reported accessing contraception services since lockdown, and this was more likely for younger women (OR, 18–24 vs. 35–44 years: 2.96 (1.95 – 4.49)). Among sexually-active participants, 4.8% (4.0%–5.7%) reported accessing STI-related services (STI/HIV testing and follow-up care) and this was higher in those aged 18–24 years (10.1%). Participants reporting any new condomless partner(s) since lockdown were more likely to report accessing STI-related services (aOR, men: 23.77 (11.55–48.92), women: 10.53 (3.94–28.15)) and, amongst men, to report a failed attempt (aOR 13.32 (5.39–32.93)). Among those reporting STI testing ($n=106$), 33.4% (24.1%–44.2%) did so online, 31.5% (22.0%–42.9%) by phone, 43.9% (33.4%–55.0%) in-person, and 14.8% (8.3%–25.2%) via video consultation.

Conclusion Our findings are consistent with SRH services in Britain adapting rapidly in response to COVID-19 and prioritising access for those in need. However, a significant proportion of participants reported difficulty accessing care, suggesting that services may need to adapt further to address and prevent a backlog of need among some high-risk groups.

004.5 IMPACTS OF THE COVID-19 PANDEMIC ON ACCESSING NEEDED SEXUAL HEALTH SERVICES DURING MARCH–JULY 2020 IN BRITISH COLUMBIA (BC), CANADA

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Background The COVID-19-pandemic impacts on sexual health services access have not been fully examined. We sought to describe characteristics associated with unmet sexual health needs and access barriers during the initial pandemic phases in BC, Canada.

Methods An anonymous online survey about sexual health service needs and access was administered from July 21–August 4, 2020 to clients ≥ 16 years old who had visited the BC Centre for Disease Control's sexually transmitted infections (STI) clinic and/or GetCheckedOnline testing service in the year prior to March 2020. Using logistic regression, we reported univariate odds ratios (OR) with 95% confidence intervals [95% CI] for characteristics associated with unmet sexual health needs (i.e., not accessing needed services) during March–July 2020.

Results Of 1198 respondents, 59% ($n=706$; median age: 32 years, 71% White, 47% women, 27% men having sex with men only (MSM)) reported needing sexual health services since March 2020, of which 52% (365/706) did not access needed services. Women (OR=1.37 [1.01–1.86]) were more likely to have unmet sexual health needs, while MSM (OR=0.37 [0.23–0.61]) were less likely to. Participants needing routine STI testing were more likely to report not accessing services (OR=2.49 [1.64–3.79]), whereas those needing birth control (OR=0.48 [0.30–0.75]), HIV pre-exposure prophylaxis (OR=0.39 [0.22–0.66]), or treatment for a new STI (OR=0.40 [0.21–0.76]) were less likely to report not accessing services. Most common reasons for avoiding/delaying service access were: concern about getting COVID-19 while at or traveling to a clinic/lab (249/689, 36%), public messaging against seeking non-urgent healthcare (239/689, 35%), and closure of usual place of service (182/689, 26%).

Conclusion BC sexual health service clients experienced numerous barriers in accessing needed sexual health services during the initial pandemic phases. Offering alternative service delivery methods and more nuanced public health messaging may help address the identified barriers to improve access.

004.6 INCREASED USE OF INTERNET-BASED TESTING FOR SEXUALLY-TRANSMITTED AND BLOODBORNE INFECTIONS DURING THE COVID-19 PANDEMIC IN BRITISH COLUMBIA, CANADA

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Background GetCheckedOnline is a publicly-funded internet-based testing service for sexually-transmitted and blood borne