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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10.1136/sextrans-2021-sti.71

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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10.1136/sextrans-2021-sti.72

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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10.1136/sextrans-2021-sti.73

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

infections (STBBI) offered in British Columbia (BC), Canada since 2014. GetCheckedOnline has remained accessible since the beginning of the COVID-19 pandemic response, despite many in-person sexual healthcare services having been reduced or stopped. GetCheckedOnline users complete an online risk assessment to inform STBBI test recommendations, auto-generating a lab requisition which can be used at any participating laboratory location, with results available online or by phone. Our objective was to describe GetCheckedOnline program utilization and selected risk factors before and during the COVID-19 pandemic.

Approach We used linked GetCheckedOnline program and laboratory testing data for this analysis. We compared the mean of selected monthly program measures during the COVID-19 pandemic (March 2020 – December 2020) to the same time period the previous year, defined as pre-pandemic (March 2019 – December 2019). Descriptive statistics are presented.

Outcomes The median number of monthly test episodes completed was higher during the pandemic (median=1088; n=9470 total episodes completed), compared to pre-pandemic (median=824, n=8237 total episodes completed), despite a sharp decline and rapid recovery in March-May 2020. During the pandemic, the mean proportion of test episodes completed by those using GetCheckedOnline for the first time was 57%; an increase from pre-pandemic (51%). We observed an increase in the percent positivity during the pandemic compared to pre-pandemic (6.44% vs. 5.72%), as well as in the mean proportion of those reporting symptoms (20.3% vs 19.4%) or being a contact to someone with an STBBI (11.0% vs 9.3%).

Innovation and Significance The increase in first time GetCheckedOnline testers, percent positivity, and those reporting symptoms or being a contact to an STBBI during the COVID-19 pandemic suggest the program has filled a gap in STBBI testing services, and remains a critical service for accessing sexual healthcare.

COVID – behavioral impacts

005.1 INVESTIGATING INTIMATE PHYSICAL CONTACT BETWEEN PARTNERS FROM DIFFERENT HOUSEHOLDS DURING THE COVID-19 PANDEMIC: FINDINGS FROM A LARGE, QUASI-REPRESENTATIVE SURVEY (NATSAL-COVID)

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10.1136/sextrans-2021-sti.74

Background Physical distancing as a non-pharmaceutical intervention (NPI) to prevent SARS-CoV-2 transmission aims to reduce interactions between people, including between different households. We explored whether sexual intimacy needs impacted on compliance with physical distancing at a population level in Britain following the initial national lockdown on 23 March 2020.

Methods We undertook the Natsal-COVID web-panel survey between 29 July-10 August 2020. Quota-based sampling and weighting were used to obtain a quasi-representative sample of the British population. We estimated reporting of physical contact outside of the household (PCOH) with a romantic/sexual

partner in the four weeks prior to interview, described the type of contact, identified demographic and behavioural factors associated with PCOH and present age-adjusted odds ratios (aORs).

Results Of the 6,654 participants aged 18–59 years, 9.9% (95%CI:9.9–10.6%) reported PCOH. Of these, 86.1% reported oral/anal/vaginal sex or genital contact, while the remaining reported kissing (10.4%) or only holding hands/hugging/cuddling (3.4%). PCOH varied by age and gender and was highest in those aged 18–24 (20.6% of women and 15.6% of men). PCOH was more likely in participants identifying as gay/lesbian (aOR 2.5; 1.82–3.45) or bisexual (aOR 1.52; 1.12–2.05) and those reporting >1 partner (aOR 1.71; 3.77–5.88) or condomless sex with a new partner (OR 5.03; 1.07–6.21) in the past year. PCOH was less likely in those reporting a steady or cohabiting relationship (aOR 0.66; 0.55–0.79 and aOR 0.11; 0.08–0.14 respectively), and in those reporting bad/very bad health (aOR 0.54; 0.32–0.93).

Conclusion The intimate nature of sexual contact is high-risk for SARS-CoV-2 transmission and PCOH may expand transmission networks by connecting households. Mathematical models of NPIs might consider age- and gender-specific PCOH in the context of other mixing patterns. Public health messaging needs to recognise the importance of sexual and romantic contact in people's decision-making and adherence to control measures.

005.2 A MIXED-METHOD INVESTIGATION INTO CHALLENGES IN ACCESSING SEXUAL AND REPRODUCTIVE HEALTH (SRH) SERVICES IN BRITAIN DURING THE COVID-19 PANDEMIC (NATSAL-COVID)

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10.1136/sextrans-2021-sti.75

Background COVID-19 restrictions led to widespread disruption of SRH services in Britain following the first national lockdown (23/3/2020). One-in-ten people who tried to access SRH services during reported being unable to do so (Natsal-COVID). We used mixed-methods research to quantify unmet need and explore its context and impact.

Methods 6,657 participants aged 18–59 years completed a web-panel survey (29/07–10/08/20). Quota-based sampling and weighting enabled a quasi-representative population sample to be achieved. Quantitative analysis focused on participants' challenges accessing contraception and STI-related services since lockdown. We conducted 23 in-depth interviews with participants, 15 who reported not receiving an SRH service and eight who discussed this in a different topic interview.

Results Reasons for not receiving STI-related (n=103) or contraception services (n=144) despite need included that appointments were unavailable (STI-related services: 28.6% (95%CI:19.5–39.8)/Contraception services 36.3% (28.1% – 45.4%)), were cancelled (22.8% (14.9%– 33.3%)/23.9% (16.8%–32.8%) or services were closed (21.2% (13.7%–31.4%))