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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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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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%))