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

O05.1 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.

O05.2 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)/

26.1% (19.1%-34.5%). Discomfort with using online/telephone services was more common amongst those not receiving STI-related services 26.0% (17.4%-36.9%) than for contraception services 6.7% (3.4%-12.8%).

Interviewees described how some services were unavailable, while others were disrupted. Many were offered and received alternatives to in-person service (e.g. telephone/online) and some had to use different contraceptive methods. Most understood attempts to limit SARS-CoV-2 transmission and found alternatives convenient, though others saw them as inferior due to interaction limitations. Tenacity was required to access some services. Several participants described how they had avoided or deprioritised their own needs. Fears of contracting COVID-19 and of judgement for having sex against restrictions deterred help-seeking.

Conclusion While some people were unable to access an anticipated service, many were offered alternatives with varied consequences. Services may need to adapt further to improve access by offering efficient face-to-face and remote provision while emphasising lack of judgement and validating help seeking.

O05.3 EARLY IMPACTS OF COVID-19 ON SEX LIFE AND RELATIONSHIP QUALITY: FINDINGS FROM A LARGE BRITISH QUASI-REPRESENTATIVE ONLINE SURVEY (NATSAL-COVID)

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10.1136/sextrans-2021-sti.76

Background By regulating behaviour at household level, COVID-19 restrictions drastically altered relationships. Given strong links between intimate relationships and health, we investigated how the pandemic impacted relational and sexual aspects of steady relationships in Britain in the 4-months following first national lockdown (23/3/2020).

Methods 6,657 participants aged 18–59 years completed a web-panel survey questionnaire between 29/7–10/8/20. A quasi-representative population sample was achieved via quotas and weighting. We analysed sexual activity by age, gender and cohabitation status, and used descriptive statistics and logistic regression to explore self-perceived changes in sex and relationship quality among those in steady relationships (n=4,271).

Results Of the full sample, 64.2% were in a steady relationship, mostly cohabiting (88.8%). Following lockdown, 48.9% of those in cohabitating relationships and 36.4% in non-cohabiting relationships reported sex (anal/vaginal/oral) at least weekly. Frequency of sexual activity varied by age, gender and cohabitation status. The majority reported no change in their sex life and relational quality compared with the months pre-lockdown. Among those perceiving change, quality of sex life was more commonly reported to deteriorate, whereas quality of relationship was more commonly reported to improve. Change – both positive and negative – was more commonly reported by younger people. Overall, 7% reported deterioration to a 'lower quality' relationship, with deterioration more commonly reported by those: in mid-life (35–44 vs. 45–59) (men, AOR:2.31; 95%CI:1.45–3.66; women, AOR=1.63; 95%CI:1.03–2.56); living in an urban area (among men) (AOR:2.61; 95%CI:1.15–5.90); and not living with a partner (among women) (AOR:2.01; 95%CI:1.28–3.16). Deterioration was associated with poor health and with decline in sexual aspects of the relationship.

Conclusion COVID-19 led to an early net gain in relationship quality but net loss in quality of sex lives in steady relationships in UK. A sizeable minority of steady relationships were adversely affected with implications for sexual – and wider – wellbeing.

O05.4 CHANGES IN MSM'S SEXUAL ACTIVITY, PREP USE, AND ACCESS TO HIV/STI TESTING DURING AND AFTER THE FIRST DUTCH COVID-19 LOCKDOWN

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10.1136/sextrans-2021-sti.77

Background The COVID-19 pandemic and associated lockdowns have impacted MSM's sexual activity and access to HIV/STI-related services. This study among MSM in the Netherlands assesses COVID-19-induced changes in numbers of sex partners, condomless anal intercourse (CAI), PrEP use, and HIV/STI testing.

Methods From July 20th to September 11th 2020, MSM were recruited via social media to complete an online survey. 2182 respondents (Mage=40 years) provided data on their sexual activity in 3 bimesters before the first lockdown (T1 Jan.–Feb.), during the lockdown (T2 mid-March-mid-May) and after the lockdown (T3 June–July). PrEP use and HIV/STI testing were reported per semester.

Results The mean number of sex partners decreased by 39% between T1 and T2 and remained 12% lower at T3 than at T1. The number of CAI partners decreased by 36% between T1 and T2, and at T3 was similar to T1. A majority (62%) of PrEP users stopped using PrEP at some point because of COVID-19, of which 73% subsequently resumed PrEP. A fifth (20%) of respondents postponed/missed appointments for STI testing and 16% postponed/missed appointments for HIV testing. Only 39% of these respondents caught up on missed testing. Self-sampling/testing accounted for 1% of HIV testing and 1.2% of STI testing in the last semester before COVID-19 (past 7–12 months), and 5.5% and 2.7% respectively in the first semester with COVID-19 (past 0–6 months).

Conclusion Sexual behaviours that put MSM at risk of STI or HIV acquisition were significantly reduced during the first lockdown. However, reengagement in sexual activity and CAI was rapid in the two months after the lockdown. Resumption of PrEP use after an interruption was more frequent than catching up on HIV/STI testing. Further promoting self-sampling/testing may contribute to mitigating the adverse impact of a succession of lockdowns and periods of easing of restrictions.