

person-years). Of 12,675 CT/NG treatment episodes, 3,221 (25.4%) were empiric therapy in asymptomatic contacts, of which 2,076 (64.4%) were later confirmed to be negative for both infections.

Conclusions Antibiotic use and overtreatment are high in a population at elevated risk for antibiotic resistant infections; these results should prompt reexamination of indications for empiric antibiotic treatment, particularly among contacts to bacterial STIs, and the effects of empiric STI treatment on antimicrobial resistance.

014.4 ENTERIC AND SEXUALLY ACQUIRED PATHOGENS IN MEN WHO HAVE SEX WITH MEN WITH CLINICAL PROCTITIS

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Background Rectal infections are common in men who have sex with men (MSM) and may increase HIV risk. This study aimed to identify enteric and sexually acquired rectal pathogens, other than chlamydia and gonorrhoea, associated with symptomatic proctitis in MSM.

Methods Anorectal swab samples were obtained from MSM presenting with rectal symptoms and a clinical diagnosis of proctitis at the Melbourne Sexual Health Centre between January-2017 and March-2019. Samples that tested positive for *Neisseria gonorrhoeae* and *Chlamydia trachomatis* were excluded. As a comparison group, anorectal samples were also obtained from MSM not reporting symptoms of proctitis between November-2018 and February-2019. Samples from both groups were tested for 15 viral, bacterial and protozoal enteric pathogens including *Shigella* spp., *Treponema pallidum*, *Mycoplasma genitalium* and herpes simplex virus (HSV) using PCR.

Results Anorectal samples from 499 men with symptomatic proctitis and 506 asymptomatic men were analysed. Age, HIV status and PrEP use did not differ between men with proctitis and asymptomatic men. Among men with proctitis, 38% were HIV negative and taking HIV PrEP and 16% were HIV-positive. *T. pallidum* was more common in men with proctitis compared to asymptomatic men (3.6% vs 0%, risk difference [RD]=3.6%, 95%CI:2.0–5.2%). Most men with anorectal *T. pallidum* presented with painful anal primary infections. *Shigella* spp. was more common in men with proctitis (2.8% vs 1.0%, RD=1.8%, 95%CI:0.1–3.5%). Most men with *Shigella* did not report diarrhoea. *M. genitalium* was more common in men with proctitis (9.4% vs 5.1%, RD=4.3%, 95%CI:1.1–7.5%). HSV-1 (12.6% vs 2.6%, RD=10.1%; 95%CI:6.8–13.3%) and HSV-2 (8.8% vs 1.6%, RD=7.2%; 95%CI:4.5–10.0%) were more common in men with proctitis.

Conclusion Testing for *Shigella* and *T. pallidum* should be considered in MSM presenting with symptomatic proctitis. These data provide support for *M. genitalium* as a significant cause of proctitis.

014.5 TRAUMA AND CHEMSEX AS COPING AMONG GAY, BISEXUAL AND OTHER MEN WHO HAVE SEX WITH MEN IN SINGAPORE

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Background Sexualised substance use, or ‘chemsex’, has been identified as a major risk factor for HIV, as well as other mental health comorbidities among gay, bisexual and other men who have sex with men (GBMSM). While multiple studies have been conducted on the topic, few have explored the role of trauma as a risk factor for chemsex. This qualitative study investigates life histories of trauma, and proposes a biopsychosocial framework to better situate the factors driving chemsex among GBMSM.

Methods We conducted semi-structured in-depth interviews with 33 purposively-sampled GBMSM with a history of sexualised substance use in Singapore. Interview topics included participants’ experiences and life histories of chemsex, substance use, incarceration, trauma, as well as stories of resilience and ongoing recovery from chemsex. Interviews were audio-recorded, transcribed, coded, and analyzed using thematic analysis.

Results Participants described how chemsex was used as a coping mechanism to deal with emotional and situational ‘precipitants’, including dealing with loneliness and a low self-esteem, sexual shame and social anxiety, as well as general stressful situations. Participants also articulated how such precipitants were underpinned by experiences of biopsychosocial trauma, including those relating to HIV-related stigma, racism, sexual violence, death and loss, neglect, as well as internalised homophobia. Finally, participants illustrated how such trauma were in turn reinforced by several ‘preconditions’, including the accessibility of substances, emphasis on sexual capital, and lack of access to mainstream support structures in the gay male community, alongside general sociolegal barriers to accessing care.

Conclusions This study proposes the role of trauma and the preconditions underpinning them in driving chemsex among GBMSM in Singapore. Interventions that provide support for GBMSM recovering from chemsex should provide trauma-informed care to address the complex barriers to long-term recovery.

014.6 SOCIAL CAPITAL AND CHEMSEX INITIATION IN YOUNG GAY, BISEXUAL, AND OTHER MEN WHO HAVE SEX WITH MEN

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Background Young gay, bisexual, and other men who have sex with men (YMSM) are especially vulnerable to the risks associated with sexualized substance use, or ‘chemsex’.

Methods Results of this study were derived from baseline data of the Pink Carpet Y Cohort Study in Singapore, comprising a sample of 570 HIV-negative YMSM aged 18 to 25 years old. Latent class analysis was employed to identify classes with