403 TGW participated; 52.1% were aged 18–33 years; mean 34.4 (SD ±9.6); 57.6% had ≥ 12 years of formal education; 70% identified as black/mixed race; 25.8% declared sex work as main source of income and 48.1% that their monthly income was below or equal to the Brazilian minimum wage. Prevalence of chlamydia and gonorrhea was, respectively, 10.2% (41/403) and 8.2% (33/403); coinfection was 2.4% (10/403). Most TGW testing positive had anal infections: 90.2% for chlamydia and 66.7%, gonorrhea. Prevalence of chlamydia or gonorrhea was slightly higher among individuals living with HIV (18% vs 15% among HIV-negative individuals, OR 1.21; 95% CI 0.67 – 2.19). After adjusting for schooling, sex work as main source of income, and monthly income, young age remained a risk factor for a chlamydia (aOR 2.78; 95% CI 1.34 – 5.74) and gonorrhea (aOR 2.21; 95% CI 1.02 – 4.79) diagnosis.

Chlamydia and gonorrhoea prevalence is high among Brazilian TGW, especially amongst the young. Comprehensive care and prevention programs, including sexual education and screening polices directed at TGW are urgently needed to reduce STI burden and to interrupt STI/HIV transmission.

O15.6 'IF THEY ASK, I WILL TELL THEM': ATTITUDES TOWARDS ACCESSING SEXUAL HEALTHCARE AMONG HETEROSEXUAL-IDENTIFYING MSM IN ENGLAND

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Background STI/HIV testing is lower among heterosexual-identifying men who have sex with men (heterosexual-MSM) than bisexual or gay men. We aimed to understand attitudes towards sexual healthcare among heterosexual-MSM in England, to improve service design and uptake among this overlooked population.

Methods Semi-structured individual interviews were conducted with 15 heterosexual-MSM in England in January-March 2020. Participants ranged in age from 22–69 years. All but one reported current or previous relationships with women. Data were analysed using an inductive thematic analysis.

Results Frequency of STI/HIV testing varied widely between participants, reflecting how some men felt they lacked sufficient or accurate information about testing guidelines and options, including the possibility of home-sampling/testing. Among men with female partners, concern for the health and wellbeing of these partners was a motivator for testing. However, privacy and discretion were important factors in the use of home-sampling/testing kits for men living with female partners or family; their ability to use these services was limited when their privacy needs were not accommodated. Their heterosexual identity meant some felt services intended for gay and bisexual men were not appropriate for them. If asked by sexual health clinicians, most heterosexual-MSM interviewed reported feeling comfortable disclosing the sex they have with men, describing the impersonal nature of consultations and perceptions of non-judgement and discretion as facilitators for disclosure. However, this comfort with disclosure did not always extend to GPs, due to fears their behaviour would be exposed to others.

Conclusion For the heterosexual-MSM in this study, privacy and discretion were of utmost importance. These must be guaranteed by sexual healthcare services, whether in-clinic or home-sampling/testing, to appeal to MSM regardless of their personal circumstances. Trust in clinician confidentiality and non-judgement facilitate disclosure. Further work is needed to identify ways for sexual health services to appeal to, and reach, this population.

Female reproductive health for STIs and HIV

O16.1 HIGH BURDEN OF REPRODUCTIVE TRACT INFECTIONS AND POOR SEXUAL AND REPRODUCTIVE HEALTH IN PREGNANCY AND POSTPARTUM IN PAPUA NEW GUINEA

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There is a pressing need for detailed knowledge of the range of pathogens, extent of co-infection and clinical impact of reproductive tract infections (RTIs) among pregnant women. We present prevalence and correlates of RTIs (Mycoplasma genitalium, Chlamydia trachomatis, Neisseria gonorrhoeae, Trichomonas vaginalis, Treponema pallidum subspecies pallidum, bacterial vaginosis and vulvovaginal candidiasis) in a longitudinal study of women in pregnancy and postpartum in Papua New Guinea (PNG).

699 pregnant women were recruited at their first antenatal clinic visit and followed up at childbirth, one, six and twelve months postpartum. Self-collected vaginal swabs were tested for M.genitalium using real-time PlexPCR® (SpeeDx) which provides results for five point mutations associated with macrolide resistance. Urine samples or vaginal swabs were tested for C.trachomatis, N.gonorrhoea and T.vaginalis using GeneXpert. A vaginal smear was examined for BV and VVC. Routine antenatal services tested for syphilis using Alere DetermineTM Syphilis.

Most pregnant women (74.1%) had at least one RTI, with a curable current sexually-transmitted infection (STI) detected in 37.7%. We found M. genitalium, an emerging pathogen in PNG, in 12.5% of pregnant women, decreasing to 6.1% at six months postpartum, with no evidence of macrolide resistance. Prevalence of other curable STIs (C. trachomatis, N. gonorrhoeae and T. vaginalis) were all high in in pregnancy