Results Among 431 participants across 1,258 visits, 9.3% (40/431) of participants were MSMW and 90.7% MSM. 30% of MSMW were living with HIV (12/40) compared to 52.4% (205/391) of MSM (p=0.007). In adjusted analysis, MSMW had higher odds of: not discussing sexual orientation/behavior with healthcare providers (AOR 2.19; 95% CI 1.10–4.33), unknown last partner HIV serostatus (2.19; 1.23–3.89), transactional sex (4.35; 2.27–8.36) and last partner also being MSMW (2.10; 1.10–4.02), compared to MSM.

Conclusion Despite riskier behaviors for HIV/STI transmission, MSMW had lower odds of discussing these behaviors with their healthcare providers, representing potentially missed opportunities for HIV/STI screening and prevention. Additionally, MSMW had higher odds of having MSMW sexual partners, suggestive of high-risk MSMW sexual networks that may not be uncovered in routine patient-provider discussions and should be prioritized in HIV/STI interventions designed to reduce barriers and facilitate linkages to care.

O18.5 COMPARISON OF INTIMATE PARTNER VIOLENCE PRIOR TO AND DURING THE COVID-19 PANDEMIC: FINDINGS FROM THE I-SHARE CROSS-SECTIONAL MULTI-COUNTRY STUDY

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Methods Participants in 16 countries between July 26 and December 23, 2020, comprised 1,864 (17.4%) of the 10,717 participants. Bivariate analysis identified factors associated with IPV during COVID-19. Results were adjusted using multivariate logistic regression models by sex. Adjusted prevalence ratios (aPR) were calculated.

Results Preliminary analysis indicated that 1,864 (17.4%) of the 10,717 participants reported experiencing at least one form of IPV before the introduction of COVID-19 control measures; 1,346 (12.6%) participants reported IPV during COVID-19 physical distancing measures. Among participants experiencing IPV when physical distancing measures were in place, 691 (37.1%) told either a friend, the police, social services or other organization.

Conclusion IPV may have decreased during COVID-19 measures, but remained common overall. Structural interventions are necessary to mitigate the impact of IPV.

O18.6 RACIAL-ETHNIC MIXING PATTERNS IN THE UNITED STATES, 2006–2019

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Methods We used data from the National Survey of Family Growth (NSFG), a national probability sample, from 2009–2019 (response rate: 63–77%). Analyses were limited to those 15–44 years who had a current, opposite-sex partner. Respondents reported the race-ethnicity of their most recent partner (not spouse or cohabiting partner) (n=20,640). We coded partner race-ethnicity as concordant-discordant with the respondent’s race-ethnicity. We examined differences by race-ethnicity and sex and, within sex, by race-ethnicity, age, education, poverty, residence, and U.S. nativity (Wald F). Variables p<0.25 in bivariate analyses were entered into separate logistic regression models by sex. Adjusted prevalence ratios (aPR) were calculated.

Results Race-ethnicity concordance significantly differed (p<0.001) among women and men among non-Hispanic (NH) whites (77.7% vs 84.4%, respectively) and NH blacks (92.1% vs. 70.3%). Significant bivariate analyses (p<0.25) included race-ethnicity, education, poverty, and residence for women and race-ethnicity, education, residence and U.S. nativity for men. Among women, Hispanic (aPR=0.75; 95% CI:0.69–0.82), NH white (aPR=0.84; 95% CI:0.80–0.88) and NH other (aPR=0.32; 95% CI:0.25–0.42) were less likely than NH black to have a race-ethnicity concordant partner. Women who lived in major cities (aPR=0.90; 95% CI:0.84–0.97) or suburbs (aPR=0.92; 95% CI:0.86–0.99) were less likely than women who lived in rural areas to have a race-ethnicity concordant partner. Among men, residence findings were similar to women. NH other (aPR=0.42; 95%