autoinoculation. Notably, the presence of viable CT in anorectal samples indicated the presence of an active anorectal infection, which should be accounted for in comprehensive CT management.

Poster presentations

P023 INTERNET EXPOSURE ON SEXUAL PARTNERS AND SEXUAL RISK BEHAVIOR AMONG SEXUALLY EXPERIENCED COLLEGE MALES: EVIDENCE FROM A POPULATION-BASED STUDY

J Xu*. Zhejiang University, Hangzhou, China

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Background As a young subgroup, college students have become the main participants of mobile social networks. Considering the increase of HIV infections in male college students, it is important to explore the status of using the internet to meet sexual partners among these young students and examine the correlates of this use with risky sexual behaviors.

Methods A population-based cross-sectional study was conducted among male students from 44 colleges located in Hangzhou. A total of 1045 sexually experienced male students were incorporated in our analysis. Sequential logistic regression models were employed to determine the independent influence of meeting sexual partners via the internet on sexual risk behavior after controlling for factors associated with risk sexual behaviors.

Results Anonymous social software (e.g., Momo, Tantan, Blued and Aloha) were the most common sites (87.6%) for males to seek sexual partners online. The risk sexual behavior was heterogeneous among the aims for finding partners online and the risk was the highest for males who meet partner for sex (75.52%-85.36%). Compared to non-internet partners' seeker, internet partners' seekers tend to have more casual (53.87% vs 10.14%), paid (5.9% vs 2.39%) and homosexual sex (64.39% vs 8.15%), use psychoactive drugs (35.82% vs 12.2%) and more partners. With the increase of HIV/STD knowledge, the probability of having unprotected sex was increasing for internet partner seekers. Meeting sexual partner on internet was statistically associated with unprotected sex (OR=0.255, P<0.05).

Conclusions Meeting sexual partners via the internet were common among male colleague students, and those meeting partners online exhibited higher levels of risk sexual behaviors although they had enough HIV/STD knowledge, especially students with the aim of finding partners for sex. Thus, more attention should be paid to those general young adults to address the risky sexual behaviors that may contribute to increase HIV spread among this population.

P024 PAINFUL ANO-RECTAL SYPHILIS IN MEN WHO HAVE SEX WITH MEN (MSM)

¹W Rawdah, ¹S Perera, ¹D Williams, ^{1,2}D Richardson*. ¹Brighton and Sussex University Hospitals NHS Trust, Brighton, UK; ²Brighton and Sussex Medical School, Brighton, UK

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There has been a significant increase in infectious syphilis in men who have sex with men (MSM). Recent data also suggests a corresponding increase in ano-rectal syphilis. Despite this, there is a lack of syphilis testing in MSM with ano-rectal symptoms.

The aim of this study is to describe the presentation and management of MSM with ano-rectal syphilis. The sexual health clinic in Brighton sees 6500 MSM per year for sexually transmitted infection testing and treatment. We reviewed the electronic clinic notes of MSM with ano-rectal syphilis from January 2017 to August 2020 and collected data on patient demographics, HIV status, previous syphilis, syphilis serology including VDRL titre, TP-PCR testing and details of treatment.

In the study period, 128 MSM were diagnosed with early syphilis, 108(84%) with genital lesion(s), 4(3%) with oral lesion(s) and 16(13%, 95%CI=7.3–19.5) with painful ano-rectal lesion(s). All 16 had reactive serology and 12/16 had a TP-PCR taken of which 12/12 was positive. The median age was 51 years (IQR 40–58) and 7/16(44%) were HIV positive and 4/16(25%) had a previous history of syphilis. Clinicians treated 6/16(38%) presumptively for syphilis on the day of presentation; the 10/16 who were not treated presumptively on the day waited a median of 8 days(6–28) for treatment. HIV positive MSM with ano-rectal syphilis were significantly more likely to have had previous treated syphilis (OR=24.4, 95%CI1.03–580.7, p<0.05) than HIV negative MSM, and clinicians were significantly more likely to treat HIV positive MSM presumptively on the day (OR=20.0, 95%CI=1.4–282.5, p<0.03).

We have shown that a small, but significant number of MSM with syphilis present with painful ano-rectal symptoms and suggest that all MSM with ano-rectal symptoms should be tested for syphilis. Point of care testing for syphilis from ano-rectal samples would support syphilis control and prevention.

P025 HIV-1 TRANSMITTED DRUG RESISTANCE BETWEEN 2014 – 2020 IN A HIV LARGE POPULATION IN BRIGHTON, UK

^{1,2}D Richardson*, ¹C Fitzpatrick, ¹L Parkes, ¹J Roberts, ^{1,3}L Mulka. ¹Brighton and Sussex University Hospitals NHS Trust, Brighton, United Kingdom; ²Brighton and Sussex Medical School, Brighton, UK; ³Kings College Hospital, London, UK

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Background HIV-1 transmitted drug resistance (TDR) is associated with sexually transmitted infections (STIs) and sexual clusters including MSM and non-MSM. TDR can lead to anti-retroviral failure, and therefore UK guidelines recommend TDR testing in all new HIV patients. Subtype B is most common in urbanised western populations however is decreasing in proportion. Within the UK TDR is estimated to be 7.5% and non-B subtype 51%.

Methods Using the WHO TDR list, we aimed to determine from our clinic database; the prevalence of TDR, non-B subtype and associated features in our large tertiary HIV department (~2500 patients) from 2014–2020.

Results Of the 218 new diagnoses, 217 had a resistance test attempted (1 stored due to COVID-19). 212/217 had an available genotype (5 failed to amplify). 191/212(90%) were MSM, 12/212(6%) cis-female, 80/212(38%) non-UK born and the median age was 36 years (IQR=29–46). The overall prevalence of TDR was 17/212(8%; 95%CI=5.0–12.4), seven