age was 40 years (IQR = 31–51), 43/142 (30%) were HIV positive, 38/142 (27%) had been diagnosed and treated for syphilis in the past and 11/142 (8%) presented with symptoms (possible lesions of primary or secondary syphilis). Thirteen (9%, 95%CI=4.4–13.9) tested positive for syphilis on the day of presentation and all were treated presumptively. MSM who were symptomatic (genital ulcer or body rash), HIV sero-positive or had a history of previous syphilis were significantly more likely to test positive for syphilis (OR=51.88, 95%CI=3.01–893.14, $p=0.007$).

Factors associated with acquiring syphilis amongst MSM presenting as sexual contacts of syphilis were; being HIV sero-positive, having a previous history of syphilis, or presenting with symptoms (possible lesions of primary or secondary syphilis).

P044

TOWARDS THE SPREAD OF THE NEW L2-L2B/D-DA HYBRID VARIANT IN MEN WHO HAVE SEX WITH MEN IN FRANCE?

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Background Recent European studies reported lymphogranuloma venereum (LGV) cases caused by a recombinant Chlamydia trachomatis strain presenting L2-L2b/D-Da hybrid ompA sequence, which mostly affected high-risk group of men who have sex with men (MSM). Given the potential risk of dissemination of this hybrid variant, it seemed important to take stock of the situation in France.

Methods All LGV-positive anorectal specimens collected in the French National Reference Centre for bacterial Sexually Transmitted Infections (STIs) in 2018 from HIV-positive MSM with anorectal symptoms were selected. All specimens were analysed by sequencing of the ompA gene. The obtained sequences were compared by alignment with currently available chlamydial L genovars-ompA gene sequences.

Results A total of 184 LGV-positive anorectal specimens matched the selection criteria. The mean age of patients was 40.7 years [23–68]. The ompA gene was successfully sequenced for 146/184 specimens. Most specimens had ompA sequences identical to that of C. trachomatis L2 (41.7%, 61/146) and L2b strains (36.3%, 53/146). We also identified the co-circulation of several genovariants: six (4.1%) L2-L2b/D-Da hybrid variants, two (1.3%) L2 variants (one specimen with the A997G substitution and one with the G868A substitution) and 27 (18.4%) L2b ompA variants (L2bv1 n=12, L2bv2 n=3, L2bv3 n=1, L2bv6 n=5, L2bv8 n=1, new L2b variant C340G n=1). We also found one specimen with L1 ompA genotype.

Conclusion The circulation of the recently described L2-L2b/D-Da hybrid variant is sparse (4.1%) in France whereas it represents 16.9% of LGV cases in Italy and 12.5%–16.5% of LGV cases in Portugal. Patient's clinical characteristics did not differ with regard to the different LGV variants. Further investigations are needed to better understand the transmission dynamics of this hybrid variant.

P045

ASSESSMENT OF NEISSERIA GONORRHEA PREVALENCE AND RESISTANCE IN THE EASTERN MEDITERRANEAN REGION

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Background Neisseria gonorrhea (NG) has been identified as a high-priority public health concern because of a widespread antimicrobial resistance. The objective is to discuss the findings and implications of this emergence in the Eastern Mediterranean Region (EMR).

Methods A review of paper, reports and guidelines from the region about NG was conducted.

Results In 2015, the estimated prevalence of NG in the EMR was 0.7% for women and 0.6% for men compared to global estimations of 0.9% and 0.7% respectively. Prevalence in 2016 was higher by 0.2% for both men and women. Concerning antimicrobial resistance, regional countries from the EMR reporting data on gonococcal isolates with resistance to azithromycin, ciprofloxacin and extended-spectrum cephalosporins (ESCs) were 2 in 2009; 0 in 2010 and only 1 from 2011 to 2014. The reported data show full susceptibility to ESCs and azithromycin and >90% resistance to ciprofloxacin. Another report mentioned 1 reporting country in 2015 and 2016 respectively with resistances of >90% for ciprofloxacin. Cefixime, Ceftriaxone and azithromycin resistance testing were negative. Empirical articles are very scarce. In Lebanon (n=53), resistance prevalence was 38.3% to ciprofloxacin and 40.4% to azithromycin. Two papers from Morocco (n=72 and n=135) reported ciprofloxacin resistance in 86.8% and 77.9% respectively in 2013 and 2018 without ceftriaxone resistance detected. A case report from Egypt was resistant to ceftriaxone and ciprofloxacin but not to azithromycin.

Discussion It is consistently clear that the EMR has the lowest number of reporting countries compared with all other regions. A call for exploration of NG epidemiology and resistance is recommended through a regional action plan to control and minimize the impact of this public health issue. The promising diagnostic technologies in NG would be beneficial for both the general and the key populations in the absence of financial support to cover current tests.

P047

SEXUAL HEALTH AMONG HIV-NEGATIVE GAY AND BISEXUAL MEN IN LEBANON: A COMPARISON BETWEEN NATIVE AND IMMIGRANT/REFUGEE COMMUNITIES

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Background Unlike native gay and bisexual male (GBM), immigrants/refugees GBM have an added vulnerability to poor sexual health due to their stigmatized sexual minority status. The objective of this cross-sectional study was to compare sexual health variables in a sample of native-born and immigrants/refugees GBM in Lebanon. This study also aimed to identify the correlates of sexually transmitted infections (STIs) knowledge.

Methods This study was conducted in November 2019 following modified time-location sampling. Instruments included rapid tests for HIV and Hepatitis B and C and a behavioral questionnaire.

Results Our results can be grouped into three main levels: education, stigma and risky behavior. Compared with native-born GBM, immigrants/refugees GBM were more likely to report non-university level of education, and lower STIs knowledge. Moreover, they showed more healthcare and employment respective stigma. Hence, more heterosexual marriage, more commercial sex work, more history of syphilis in the last 12 months and a higher mean number of male sex partners in the last 6 months were noted among these communities. Positive correlations were found between STIs knowledge and socioeconomic status; feeling sufficiently informed about STIs. Being immigrants/refugees and feeling sufficiently informed about STIs were strong indicators of STIs knowledge.

Conclusion This study highlights the respective roles of education and immigrant/refugee status in STIs knowledge in Lebanon. Efforts to increase general educational opportunities for immigrants/refugees and specifically sexual education would be helpful inherently, and might also support higher STIs knowledge. Moreover, our participants most probably had to conform to cultural and religious norms and get married. This entails a degree of hiding their true identity and causing distress. Both hiding identity and experiencing stigma may push people of sexual minorities to cope in a wide range of ways and one possible strategy might be sexual risk-taking.

P048 THE EMERGING IMPACT OF THE COVID-19 OUTBREAK ON SEXUAL HEALTH IN LEBANON

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Background The coronavirus-2019 (COVID-19) has had compounding effects on the political and economic crisis with severe economic and health consequences. Throughout the lockdown, one of the largest sexually transmitted infections (STIs) and HIV clinics in Beirut with linkages to major civil organizations in direct contact with sexual health beneficiaries has remained open for emergencies. The main objective of this study was to measure COVID19 impact on sexual health services in this clinic in Beirut.

Methods A review of electronically based STIs screenings and diagnoses for the period February-December 2020 was conducted.

Results The clinic has noted a major reduction in STI testing rates. Only 116 screenings were recorded in the mentioned period which contrasts with the 334 screenings conducted during the same period of 2019 (65% drop in 2020). All the screenings were among men who have sex with men (MSM). On the other hand, PEP was prescribed 86 times in the period February-December 2020 compared to 67 times during the same period of time in 2019 (28% increase). All cases of PEP prescriptions were for MSM. A range of risky behaviors and a 12% prevalence of HIV have been documented in MSM in Lebanon.

Conclusion The increase in PEP prescription for MSM indicates that sexual risk-taking has persisted despite potential fear of contracting COVID-19. Two factors could explain our

Results (1) social psychological stressors (political and economic instability, huge explosion, COVID19) may threaten identity and wellbeing, leading MSM to resort to sexual risk behaviours; (2) data on epidemiology of STIs in COVID19 time are inconsistent due to the lack of stratification by incubation period, acute versus chronic type, duration of symptoms and sexual orientation. Future studies should ascertain the impact of COVID19 on both mental and sexual health especially in stigmatized communities such as MSM.

P049 PREDICTING SEXUAL RISK AND SEXUAL HEALTH SCREENING IN A SAMPLE OF UNIVERSITY STUDENTS IN LEBANON: A CROSS-SECTIONAL STUDY

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Background There are very few studies from the Middle East on HIV knowledge, attitudes, and other sexual health issues among university students. This is particularly true for Lebanon. The present study focuses on factors that predict sexual risk behaviors and sexual health screening behaviors in a sample of university students in Lebanon.

Methods A diverse sample of 250 undergraduate students at a university in Beirut, Lebanon participated in a survey study. They completed measures of religiosity, ethnic identification, identity threat, psychological distress, self-harm, contraceptives usage, HIV/STI screening, and sexual risk behaviors.

Results Religion is negatively associated with a range of risky sexual behaviors. Psychological distress is associated with having sex under the influence of alcohol and drugs, engaging in a sexual activity later regretted, and feeling forced to engage in a sexual activity that they did not want to engage in. Sex under the influence of alcohol and drugs/substances, discussing methods of contraception, and willingly engaging in sexual activities later regretted had significant effects on the variance of having had condomless vaginal sex in the past month. Gender and sex under the influence of alcohol had significant effects on screening for STIs.

Conclusion Religiosity appears to be protective against identity threat and psychological distress and negatively associated with a variety of sexual risk behaviors. Perceived stigma associated with female sexuality can limit STIs screening. Interventions that focus on managing different variables (drug and alcohol use in students, unwanted pregnancy, religion, stigma related to screening, and sexual health education) are recommended.

P050 MOTIVES AND BARRIERS FOR COMPLYING WITH 'SEXUAL DISTANCING' AMONG MSM DURING THE FIRST COVID-19 PANDEMIC LOCKDOWN, A QUALITATIVE STUDY

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Backgrounds On March 12,2020 the Dutch government imposed a lockdown and health measures to curb the COVID-19 pandemic. As part of social distancing, sexual distancing was one of these measures. Sexual distancing implied no sex