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

with partners outside of one's household. We tried to elucidate motives and barriers for complying with sexual distancing among men who have sex with men (MSM) and the relation with social distancing.

Methods In this exploratory qualitative study we interviewed STI clinic visiting MSM during the first COVID-19 lock down using a semi-qualitative questionnaire from March-May 2020. We interviewed both men who complied and did not comply with the sexual distancing measures. The interviews were transcribed using verbatim transcription and analyzed using MAXQDA.

Results We included 18 non-compliers and 4 compliers. Motivations mentioned to comply with sexual distancing measures were: perceiving COVID-19 as a serious health threat, experiencing critically ill COVID-19 patients first hand, protecting someone dear from COVID-19, and being satisfied with social and/or sexual distancing measures. Barriers mentioned to comply with sexual distancing measures were: not being aware of the need for sexual distancing, being single, previously having had an active sex life, importance of the social aspect of sex, a strong urge for sex, having sex to reduce stress, being under the influence of alcohol or drugs, and not perceiving COVID-19 is a serious health threat.

Conclusion Our findings suggest that the information on sexual distancing needs to be made more explicit, accessible, understandable, customized and relatable to the key populations. This will improve effective measures and health advises for the current COVID-19 pandemic and future droplet borne outbreaks.

P051

GENERAL PRACTITIONERS' (GPS') KNOWLEDGE OF AND ATTITUDES TO PRESCRIBING PRE-EXPOSURE PROPHYLAXIS FOR HIV (PREP): A PILOT STUDY

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Background In the UK PrEP is available only from sexual health services. The 2018 BHIVA/BASHH PrEP guidelines acknowledge the advantages of PrEP being delivered in sexual health services but raise concerns that this may restrict access for some people. Locally we have a large population of men who have sex with men (MSM) and provide PrEP to over 800, however many MSM and other people who would benefit from PrEP do not access sexual health services and may have more contact with primary care. We aimed to gain some insight into the knowledge and attitudes primary care have around PrEP to design an educational package.

Methods An online survey was circulated to GPs and trainee GPs working in an acute hospital trust.

Results Of the 12 respondents; 11(92%) were aware of PrEP, 6(50%) reported having been asked about PrEP by patients, 5(42%) had previously prescribed PrEP (as part of training in attachment in a sexual health clinic); 7(58%) felt that some of their patients would benefit from PrEP, with the remaining 5(42%) being unsure. 3(25%) said they would prescribe PrEP for a patient at high risk of HIV in future, 4

(33%) said they would not prescribe PrEP and 5(42%) were unsure. Barriers to prescribing PrEP included unfamiliarity and uncertainty around which patients would benefit. 10 (83%) respondents felt PrEP should only be prescribed in dedicated clinics or sexual health and 2(17%) suggested that PrEP should be available in primary care: 8(67%) felt training in prescribing and monitoring PrEP would be useful for primary care.

Conclusion Our educational package on PrEP in primary care needs to focus on identification of patients at high risk of HIV and increase the general knowledge of PrEP in primary care to facilitate clinical pathways and signposting to sexual health services.

P052

PERFORMANCE OF THREE COMMERCIAL MOLECULAR DIAGNOSTIC ASSAYS FOR THE SIMULTANEOUS DETECTION OF MYCOPLASMA GENITALIUM AND MACROLIDE RESISTANCE

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Background The increasing frequency of macrolide resistance is an emerging issue in the treatment of Mycoplasma genitalium infection. Evaluation of new commercial kit detecting M. genitalium and macrolide resistance-associated mutations is needed.

Methods We evaluated the performance and handling characteristics of the Allplex MG & AziR (Seegene), the Macrolide-R/MG ELITE MGB (ELITechGroup), and the ResistancePlus MG FleXible kits (SpeedX-Cepheid) in comparison with an in-house real-time PCR and 23S rRNA gene sequencing used as reference. A total of 239 urogenital specimens (135 M. genitalium-positive and 104 M. genitalium-negative specimens) collected between April and December 2019 at the French National Reference Center for bacterial Sexually Transmitted Infections were assessed.

Results The overall agreement for M. genitalium detection of the three commercial kits compared with the in-house real-time PCR was 94.6–97.6%, and there was no significant difference. A total of 97 specimens were found M. genitalium-positive with the three kits and were used to assess macrolide resistance detection. The clinical sensitivity for resistance detection was 74.5% (95% confidence interval 61.7–84.2%), 96.2% (87.2–99.0%), and 92.8% (82.7–97.1%) for the Allplex MG & AziR, Macrolide-R/MG ELITE MGB, and Resistance-PlusMG FleXible kits, respectively. The sensitivity of the Macrolide-R/MG ELITE MGB kit was significantly higher than that of the Allplex MG & AziR kit. The clinical specificity for resistance detection of the three kits was 97.4–97.6%. The random-access possibility, the input sample volume, and DNA extract availability for detecting resistance to other antibiotics may also influence the selection of a commercial kit by diagnostic laboratories.

Conclusion The three kits showed good performance for the detection of M. genitalium but the Allplex MG & AziR kit showed lower sensitivity for detecting macrolide resistance-associated mutations.