Results 75 COI studies were considered for title/abstract screening. Only six studies were available in full-text, and eligible for data extraction and narrative synthesis, having considered intersectoral costs in their analyses. Intersectoral costs were captured in the following sectors: Patient & family, Informal care, Leisure & domestic work, and Paid Labour. Patient & family costs were addressed in four studies, including patient out-of-pocket payments/co-payments and travel costs. Two studies considered household cost in terms of care provided by family/friends. All six studies estimated productivity costs for paid labour, including costs in terms of absenteeism, short-term/partial/long-term disability, cease-to-work, presenteeism, and premature death.

Conclusion The importance of intersectoral costs has not been sufficiently highlighted in COI studies in this area. There is a lack of exploration of the wider costs associated with STIs and HIV that needs to be addressed in order to ensure the true economic burden of STIs/HIV on society is assessed and communicated to policy/decision-makers.

P059 SYPHILIS IN GERMANY – A NEW ALL-TIME HIGH OF CASES

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Background Since 2001, laboratories are required to notify syphilis diagnoses anonymously in Germany, physicians complement clinical information. Between 2010 and 2017, the number of syphilis cases increased between 5% and 15%, while in 2018 we observed a 2% decline. We analysed syphilis surveillance data from 2019 and January to June 2020 to assess the current dynamics in order to initiate appropriate prevention measures.

Methods Potential double notifications are identified. We analysed syphilis cases by year of diagnosis, age, sex, area of residence, and transmission category.

Results 7,889 cases were reported in 2019, corresponding to a 7% rise compared to 2018. Incidence was 9.5/100,000 inhabitants, with highest incidences in metropolitan cities as Cologne (57.8), Berlin (39.7), and Munich (30.2). From January to June 2020, incidence dropped by 3% compared to this period in 2019.

Men accounted for 94% of cases in 2019. 86% of cases with information on transmission route were men who have sex with men (MSM), 14% heterosexuals. Median age of MSM ranged between 39–41 years since 2009. HIV-coinfection was reported for 44% MSM. HIV-negative MSM were diagnosed less frequently with reinfection (27%) compared to HIV-positive MSM (66%), and more frequent during primary state of infection (34% vs 23%).

Conclusion Data showed a high burden of disease in MSM in metropolitan cities across all age groups. Considering the high proportion of Syphilis reinfections, substantial risk behavior seems to fuel the syphilis epidemic in Germany in MSM, especially in HIV-positive. Targeted approaches to increase early screening and treatment, like internet counselling, home sampling, home testing, and venue-based (rapid) testing should be intensified. The slightly decreasing incidence in the first six

months of 2020 may be caused by reduced sexual encounters due to the SARS-CoV-2 pandemic.

P061 EVALUATING INTRAMUSCULAR INJECTION TECHNIQUES TO REDUCE INJECTION ASSOCIATED PAIN IN ADULTS

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Background Intramuscular injections (IMI) are used to deliver preventive and curative treatment in sexual health clinics, but can result in severe and prolonged pain for patients, cause significant anxiety, and limit future treatment options.

Methods A survey to assess the importance of interventions to reduce injection pain amongst sexual health clinic attendees, and an integrative literature review exploring IMI delivery.

Results Two hundred and three patients who were receiving an IMI participated in the survey. More than half (27/52 [52%]) of patients receiving gluteal injections and a third (49/151 [32%]) of those receiving deltoid injections reported that approaches to reduce IMI pain would be 'important' or 'very important'. A variety of IMI techniques with the potential to reduce injection pain were identified in the review. The Z track injection technique (stretching the overlying skin and subcutaneous tissues to one side just prior to injection) was widely recommended, but with limited supporting evidence, and adopted only to a small extent in clinical practice. More evidence was available supporting the use of manual pressure over the injection site or Helfer (rhythmic) tapping on the injection site before injection but this was mostly from small studies. Other factors including patient demographics, anthropometry, injectate volume, needle length, and muscle site affected perceived injection pain and risk of subsequent complications.

Conclusion Intramuscular injection pain is of importance to sexual health patients. The use of localised pressure over the injection site prior to injection may reduce pain but high quality studies are required to confirm the optimal injection technique.

P062 ASYMPTOMATIC TRICHOMONAS VAGINALIS INFECTION AMONG UNDERGRADUATE STUDENTS IN A SELECTED UNIVERSITY IN OGUN STATE, NIGERIA

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Background Trichomoniasis is caused by the adhesion of *Trichomonas vaginalis* to mucosa of vagina or urethra. Its incidence rate is estimated to be higher than both gonorrhea and chlamydia combined. While largely asymptomatic, it's associated with preterm delivery, premature rupture of membrane, PID and increased predisposition to HIV infection. Targeted screening of high-risk populations is imperative to identify, treat partners, eliminate reservoir and prevent reinfection. This