Background Condyloma acuminata are soft, skin colored, fleshy warts that are caused by the Human Papilloma Virus (HPV), typically HPV 6 and 11 genotypes. The disease is highly contagious, can appear singly, confluent, multiple, small or large. Although anogenital warts are considered to be sexually transmitted in adults, this may not be the case for children. Genital warts in children may result from several modes of transmission: from the maternal genital tract autoinoculation, from finger warts and nonsexual transmission from members/careers. Generally diagnosis of anogenital warts is usually made on physical examination. Surgical treatment options include cryotherapy, laser vaporisation, electrocautery and excision. Nonsurgical approaches in children include the use of podophyllotoxin and imiquimod.

Approach We present a 12-month-old female patient presented with a 6 month history of papillomatosis changes in the anogenital area. The child was born by vaginal delivery after full term normal pregnancy. No maternal medical history of genital warts during her pregnancy. She tested negative for Syphilis at pregnancy.

Physical examination of the child was normal except for the presence of multiple light purple skin-colored, confluent verrucous eruptions affecting the vulva and perianal region (Figure 1). Gynecological examination showed no abnormalities. The hymen was intact, and there was no evidence of ulcerations or other signs of trauma to the vaginal or anal orifices. Biopsy of the lesion was not performed. The girl was treated with 25% Podophyllotoxin solution, carefully applied at the hospital to the lesions once a week and at every visit, there was evident reduction in the number and size of warts. Treatment was continued for a total of 5 weeks, during which time the lesions cleared almost completely.

Conclusion We conclude from this case that condylomas acuminata are not only transmitted sexually but through nonsexual ways as well, such is this case, from the infected mother to the infant. We also report safe and effective treatment of anogenital warts in a child with regular and carefully applied 25% Podophyllotoxin solution.

P092

HEALTHCARE ACCESS AND SYPHILIS TESTING AMONG BLACK AND WHITE MSM: RESULTS FROM THE NETWORK EPIDEMIOLOGY OF SYPHILIS TRANSMISSION STUDY

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Background In 2018, men who have sex with men (MSM) accounted for nearly 65% of newly-reported primary and secondary syphilis cases in the U.S. Syphilis rates are higher among Black than White MSM. Barriers to healthcare access among MSM may contribute to racial disparities in syphilis testing which leads to missed diagnoses. These barriers can be exacerbated by geographic differences in healthcare access. We describe differences in the prevalence of syphilis testing by health insurance status comparing Black to White MSM in two cities (Baltimore, MD and Columbus, OH).

Methods The Network Epidemiology of Syphilis Transmission study enrolled 655 sexually active MSM aged 18+ from January 2019 through March 2020 (n=329 Black, n=209 White). At the first study visit, participants were asked about current health insurance status (private or public) and syphilis testing in the 12 months prior to enrollment (yes or no). We used chi-square tests to examine health insurance status and syphilis testing by city comparing Black to White MSM.

Results Although not statistically significant, lower percentages of Black than White MSM in Baltimore had health insurance (79.6% vs. 92.4%, p=0.11), while insurance was universally high in Columbus, regardless of race (95%, p=0.09). Lower percentages of Black than White MSM in Baltimore had been tested for syphilis in the past 12 months (61.7% vs. 78.7%, p=0.06), but we observed no testing differences by race in Columbus (65%, p=0.99). In Baltimore, fewer insured Black MSM had been tested for syphilis in the last 12 months compared to insured White MSM, but the difference was not significant (63.4% vs. 78.7%, p=0.12) and was similar in Columbus (64.9% vs. 66.4%, p=0.91).

Conclusions Consistent, but non-significant, differences in insurance coverage by race in Baltimore compared with Columbus may indicate geographic variation in healthcare access which can impact timely syphilis testing among MSM.

P093

IMPACT OF COVID-19 HARD LOCKDOWN MEASURES ON SEXUAL BEHAVIOUR IN VICTORIA, AUSTRALIA: FINDINGS FROM A NATIONAL ONLINE SURVEY

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Background The residents of Victoria (Australia's second most populous state), were subject to a hard lockdown for several months as they experienced a second wave of COVID-19. Victorians could only leave their homes for essential activities, were required to wear facemasks, remain within 5km of their homes and were subject to a nightly curfew. Elsewhere in Australia, COVID numbers remained low with no lockdown in place. We examined the impact of the lockdown on the sexual behaviour of Victorians compared with elsewhere in Australia.

Methods Our online survey was open for 2.5 weeks during the lockdown (August 13th to 31st). Participants aged 18+ were recruited via social media and asked to report on their current sexual practices. Logistic regression was used to calculate the difference in the proportion of practices between Victorians and non-Victorians.

Results 976 people completed the survey: 71% identified as female, 75% were aged 18–29 years, 61% resided in

Victoria. Compared with elsewhere in Australia, Victorians were less likely to report sex in the last 4 weeks (54.8% vs 68.0%, diff=-13.3%, 95%CI -19.6, -6.9). Victorians were also less likely to report casual hook-ups (10.6% vs 17.3%; diff=-6.7%, 95%CI -12.5, -0.8) and sex with a fuckbuddy (10.6% vs 16.9%; diff=-6.2%, 95%CI -12.1, -0.4). There was no difference in dating app use in the last 4 weeks between Victorians and others (27.0% vs 26.6%; diff=0.4; 95%CI -5.2, 6.1), but Victorians were more likely to report using apps for virtual dates (15.7% vs 2.9%, diff=12.8%, 95%CI 6.2, 19.3) and chatting (83.0% vs 72.5%; diff=10.5; 95%CI 0.0, 20.9) and less likely to use them for face-to-face dates (15.1% vs 56.9%; diff=-41.8%, 95%CI -52.9, -30.7).

Conclusions Hard lockdowns impact sexual behaviour and practices. However, sexual activity did not stop completely, highlighting the importance of ensuring accessibility of sexual and reproductive health services during periods of restriction.

P094

MOTIVATIONAL INTERVIEWING AND THE PREVENTION OF STIS DURING PREGNANCY: COMING UP 'EMPTY'

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Background Sexually transmitted infections (STIs) risk persist during pregnancy. Of special concern, rates of congenital syphilis continue to rise in the US and elsewhere. One effective approach for helping pregnant people reduce diverse maternal and neonatal risks is motivational interviewing (MI), which has demonstrated effectiveness in reducing alcohol/substance misuse and smoking during pregnancy, and STI risk among non-pregnant youth and adults. We sought to describe MI's role in STI prevention in pregnancy to help inform the field of best practices.

Methods We attempted a systematic review of the use of MI for STI prevention in pregnant women in PubMed, MEDLINE, Ovid, Embase and Scopus databases. Articles included for consideration were peer-reviewed studies conducted in the US, published between 2000 and 2020, in English, included women who were pregnant at the onset of the study, and reported STI outcomes. Articles were excluded if women in the sample became pregnant as a result of intervention failure. **Results** Of 595 citations, only one article was eligible for full-text review; all others failed to meet the inclusion criteria. This yielded an 'empty' review, despite substantial literature and MI's noted efficacy.

Conclusion Arguments to support MI's use to prevent STIs or re-infection among pregnant people are based on its success in this population in addressing other behavioral risks (alcohol and drug use). Despite its promise, published research in this area is absent. MI is proven to be effective, versatile, and has demonstrated success in promoting a multitude of health-benefiting and risk reducing behavioral changes among pregnant people. Our 'empty review' underscores the need for attention in this area. Future research could compare interventions integrating MI to the standard of care to measure the effect on STI prevention among pregnant people.

P095

GENERAL PRACTITIONER VIEWS TOWARDS PATIENT DELIVERED PARTNER THERAPY FOR CHLAMYDIA INFECTION IN AUSTRALIA

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Background Patient delivered partner therapy (PDPT) refers to the process in which antibiotic treatment for chlamydia infection is prescribed or provided to an index case to pass onto their sexual partner/s. Since 2015, health authority guidance for PDPT has been provided in some areas of Australia. However evidence regarding PDPT use in Australia are limited. We investigated recent use and perceptions of PDPT for chlamydia among general practitioners (GPs) working in Australia.

Methods During 2019 we conducted an online survey comprising multiple-choice and open-ended questions to investigate GPs' chlamydia management practices, including PDPT. We conducted logistic regression to identify factors associated with offering PDPT and directed content analysis of free-text data to explore GPs' perceptions towards PDPT.

Results A total of 323 GPs responded to the survey, 85.8% (n=277) answered PDPT-focused questions, providing 628 free-text comments. Over half (53.4%) reported never offering PDPT while 36.5% sometimes and 10.1% often offered PDPT. GPs more likely to offer PDPT were aged ≥55 years (adjusted odds ratio, AOR 2.8, 95%CI 1.4–5.7), worked in non-metropolitan areas (AOR 2.5, 95%CI 1.5–4.4) and in Australian States/Territories with health authority PDPT guidance (AOR 2.3, 95%CI 1.4–3.9). Qualitative data showed many GPs recognised PDPT's potential to treat difficult to engage partners but expressed hesitancy to offer PDPT because they considered it best practice for partners to attend care. A case-by-case approach that considered patient and partner circumstances to determine PDPT suitability was emphasised. Many GPs indicated a need for professional and health authority guidance that PDPT is permissible and practical resources to support its use.

Conclusions GPs appear to accept the place of PDPT as targeted to those who may otherwise not access testing or treatment. Availability of health authority guidance appears to have supported some GPs to incorporate PDPT into their practice.

P096

INCIDENCE AND RISK FACTORS OF C. TRACHOMATIS AND N. GONORRHOEAE AMONG YOUNG WOMEN FROM THE WESTERN CAPE, SOUTH AFRICA

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