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'

¹S Williams*, ¹P Loosier, ^{1,2}A Machefsky. ¹Centers for Disease Control and Prevention, Atlanta, USA; ²Gilstrap Fellowship, Atlanta, USA

10.1136/sextrans-2021-sti.223

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

¹J Goller*, ¹J Coombe, ¹H Bittleston, ²C Bourne, ³D Bateson, ¹A Vaisey, ⁴J Tomnay, ⁵O Donnell H, ⁶C Garrett, ⁷C Estcourt, ⁸M Temple-Smith, ¹J Hocking. ¹The University of Melbourne; School of Population and Global Health, Carlton, Australia; ²STI Programs Unit, NSW Ministry of Health, Sydney, Australia; ³Family Planning NSW, Ashfield, Australia; ⁴The University of Melbourne, Centre for Excellence in Rural Sexual Health, Shepparton, Australia; ⁵Victorian Government, Department of Health and Human Services, Melbourne, Australia; ⁶Family Planning Victoria, Box Hill, Australia; ⁷Glasgow Caledonian University, School of Health and Life Science, Glasgow, UK; ⁸The University of Melbourne, Department of General Practice, Melbourne, Australia

10.1136/sextrans-2021-sti.224

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

¹V Jongen*, ^{1,2}M Schim van der Loeff, ³M Botha, ⁴S Sudenga, ⁵M Abrahamsen, ⁵A Giuliano. ¹Department of Infectious Diseases, Public Health Service Amsterdam, Amsterdam, The Netherlands; ²Amsterdam UMC, Univ of Amsterdam, Internal Medicine, Amsterdam Infection and Immunity (AII), Amsterdam, The Netherlands; ³Department of Obstetrics and Gynaecology, Stellenbosch University, Cape Town, South Africa; ⁴Division of Epidemiology, Vanderbilt University Medical Center, Nashville, USA; ⁵Center for Immunization and Infection Research in Cancer, Moffitt Cancer Center, Tampa, United States of America

10.1136/sextrans-2021-sti.225

Background Young women in South Africa are highly affected by sexually transmitted infections (STI), like *C. trachomatis* (CT) and *N. gonorrhoeae* (NG). We aimed to estimate the incidence of CT and NG, and its determinants, among young women from the Western Cape, South Africa, participating in an HPV vaccine trial (the EVRI study).

Methods HIV-negative women aged 16–24 years were enrolled between October 2012 and July 2013. At enrolment and month 6 participants were screened for CT and NG. A questionnaire on demographic and sexual history characteristics was completed at enrolment and month 7. Treatment for CT and/or NG was offered to infected participants. Incidence rates (IR) of CT and NG were estimated. Determinants of incident CT and NG infections were assessed using Poisson regression.

Results 365 women were tested for CT and/or NG at least twice. Prevalence of CT and NG at baseline was 33.7% and 10.4%, respectively. Prevalence of co-infection with CT and NG was 7.1%. During 113.3 person-years (py), 48 incident CT infections were diagnosed (IR=42.4 per 100 py, 95% confidence interval (CI) 31.9–56.2). Twenty-nine incident NG were diagnosed during 139.3 py (IR=20.8 per 100 py, 95%CI 14.5–29.9). Prevalent CT infection at baseline was associated with incident CT (adjusted incidence rate ratio (aIRR) 5.8, 95%CI 3.0–11.23. More than three lifetime sex partners increased the risk for incident NG (3–4 partners aIRR=7.3, 95%CI 2.1–26.0; ≥ 5 partners aIRR=4.3, 95%CI 1.1–17.5).

Conclusions The IR of bacterial STIs among young women in the Western Cape is very high. Besides being previously infected and a higher lifetime number of sex partners, no other risk factors were found for CT and NG, suggesting that all these women were at risk. This indicates the need for intensified prevention of STIs as well as screening and treatment programs to increase sexual health in this region.

P097

A MIXED-METHOD APPROACH TO MAPPING HEMATOLOGISTS' HIV TESTING BEHAVIOR IN LYMPHOMA PATIENTS AT THE AMSTERDAM UNIVERSITY MEDICAL CENTERS

¹A Ndong*, ¹S Bogers, ²M Kersten, ³P Reiss, ¹S Geerlings. ¹Department of infectious diseases, Amsterdam University Medical Centers and Amsterdam Infection and Immunity Institute, Amsterdam, The Netherlands; ²Department of hematology, Amsterdam University Medical Centers, The Netherlands, Amsterdam, The Netherlands; ³Department of Global Health, Amsterdam University Medical Centers, Amsterdam Institute for Global Health and Development, and HIV Monitoring Foundation, Amsterdam, The Netherlands, Amsterdam, The Netherlands

10.1136/sextrans-2021-sti.226

Background Compared to HIV-negative individuals, people living with HIV have a higher risk of malignant lymphoma. To what extent hematologists miss HIV testing opportunities among lymphoma patients (LP) in the Amsterdam University Medical Centers (UMC) is currently unknown. We quantified the HIV testing rate among LP and assessed factors influencing hematologists' HIV testing behavior in LP at both Amsterdam UMC locations.

Methods In this mixed-methods study, quantitative data from 2015 to 2019 from electronic health records of LP were retrospectively collected to assess both the HIV testing rate within three months around lymphoma diagnosis and the HIV

positivity prevalence. An online survey among hematologists and semi-structured interviews among hematologists and authors of hematology guidelines were conducted.

Results Data from 656 LP and 21 hematologists who responded to the survey out of 40 were used. Interviews were held with four hematologists and two authors of hematology guidelines. The HIV testing rates were 56.4% and 57.6%, and the HIV positivity prevalences were 0.8% and 0.9% for both locations. Eighty-five percent (18/21) of hematologists indicated they often offered an HIV test to LP in the past year, and 42% (9/21) revealed HIV testing in LP is often discussed in their department. The type of lymphoma, lack of awareness regarding HIV testing recommendations in LP, low perceived risk of HIV among LP because of older age, and lack of guidelines recommending universal HIV testing regardless of lymphoma type, each influenced hematologists' HIV testing behavior.

Conclusion Our results show routine HIV testing among LP and hematologists' attitudes and knowledge towards testing at the Amsterdam UMC are suboptimal, despite HIV testing being recommended in most lymphoma guidelines. This highlights the need for interventions to improve hematologists' behavior towards testing, such as education, as well as expansion and enhanced implementation of the hematology guidelines.

P098

A CAPITALE AD CALCEM APPROACH IMPORTANCE IN CASE OF SYPHILIS

^{1,2}A Kalva*, ¹V Bondare-Andersberg, ^{1,2}I Hartmane, ^{1,2}I Mikazans. ¹Rigas 1st hospital, Riga, Latvia; ²Riga Stradins University, Riga, Latvia

10.1136/sextrans-2021-sti.227

Background Nowadays, the patient full examination is challenging by limited time in different medical fields (Musellim B. et al, 2017). It can lead inappropriate diagnosis and treatment. Therefore, it is important to use patient examination gold Approach a capitale ad calcem.

Methods The medical documentation, pathology slides and data of laboratory results were reviewed in the context of up-to-date medical literature.

Results A 34-year-old white man presents with a complaint about itching on his legs and arms that follow him around four months.

In objective examination of the overall status – without any deviation of the norm. In the local status, we found infiltrative, hyperaemic papules with yellowish crusted erosions on both legs and arms with well demarcated. On both legs we found varicose veins. Sexual history said that last sexual contact had been two years ago. The full blood test, infection tests (HIV, RPR, TPHA, HCV), microbiology and skin punch biopsy were done. Work diagnosis at the beginning: exacerbation of chronic eczema. Important to keep in mind, cutaneous features of secondary syphilis sometime can show as chronic dermatitis.

The blood test result, total IgE showed without any deviation of the norm. RPR – positive (4+), TPHA (4+, 1:1280), HIV – negative, HCV – negative. Excreted from the skin: *Staphylococcus aureus*, *Streptococcus pyogenes* (beta haemolytic group A). Other sexual transmissible disease – negative. The skin punch biopsy was done from arm skin. At the pathological conclusion said that: histological picture is