behaviour due to increased screen time and decreased in-person sexual activity. This analysis describes the prevalence and factors associated with virtual sex before and during COVID-19 measures in Panama.

Methods An online survey conducted among ≥ 18 years individuals residing in Panama using social media recruitment, from August 8–September 12, 2020, at the end of strict lockdown measures. Questions included demographics, virtual sex (sexting [sharing/receiving nude/semi-nude photos/video] and cybersex [sexual acts in front of a camera] three months before and during COVID-19-measures. Logistic regression was used to identify associations with increased use of virtual sex.

Results Overall, 960 individuals participated; 526 (54.8%) identified as cis-women, 366 (31.1%) as cis-men, and 68 (7.1%) as non-binary/another gender; median age was 28y (IQR:23–37y). Before COVID-19-measures, 44.1% (369/837) reported sexting, 20.4% (172/842) cybersex, 46.4% (392/485) virtual sex. During COVID-19-measures, sexting, cybersex and virtual sex increased for 17.4%(139/797), 9.4%(74/790), and 19.9%(159/800) of participants, respectively. More cis-men reported virtual sex increase than cis-women (25.7% vs 17.2% [rural/urban adjusted]AOR=1.69, 95%CI:1.18–2.43). Bisexual (38.7% [gender and urban/rural adjusted]AOR=2.08, 95% CI:1.09–3.95) and lesbian/gay participants (42.4%,AOR=2.64, 95%CI:1.47–4.73) reported virtual sex increase more frequently compared to heterosexual participants (16.1%). Increase in casual sex was associated with increase in virtual sex (45.0% vs less casual sex 25.3%, AOR=4.06, 95% CI:1.24–13.35). Increased pornography use was associated with increased virtual sex (52.0% vs 7.8% decreased pornography, AOR=5.68, 95%CI:2.40–13.44). Among participants with a long-term partner, virtual sex increased among those who reported more partnership conflicts during than before COVID-19-measures (27.8% vs 12.8% among those who reported fewer conflicts, AOR=2.88, 95%CI:1.45–5.72).

Conclusions Virtual sex was common before COVID-19-measures in Panama. During COVID-19-measures, virtual sex increased among cis-men, lesbian/gay and bisexual participants. Virtual sex was associated with increased pornography use, casual sex, and increased conflicts with long-term partners.

P149 IMPLEMENTING TARGETED MOLECULAR RESISTANCE TESTING FOR GONORRHOEA IN A LARGE URBAN UK CLINIC

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Background Sandyford Sexual Health serves a population of ca. 1 million residents of Greater Glasgow and Clyde, UK. We use RealTime CT/NG assay (Abbott Molecular) to exclude gonorrhoea, all positive results are centrally notified and managed. We report our experience implementing 'resistance-guided' treatment for gonorrhoea using the SpeedX ResistancePlus[®] GC test. The objective was to measure the proportion of patients successfully managed with oral rather than injectable treatment.

Methods Resistance testing was targeted at patients who might benefit, excluding patients who had empirical treatment. This was determined by our laboratory scientist who reviewed the electronic prescribing record. Tests were run twice weekly. Meaningful test name and results messages were designed to address anticipated human factors in assimilating the information.

Results Between 16th October and 24th December 2020, 93 patients had a positive gonorrhoea test meriting treatment, of which 20 (22%) had infection at more than one anatomical site. Empirical treatment was given to 36 patients and so did not undergo resistance testing; 3 had insufficient residual sample. In the remaining 54 patients, 3 were gonorrhoea negative via SpeedX ResistancePlus[®] testing and 2 were gyrA indeterminate. Ultimately, 33 had predicted ciprofloxacin sensitivity; 16 had predicted ciprofloxacin resistance.

Of the 33 patients identified as ciprofloxacin sensitive, 16 received oral ciprofloxacin and 17 received alternative standard-of-care. Reasons for not using ciprofloxacin included: clinician preference for injectable, resistance results not being available in time and quinolone contraindication.

No patients had discordant resistance predictions at different anatomical sites.

Conclusions Targeted molecular resistance testing for gonorrhoea averted injectable treatment in 17% of this cohort with around only half being eligible for testing due to immediate or prior treatment. We also averted some injections amongst contacts. Future work will focus on building clinician confidence and improving turnaround time in a production environment.

P150 CHARACTERIZATION OF PHARYNGEAL GONORRHEA IN UGANDAN MEN WITH URETHRAL DISCHARGE SYNDROME

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Background Multi-drug resistant *Neisseria gonorrhoeae* (NG) threatens the effectiveness of gonorrhea treatment and control globally. Pharyngeal NG (pNG) infections are hypothesized to play a role in the emergence of antimicrobial resistance (AMR) in NG, yet the epidemiology of pNG infections is poorly understood, especially in resource-limited settings (RLS). We report on pNG in men with concurrent urogenital NG infections in Kampala, Uganda.

Methods Penile-meatal and pharyngeal samples were collected from Ugandan men with urethral discharge syndrome (UDS), cultured for NG, and tested by nucleic acid amplification tests (NAATs) for NG and other STIs. Antimicrobial susceptibility testing was performed on all NG isolates.

Results Of the 83 participants (mean age 29.5 years) who provided urogenital and pharyngeal samples, 22.9% (19/83) were living with HIV, and 57.8% (48/83) were positive for urogenital gonorrhea. NG was detected in 8.6% (7/81) of pharyngeal samples by NAAT; 57.1% (4/7) were also positive by culture. Participants with pNG had concurrent urogenital NG, were HIV-negative, heterosexual (71.4%), reported transactional sex