(85.7%), did not report oral sex (85.7%), and were younger (median = 24 years, IQR=21–28; $p=0.013$) than pNG-negative participants (median = 29 years, IQR=27–32). The paired ($n = 4$) urogenital-pharyngeal isolates displayed the same antimicrobial susceptibility profile: ciprofloxacin-, tetracycline-, and penicillin-resistant and ceftriaxone- and cefixime-susceptible. None of the pharyngeal samples were positive for *Chlamydia trachomatis* and one sample was positive for *Mycoplasma genitalium*.

Conclusions To our knowledge, this is the first report of pNG in Ugandan men. NAATs were more sensitive than cultures for detection of pNG. In this pilot study, there was no difference in the susceptibility profiles of paired pharyngeal and urogenital NG isolates. Differences by age might be explained by differences in sexual behaviors or mucosal immunity. Additional studies are warranted to better define the epidemiology and microbiology of pNG infections in RLS.

P151 SYSTEMATIC LITERATURE REVIEW AND QUANTITATIVE ANALYSIS OF HEALTH PROBLEMS ASSOCIATED WITH SEXUALLY TRANSMITTED NEISSERIA GONORRHOEA INFECTION

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10.1136/sextrans-2021-sti.259

Background *Neisseria gonorrhoeae* (Ng) is the second most common sexually transmitted bacterial infection (STI), leading to serious health problems in men, women and newborns. While early antibiotic treatment is effective, infections are increasingly antibiotic-resistant. No systematic reviews present health problems associated with Ng infections or their likelihood of occurrence. The objective, therefore, was to conduct a systematic literature review to address these gaps.

Methods A systematic literature review was conducted of all studies with an English abstract published since 1950 (PubMed)/1966 (Embase). The search included patients with a history of/current sexually transmitted Ng infection. Expected outcomes were defined from published reviews of gonorrhoea health problems. Observational studies with a control group were included. A decision tree determined the best quality studies for each outcome, prioritising generalisable populations, lab-confirmed diagnosis, clearly defined outcomes, no STI co-infections, adjusted analyses, and risk estimates. Where feasible, a meta-analysis was performed, otherwise the best quality study estimates were identified.

Results In total, 46 studies were included, and 22 health problems were identified. Of these problems, Ng infection was statistically significantly associated with preterm premature ruptures of membranes, preterm birth, low birth weight, stillbirth, infant death, neonatal ophthalmia, schizophrenia in offspring, pelvic inflammatory disease and subsequent tubal infertility, human immunodeficiency virus, and prostate cancer/problems. High-quality evidence was generally lacking, with high heterogeneity across studies, and limited or inconclusive data on other health problems.

Conclusion Ng infection is associated with severe health problems in women, men and newborns. More high-quality comparative studies are needed to address the limitations in current knowledge.

P152 COMMUNITY-BASED HIV TESTING IN THE NETHERLANDS: EXPERIENCES OF LAY PROVIDERS AND END USERS AT A RAPID HIV TEST CHECKPOINT

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10.1136/sextrans-2021-sti.260

Background The AIDS Healthcare Foundation (AHF-Checkpoint) in the Netherlands provides free ‘walk-in’, rapid HIV testing for key populations at onsite and pop-up locations. We explored the perspectives, experiences, and needs of lay providers and end users of this HIV test service, taking into account the WHO 5Cs (consent, confidentiality, counselling, correct results, connection-to-care) performance criteria for HIV test services.

Methods A qualitative evaluation with 15 semi-structured in-depth interviews (April–June 2020) by telephone or video calling with ten lay providers and five end users from AHF-Checkpoint. Recorded interviews were transcribed verbatim and thematically analysed.

Results Data analysis identified four domains: 1) accessibility of HIV testing, 2) quality of test procedures, 3) bridging (transitional care), and 4) future strategies for service delivery. AHF-Checkpoint fills a gap for key populations, including LGBTQ and refugees, who experience barriers to HIV testing at sexual health centres or GPs by providing anonymous, rapid testing. The level of trust between lay providers and end users was highly valued by end users. They also appreciated the low threshold to test, no waiting lists, no test costs or triaging that could include referral to another test location. Needs expressed by lay providers included more preparedness for emotionally charged situations and extra training to improve knowledge on STIs. Some end users expressed a need for a full STI test package at AHF-Checkpoint. Of the 5Cs, consent, counselling, and correct results were realised, but confidentiality was sometimes difficult to achieve at pop-up locations, and referral barriers for confirmation testing (connection-to-care) were occasionally experienced by lay providers during weekends.

Conclusion AHF-Checkpoint was described as a convenient and easily accessible service by end users and lay providers. Of the WHO 5Cs, connection-to-care could be optimised to ensure HIV confirmation -and STI testing through a liaison approach with professionals from the regular healthcare sector.

P155 CLINICAL PRESENTATION OF INCIDENT SYPHILIS AMONG MEN WHO HAVE SEX WITH MEN TAKING HIV PRE-EXPOSURE PROPHYLAXIS IN MELBOURNE, AUSTRALIA

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10.1136/sextrans-2021-sti.261

Background Current international guidelines on HIV Pre-Exposure Prophylaxis (PrEP) recommend serological screening for syphilis at routine three-monthly PrEP appointments. The aim of our study was to describe the pattern of clinical presentation of syphilis among men who have sex with men (MSM) taking PrEP. We were interested in whether syphilis is detected through screening at scheduled three-monthly PrEP clinic appointments or whether primary or secondary syphilis presented at unscheduled interval visits.

Methods This was a retrospective study of MSM attending the PrEP clinic at the Melbourne Sexual Health Centre between February 2016 and March 2019. Serological screening for syphilis was routinely undertaken at three-monthly PrEP clinic appointments. Diagnoses of early syphilis were identified from PrEP clinic visits and from interim walk-in STI clinic attendances.

Results There were 69 cases of early syphilis among 61 MSM taking PrEP during the study period. There were 24 (35%) primary, 16 (23%) secondary and 29 (42%) early latent infections. The incidence of early syphilis was 8.6 per 100 person-years. A substantial proportion of primary (58%) and secondary (44%) syphilis diagnoses were made at interim STI clinic attendances, between PrEP appointments.

Conclusions Syphilis screening at routine three-monthly PrEP visits alone fails to detect a proportion of primary and secondary syphilis infections and may be insufficient in preventing onward transmission. Education of MSM taking PrEP regarding the risk of syphilis and symptom recognition is necessary together with access to syphilis testing between PrEP visits.

P157

WOMEN COMMONLY USE SEXUAL ENRICHMENT AIDS AND RARELY RECEIVE INFORMATION FROM MEDICAL PRACTITIONERS ON HYGIENE AND SAFETY

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10.1136/sextrans-2021-sti.262

Sexual enrichment aids (i.e. sex toys) are devices used to enhance the sexual experience of individuals. However, our hypothesis is that transmission of STIs could also occur via fomites, like sexual enrichment aids (SEAs, i.e. vaginally insertable sex toys). The aim of this research is to understand women's sexual behaviors associated with SEA use.

Methods Utilizing mix methodology, we investigated the prevalence of SEA use among women, evaluated behaviors associated with SEA use, and examined if medical practitioners have counseled women on safe SEA use. We recruited 800 sexually active women between the ages of 18–35 years old to participate in a cross-sectional study. These women were also invited to participate in a qualitative interview to further explore their sexual behaviors.

Results We found that SEA use is common, with 79.8% of all women reporting SEA use. When women were stratified based on sexual orientation, we found that SEA use is even more common among WSW and WSWM, at 89.7% and 92%, respectively. We also found that at least of subset of women engage in behaviors that may transmit infection, including sharing SEAs with partners, infrequent barrier protection use, and inconsistent cleaning practices. Additionally, the majority of women are not counseled on SEA use and hygiene by medical practitioners. Among women who report having

received counsel from medical practitioners on SEA use and hygiene, WSW and WSWM are not counseled as extensively as their WSM counterparts.

Conclusions We found that SEA use is common among women and that at least a subset of women engage in behaviors that may have the potential to transmit infection. This study provides insight to a common sexual behavior among women and points to the need for more studies to provide evidence-based medical counseling to women.

P161

ANAL CANCER SCREENING PRACTICES: CURRENT EXPERT OPINIONS

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10.1136/sextrans-2021-sti.263

Background Anal cancer incidence is high among people with HIV (PWH), men who have sex with men (MSM), and women with lower genital tract disease (LGTD). Anal cancer is preceded by persistent high-risk human papillomavirus infection and subsequent high-grade squamous intraepithelial lesions (HSIL). Emerging screening practices may reduce anal cancer incidence. However, no national or international screening guidance exists. The International Anal Neoplasia Society (IANS) solicited expert opinion to understand preferred current anal screening practices.

Methods IANS members and meeting attendees were invited to complete an online survey of screening practices. Screening initiation age, screening tool, and high resolution anoscopy (HRA) referral threshold were assessed. Recommendations for age and tool were delineated for PWH, sub-grouped female/non-MSM-male/MSM; and for women with LGTD, sub-grouped by disease (HSIL/cancer) and anatomic site (vulvar/cervico-vaginal). HRA referral threshold compared immunocompetent versus immunocompromised patients.

Results Of 1150 individuals contacted, 140 (12%) participated and were included; 113 (81%) were HRA providers. Similar proportions of respondents specified a screening initiation age in all PWH (range 61–64%); however, there was no consensus for the specific age to begin screening for any PWH sub-group. More respondents preferred 'no age restriction' for MSM (36%) compared to non-MSM-male counterparts (22%). Among LGTD groups, 'no age restriction' was more commonly preferred (range 44–55%). Of tools, across all PWH and LGTD groups, cytology (79–89%) and digital anorectal exam (DARE) (73–83%) were most frequently recommended. For HRA referral threshold, 'any abnormality' was more often selected for both immunocompromised (56%) and immunocompetent (46%) patients than a specific cytology result (29%,36%). Among those who specified cytology, consensus was lacking and did not vary by immune status.

Conclusion Respondents concurred cytology and DARE were preferred screening modalities. Screening initiation age and HRA referral threshold showed less consensus. Evidence-based guidance is needed and may lead to more consistent screening practices.