Introduction of a single point of contact (SPOC) safeguarding (SG) advice line for Sexual Health (SH) staff working in a large urban and peri-urban service: 12 months data.

Methods

January 2021, all SG enquiries were managed via the SPOC, staffed by experienced SG leads during clinic opening times. SG advice calls were logged, recorded and analysed.

Results

The SPOC received 400 calls in the first year, increasing from 42 in the first quarter, to 132 in the 4th quarter. Themes of calls received are shown in table 1. Advice increased from 42 in the first quarter, to 132 in the 4th quarter. SG advice calls were logged, recorded and analysed.

Discussion

The SPOC was well used, and calls have increased. It has enabled staff access to standardised, expert SG advice in real-time. This has increased access to advice and prompted and supported safeguarding risk assessments, interventions and signposting of patients whilst they are present within our services. Themes of calls are used to tailor training for staff. Opportunistic teaching has improved general SG competence and supplemented formal supervision.

Introduction

MSM are disproportionately affected by health inequalities which may be exacerbated by COVID-19 and pandemic-related restrictions. We examine uptake of the COVID-19 vaccine in MSM and assess factors associated with vaccination status.

Methods

An online cross-sectional survey of MSM recruited via social media and dating applications for 3 weeks in November/December 2021. Questions included those on vaccine offer and uptake (1 dose/2 doses/2 doses+booster). Logistic regression assessed factors associated with full vaccination status. In multivariate models, full vaccination status was associated with: age (aOR:1.04, 95%CI:1.01-1.06 per increasing year), gender (aOR: 0.26, 95%CI:0.09-0.72, gender minority vs cis male), degree-level education (aOR: 2.11,95% CI:1.12-3.98), employment since lockdown (aOR: 2.07,95% CI:1.08-3.94), single relationship status (aOR: 0.50,95% CI:0.25-1.00), self-reported COVID-19 history (aOR: 0.47, 95%CI:0.25-0.88), HPV vaccination history (aOR: 3.32, 95% CI:1.43-7.75), and self-reported low life-worth (aOR: 0.29, 95%CI:0.15-0.54).

Conclusion

This large community survey suggests COVID-19 vaccine uptake and coverage is high in MSM and exceeds general population vaccination estimates. However, inequalities appear to exist in some groups, including younger age-groups, gender minorities, and those with poorer mental health less likely to report full vaccination. Efforts are needed to limit COVID-related exacerbation of health inequalities in these groups who already experience a greater burden of poor health relative to other MSM.