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PILOTING AN ALGORITHM TO GUIDE CLINICAL TREATMENT DECISIONS FOR SYPHILIS NOTIFIED PARTNERS IN ROTTERDAM, THE NETHERLANDS

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Background Partner services are crucial for syphilis control. The Sexual Health Centre (SHC) in Rotterdam introduced an algorithm to guide decisions for presumptive partner treatment (PPT) for syphilis. It aimed to identify partners at greatest risk for infectious syphilis and further transmission, who should be treated presumptively (without awaiting laboratory confirmation). Those deemed less likely to be infected were offered testing, and treatment or follow-up consultation as appropriate.

Methods To assess the performance of the PPT algorithm, we reviewed all notified partners of men who have sex with men (MSM) diagnosed with syphilis in the SHC from 1 February to 31 December 2017. The algorithm is a 12-parameter binary decision tree with two possible outcomes: 'presumptive treatment' or 'await lab results'. We calculated sensitivity, specificity, positive predictive value (PPV), and negative predictive value (NPV) to evaluate the algorithm against clinical outcomes.

Results Among all consultations, 12% (16/135) had syphilis. The algorithm indicated presumptive treatment in 74% (100/135) of consultations. Among those, 86% (86/100) tested negative, all of whom reported their last sexual contact within the previous eight weeks. Among partners where the algorithm indication was to wait, 6% (2/35) tested positive. The algorithm sensitivity and specificity were 88% (14/16), and 28% (33/119), respectively, with a PPV of 14% (14/100) and NPV of 94% (33/35). The algorithm indication was followed in 81% (110/135) of consultations; 83 clients were offered direct treatment, and 52 standard testing. Among 47 MSM with negative results at 1st consultation, 22 (47%) had no documented follow-up.

Conclusion While PPT can prevent further transmission, it may lead to overtreatment. This algorithm identified most MSM with infectious syphilis, and 'overtreatment' of some notified partners is warranted, given the large proportion who were within 8 weeks of last sexual contact. We recommend inclusion of this algorithm into routine sexual health practice.

Disclosure No significant relationships.

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BARRIERS AND FACILITATORS TO EXPEDITED PARTNER THERAPY: A SURVEY OF FAMILY PHYSICIANS IN BRITISH COLUMBIA, CANADA

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Background In British Columbia (BC), rates of chlamydia and gonorrhea have been increasing over the last two decades. Expedited partner therapy (EPT)—providing medications to sex partners of patients diagnosed with chlamydia or gonorrhea without a prerequisite medical examination—improves partner treatment, reduces reinfection, and prevents onward transmission. We sought to understand the perspectives of family physicians (FPs) on offering EPT to inform strategies to support this practice.

Methods FPs were invited to complete an online 17-question survey through the mailing list of Divisions of Family Practice (DoFP), geography-based networks of FPs across BC that represent over 90% of FPs. The survey queried practice demographics, experience diagnosing sexually transmitted infections (STIs) in the past year, and perceived barriers and facilitators to EPT to descriptively explore associations between these factors.

Results 146 FPs answered the majority of questions and were included. Most were female (99/146, 67.8%), between 30 and 59 years old (118/146, 80.8%), served an urban or suburban population (107/146, 73.3%), and engaged in general practice (108/146, 74.0%). The median years in practice was 9 (inter-quartile range: 4–21). The vast majority had diagnosed an STI within the past year (136/146, 93.2%). Most (91.1%) reported diagnosing chlamydia and 45.6% reported diagnosing gonorrhea in the past year. The most commonly reported barriers were having inaccurate information about sex partners (88/146, 60.3%) and medicolegal concerns (87/146, 59.6%). Commonly reported facilitators were having a healthcare professional for follow-up after prescribing EPT (110/146, 75.3%), improved remuneration (93/146, 63.7%), having a legal framework (92/146, 63.0%) and clear clinical guidelines around EPT (87/146, 59.6%).

Conclusion Over 90% of FPs surveyed had diagnosed an STI in the prior year, underscoring the importance of engaging FPs in STI prevention strategies. Developing tools, such as a clear legal framework for EPT and clinical guidelines, may enable FPs to prescribe EPT.

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