

Conclusion It is pertinent to point out the role of counseling, both pretest and posttest, in the National AIDS Control Program, India. ICTC provides comprehensive services, for identification and documentation of HIV related co-infections including TB and STIs. Very few studies have been conducted in our country analysing the outcome of linkage between National programs (NACP-IV, RNTCP and National STD control programs). Our centre took the initiative to study this linkage to aid in better patient outcome.

Disclosure No significant relationships.

P246 COMMUNITY PERCEPTIONS, EXPERIENCES AND PREFERENCES FOR PARTNER NOTIFICATION SERVICES IN NORTH CAROLINA

¹Humberto Gonzalez Rodriguez, ¹Clare Barrington, ²Katie McCallister, ²Jalila Guy, ²Lisa Hightow-Weidman, ³Erika Samoff, ³Victoria Mobley, ²Arlene Señá*. ¹UNC-CH Gillings School of Global Public Health, Health Behavior, Chapel Hill, USA; ²University of North Carolina at Chapel Hill, Division of Infectious Diseases, Chapel Hill, USA; ³North Carolina Division of Public Health, Communicable Disease Branch, Raleigh, USA

10.1136/sextrans-2019-sti.379

Background Men who have sex with men (MSM) and transgender women (TGW) have increased risk for syphilis and HIV. Partner notification (PN) is an effective strategy to provide early diagnosis and improve treatment outcomes among sexual partners of individuals diagnosed with an STI. We conducted a qualitative study to examine perceptions, experiences, and preferences for PN among Black and Latino MSM and TGW in North Carolina (NC).

Methods We conducted seven focus groups (FG) with 50 purposively sampled participants across four NC counties with high rates of HIV and syphilis. Eligible participants were aged 18–44, identified as Black and/or Latino, had ever had sex with men, and identified as male or a TGW. We used a semi-structured guide to facilitate five groups in English and two in Spanish. We inductively analyzed data after each FG via field notes and team debriefs, organizing field notes in a matrix to identify crosscutting themes, and double-coding transcripts to systematically examine differences and similarities across salient themes.

Results Black males reported more familiarity and experiences with PN than Latino males and Black and Latino TGW. Generally, participants familiar with PN perceived the approach to locating clients as aggressive, while participants unfamiliar with PN viewed its theoretical application positively. All participants worried about personal privacy and stigma, on the part of PN staff or others. Poor communication and feeling harassed by staff during PN characterized negative experiences while empathy, privacy, choice and autonomy, and support with navigating services characterized positive experiences. Participants preferred using PN to notify casual partners but worried PN could antagonize relationships with steady partners.

Conclusion Participants prefer more choice, support and sensitivity in PN. The systematic integration of shared-decision making and service navigation into PN could transform community perceptions and improve the quality and success of PN.

Disclosure No significant relationships.

P247 PARTNER NOTIFICATION FOR SYPHILIS IN CHILE: REALITIES FROM TWO REGIONAL HEALTH SERVICES – A QUALITATIVE CASE STUDY

¹Nicole Iturrieta-Guaita, ¹Meredith Temple-Smith, ²Jane Tomnay*. ¹The University of Melbourne, General Practice, Melbourne, Australia; ²The University of Melbourne, Department of Rural Health, Shepparton, Australia

10.1136/sextrans-2019-sti.380

Background Partner Notification (PN) has long been considered essential for sexually transmissible infection (STI) control, but both policies and methods of implementation vary between countries. Although the provision of sexual health services has improved in Chile, syphilis is one of the most commonly reported STIs. This is the first study to explore the role of PN in syphilis control in public health services in Chile.

Methods A qualitative multiple case study was designed, using two regional Health Services as cases. Different data collection methods were used: a qualitative document analysis, a syphilis management clinic review in 20 health services, and semi-structured interviews with 48 healthcare providers (HCPs) and 10 key informants. The data was analysed using an inductive approach, with both within-case and cross-case thematic analysis. Selected quotes were translated from Spanish-English.

Results Findings revealed that syphilis management has a well-organised approach in public health services, but little knowledge or understanding of the infection among patients leads to a lack of recognition of the importance of informing sexual partners. The management of partner(s) was acknowledged as critical for syphilis control in the guidelines and by HCPs, but no document provides comprehensive information about delivering PN. Patient referral was used most commonly; however, interviewees commented that index cases do not discuss their partners easily and PN delivery is further impacted by gender and the socio-cultural context. PN was perceived by HCPs as an exhausting, difficult and challenging process due to poor public understanding of syphilis, absence of practical recommendations and health system limitations.

Conclusion Understanding the state of current policies and practices are important for improving PN in Chile and Latin America. Lack of clear guidelines and resources, as well as the impact that gender and socio-cultural aspects have on STI risk perceptions, should be considered to strengthen STI control at the population level.

Disclosure No significant relationships.

P248 STI RISK REDUCTION STRATEGIES AMONG INDIVIDUALS WITH MULTIPLE SEX PARTNERS AND PERCEIVED PARTNER NON-MONOGRAMY IN THE US

¹Casey Copen*, ²Jami Leichter, ¹Ian Spicknall, ³Sevgi Aral. ¹Centers for Disease Control and Prevention, Division of STD Prevention, Atlanta, USA; ²CDC, Atlanta, USA; ³CDC, Division of STD Prevention, Atlanta, USA

10.1136/sextrans-2019-sti.381

Background Network position contributes to STI risk because of broad sexual network connectivity. Relationship types (i.e., exclusive dating, hook ups) also influence STI risk. Few studies examine how sexual network position and relationship