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.

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 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 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.
WHAT WORKS IN PARTNER NOTIFICATION FOR SEXUALLY TRANSMITTED INFECTIONS, INCLUDING HIV? SYSTEMATIC REVIEW AND META-ANALYSIS

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Background Partner notification (PN) is a core component of the management of sexually transmitted infections (STI). A range of methods can help to find, test and treat sexual partners of an infected person (index patient). The objective of this review was to assess the effects of different PN strategies in people with STI, including HIV infection.

Methods We conducted this review for the Cochrane STI Review Group. We searched for randomised controlled trials (RCTs) in Cochrane, MEDLINE and EMBASE databases, reference lists and trial registries up to 18 October 2018. Two independent reviewers conducted screening, selection and data extraction. Primary biological outcomes were: repeated infection in index cases with curable STI and new infections in partners of people with HIV. We conducted meta-analysis where appropriate.

Results We included 37 trials from 14 countries in Asia, Australia, Europe, South America, sub-Saharan Africa and USA in patients with bacterial STIs or trichomonas (n=26 trials), STI syndromes (n=5), HIV (n=5), mixed STI (n=1). The 37 trials assessed 56 comparisons between PN strategies, with the most common being enhanced patient referral (n=22) and expedited partner therapy (EPT, n=18) for curable STI and contact referral for HIV (n=3). For index cases with chlamydia, gonorrhoea or trichomonas as a combined outcome, EPT reduced repeat infection compared with simple patient referral (n=6,390, relative risk 0.71, 95% confidence interval, CI 0.59–0.86, I-squared 0%) but not compared with enhanced patient referral (n=1,220, relative risk 0.96, 95% CI 0.6–1.53, I-squared 33%). For HIV, contract referral, versus simple patient referral, increased the number of partners found infected (n=1,884, mean difference 0.15, 95% CI 0.06–0.24, I-squared 0%).

Conclusion EPT is better than simple patient referral, but not better than enhanced patient referral for curable STI. Many PN strategies have limited evidence. Future trials should strengthen evidence of effectiveness by evaluating existing PN strategies using biological outcomes.

Disclosure No significant relationships.

INTERIM ANALYSIS OF INDIVIDUAL RISK FACTORS, SEXUAL NETWORKS, AND STI RISK IN A MILITARY POPULATION

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Background Sexually transmitted infections (STIs) are a consistent medical concern among military service members, who may experience select rates well above their civilian counterparts. Differences in individual risk behaviors as well as network risk factors are different in military populations which may explain the increased rates of select STIs. We performed a pilot study to validate a STI risk assessment survey tool for future use in the military population.

Methods Naval Medical Center Portsmouth was used to pilot a survey for a larger, egocentric social, and sexual network study in military populations. Study participants (n=50) completed an anonymized computer-assisted survey focusing on STI risk factors, including a sexual partner inventory. We evaluated individual demographics, behavioral risk factors, and sexual partnership formation to include mixing patterns and concurrency. Recent history of STI was self-reported in the survey and validated with the participant’s medical record. Fischer’s exact test was used if applicable. For partners, data was weighted and Wald Chi-square test was used to assess association between variables.

Results Completion of the survey and sexual inventory by respondents was common. The majority were active duty, enlisted, and male. The survey suggested evidence of concurrency and disassortive mixing by age, race, and active duty status. Respondent (p=0.0089) and sexual partner (p=0.0401) alcohol consumption before sex was common and associated with history of STI. Condom use was inconsistent and less frequent with main/steady partners when compared to casual and anonymous partners.

Conclusion The high completion rate demonstrated in this pilot study support that a military population will complete a detailed STI risk index including sexual partner inventory. Interim data analysis suggests that common individual risk factors jointly influence individuals’ STI risk reduction strategies.