the data and estimate the association between SDU and STBBIs.

Results Of 2,671 unique citations, 17 met our inclusion criteria, and referred predominantly to methamphetamine, poppers, GHB/GBL, ketamine, and cocaine. Ten studies reported SDU associated with bacterial STIs, three reported human immunodeficiency virus (HIV), and five reported hepatitis C virus (HCV). The pooled crude ORs were: for bacterial STIs 2.81 (1.85, 4.26; n=6), for HIV 3.93 (2.37, 6.51; n=2), and for HCV 5.25 (3.08, 8.94; n=5). The pooled adjusted ORs were: for bacterial STIs 2.17 (1.51, 3.14; n=8), for HIV 2.90 (0.97, 8.64; n=2), and for HCV 6.08 (2.46, 14.99; n=3).

Conclusion Associations between SDU and bacterial STIs and HCV remained after adjustment, suggesting that SDU itself is a cause of or contributor to STBBIs or a proxy indicator for other risk factors (e.g., particular sexual networks). However, given the attenuation of ORs after adjustment for sociodemographic characteristics, an alternative hypothesis that SDUs part of a syndemic with social causes of ill health (e.g., stigma, discrimination) merits further study.

S08 - 'ELDERS TEACH AND YOUTH REACH': INDIGENOUS CONVERSATIONS ON SEXUAL HEALTH

Tuesday, July 16, 2019
10:45 AM - 12:15 PM

S08.1 'ELDERS TEACH AND YOUTH REACH': INDIGENOUS CONVERSATIONS ON SEXUAL HEALTH

VCH Aboriginal Health Elder Advisory Council and Yúusnewas, YouthCO HIV & Hep C Society.

10.1136/sextrans-2019-sti.44

Sexual health has been a part of Indigenous communities since time immemorial. Prior to colonization, Indigenous peoples used teachings, traditions and ceremony to pass knowledge about sexuality, including sexual health, from Elders to youth for generations. People were revered for who they were, be it woman, man, child, Two-Spirit, or Elder. These traditions and ways of knowing were disrupted with the arrival of settlers in what is now called Canada, who used deliberate strategies including residential schools to separate Indigenous peoples from family and culture. As a result, generations of Indigenous peoples have lost these opportunities to learn about sexuality and sexual health within Indigenous contexts, and have instead been subjected to sexual health messages from dominant White settler culture. The impacts of this historic and ongoing colonization include Indigenous peoples developing shame regarding sexuality, and a loss of the respected role of Two-Spirit peoples. Today, Indigenous communities, organizations and programs are creating new opportunities for Indigenous youth to access traditional knowledge around sexuality. In doing so, Indigenous peoples are resisting these impacts of colonization to improve sexual health and wellness for the Indigenous peoples in what is now called Canada. This symposium aims to continue the process of restoring traditional Indigenous teachings and ceremony about sexual health,

through an interactive dialogue between Indigenous Elders and youth.

S09 – PREVENTION AND CARE CASCADES

Tuesday, July 16, 2019
10:45 AM – 12:15 PM

S09.1 THE RELATIONSHIP BETWEEN DEMOGRAPHICS, HEALTH NEEDS AND THE HIV CARE CASCADE OUTCOMES: FROM INFECTION TO VIRAL SUPPRESSION

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The HIV epidemic persists in the province of Ontario, but the demographics of those affected have shifted over time. Over the past decade, the rate of new diagnoses among White Ontarians has decreased, while the rates among certain racialized populations has increased. These increases may be partially due to migration patterns, but a disproportionate burden of HIV transmission may be shifting to specific sub-populations. In a cohort of people living with HIV, a relationship exists between HIV care outcomes and race/ethnicity. In particular, African, Caribbean and Black individuals show lower engagement across the care cascade. Additionally, we find that social factors, such as poverty, and mental health and substance abuse impact engagement in the care cascade and achievement of viral suppression. To prevent HIV transmission and achieve optimal health for people living with HIV, the structural drivers of health inequity must be addressed and people living with HIV must have access to a variety of social, mental health and medical services.

S09.2 CASCADE OF HIV PREVENTION: A POWERFUL TOOL TO IMPROVE THE IMPLEMENTATION OF DREAMS COMBINATION PREVENTION IN RURAL SOUTH AFRICA

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10.1136/sextrans-2019-sti.46

Study objectives Adolescent girls and young women (AGYW) in South Africa are at high-risk of HIV-infection due to factors, acting at multiple levels: Societal, familial, intimate-partnerships, individual behavioural and biological. Combining interventions to tackle factors at multiple levels, with high levels of population-wide uptake, could improve AGYW health. In 2016 the Determined, Resilient Empowered AIDS free Mentored and Safe (DREAMS) partnership aimed to do this in a HIV hyperendemic area of KwaZulu-Natal (KZN), South Africa. I'll argue that HIV prevention cascades are a useful way to describe the population-wide reach of multi-level interventions and thus inform implementation.

Methods I'll draw on the impact and process evaluation data collected as part of the DREAMS impact evaluation in a HIV demographic surveillance site in KZN between 1/2016 and 6/2019. This includes (i) longitudinal cohorts of a representative

sample of 13–35-year-old-females and males (n~5000); (ii) rapid ethnographic community mapping (one urban, one semi urban and two deep rural); (iii) provider and user interviews (n=22 and n=58 respectively); and (iv) group discussion (n=14). All qualitative interviews were audio-recorded, transcribed and analysed using a thematic content analysis. The longitudinal cohorts were used to describe the population awareness and uptake of each of the components of DREAMS at the individual, family and community level, as well as biomedical HIV prevention interventions.

Results 28 services, organised into 10 packages are delivered through 12 implementing partners and three government directorates. In this symposium I describe the population level awareness and uptake of individual, family and community interventions alone and in combination. I also describe the cascade of prevention for specific biomedical interventions, specifically condom use, uptake of HIV testing, voluntary male medical circumcision, HIV Pre-exposure Prophylaxis and treatment, and contraception.

Discussion The HIV prevention cascade is a powerful tool to improve the effective implementation of combination HIV prevention.

Disclosure No significant relationships.

S09.3 APPLICATION OF A CASCADE APPROACH FOR GUIDING PREVENTION OF CONGENITAL SYPHILIS

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10.1136/sextrans-2019-sti.47

Syphilis remains a major public health problem worldwide especially in developing countries and in the region of Latin America and the Caribbean (LAC). Congenital syphilis is caused by mother-to-child transmission of the *Treponema pallidum* infection during pregnancy. Transmission can occur during any trimester of pregnancy and during any stage of syphilis. Nevertheless, the risk of transmission is highest during early syphilis (primary, secondary, or early latent syphilis). Untreated syphilis in pregnancy can result in adverse pregnancy outcomes including miscarriages, stillbirth, neonatal death, as well as prematurity, low birth weight and other congenital abnormalities. Congenital syphilis is preventable. Treatment to the infected mother with a long acting injectable penicillin (benzathine penicillin G) can prevent stillbirths and fetal infection if initiated as early as possible during pregnancy or at least 30 days before delivery. Many the countries of the LAC region have committed to reduce cases of congenital syphilis to less than 0.5 cases per 1,000 live births, however many of them are still far from achieving the objective. The reduction or elimination of congenital syphilis can be performed with simple, cost-effective interventions, like screening and treating pregnant women early in antenatal care. Peru has also a commitment to eliminate congenital syphilis and introduced the use of rapid syphilis tests for screening to simplify the testing and improve coverage. However, if a woman is tested and don't receive treatment there is a failure of the system, a broken care continuum. The concept of care cascades has been used to analyze the HIV care continuum and to evaluate other STD control activities. We decided to use Peruvian National data to create a congenital syphilis prevention

cascade to visualize the current status of activities and identify opportunities for improvement.

Disclosure No significant relationships.

S09.4 CASCADES AND OTHER APPROACHES TO GUIDE PREP PROGRAMMING

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10.1136/sextrans-2019-sti.48

Since the 2015 WHO recommendation to offer pre-exposure prophylaxis (PrEP) to all at substantial risk for HIV infection as part of a comprehensive HIV prevention package, there have been significant efforts to expand PrEP access. By 2018, an estimated 465,000 individuals globally had initiated PrEP, a figure that while impressive falls short of the UNAIDS Prevention 2020 target of 3 million eligible people on PrEP by 2020. Achievement of the target will require an intensification of efforts to ensure more effective delivery of PrEP. Similar to the HIV treatment cascade which has been powerful in illustrating the steps needed to achieve viral suppression, several authors have proposed a 'PrEP cascade' which summarises the steps to successful PrEP initiation and in some, continuation. In this presentation we review how these cascades are helpful when populated with programme data for summarising progress as well as identifying points of attrition along the continuum. Using these cascades individual and structural barriers to achieving a particular step can be identified and programmes adapted or strengthened in response. PrEP cascade data can also be used to model the potential impact of PrEP programmes on the HIV epidemic. PrEP cascades also have several unique challenges not observed in treatment cascades. These include the problem of estimating the potential population eligible for PrEP (i.e. denominator), the absence of standard definitions which makes operationalisation within programmes and comparisons across programmes difficult, and the dynamic nature of risk which makes measurement of PrEP continuation a challenge.

S10 – STIS IN LOW AND MIDDLE-INCOME COUNTRIES: RESURGENT INFECTIONS AND EVOLVING CONTROL MEASURES

Tuesday, July 16, 2019

10:45 AM – 12:15 PM

S10.1 HIGH RATES OF CURABLE STIS IN LOW AND MIDDLE INCOME COUNTRIES

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10.1136/sextrans-2019-sti.49

Background Sexually-transmitted infections (STIs) increase the risk of infertility and HIV acquisition. Data on STIs in low and middle income countries (LMIC) are sparse because of syndromic management and lack of testing. PrEP projects