

worthy of discussion during clinical and health advisor consultations.

**Disclosure** No significant relationships.

### P326 SYNDemic PATTERNS OF RISK FOR SEXUALLY TRANSMITTED INFECTIONS

<sup>1</sup>Ashley Hill\*, <sup>2</sup>Tamika Gilreath, <sup>3</sup>Maria Perez-Patron, <sup>4</sup>Brandie Taylor. <sup>1</sup>Texas AandM University, College Station, USA; <sup>2</sup>Texas AandM University, Transdisciplinary Center For Health Equity Research, College Station, USA; <sup>3</sup>Texas AandM University, Epidemiology and Biostatistics, College Station, USA; <sup>4</sup>Temple University, Epidemiology and Biostatistics, Philadelphia, USA

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**Background** Syndemics theory proposes that diseases may cluster and intensify based on multiple interacting factors. Few studies have compared methods to identify syndemics related to sexually transmitted infection (STI) risk. The purpose of this study is to compare the use of a composite scoring method and latent class analysis to identify syndemics of STI risk.

**Methods** Youth were aged 18–25 who participated in the National Health and Nutrition Examination Survey, 2011–2014 (N=1,803). Syndemic composite scoring was tabulated by an accumulation of indicators by gender, and latent class analysis (LCA) was conducted to extract classes of risk based on indicators reported by gender. The outcome, STIs, was defined as a determinant result for *Chlamydia trachomatis*, Herpes Simplex Virus type-2, or HIV. The odds of STI were calculated using the patterns of risk by sex adjusted for demographic and poverty indicators.

**Results** Composite score results suggest that males with an accumulation of 3 to 5 syndemic indicators (AOR: 2.10 CI 95% 1.0–4.2) and 6 or more indicators (AOR: 2.84 CI 95% 1.2–6.7) had an increased odds of STI. Similarly, females with 6 or more indicators (AOR: 3.20 CI 95% 1.7–6.0) had increased odds of STI. The LCA suggested that men with the highest probability of smoking and sexual risk behaviors were at increased odds of STI (AOR: 2.42 CI 95% 1.1–5.4), while women exhibit a syndemic of depression, smoking, drug use and sexual risk behaviors (AOR: 2.19 CI 95% 1.2–3.8).

**Conclusion** The co-occurrence of mental health, substance use and smoking were important indicators of STI risk in women. LCA was able to determine indicators that co-occurred in men and women and sexual risk behaviors that differed by gender, while the syndemic scoring show an accumulation of indicators increased STI risk.

**Disclosure** No significant relationships.

### P327 PATTERN OF SEXUALLY TRANSMITTED INFECTIONS IN THE INTERIOR PART OF SINDH PROVINCE OF PAKISTAN

<sup>1</sup>Mour Khan\*, <sup>2</sup>Shahnawaz Bhutto, <sup>3</sup>Nadia Agha, <sup>4</sup>Erum Junejo. <sup>1</sup>Shah Abdul Latif University and CMC Larkana, Sociology, Khairpur, Pakistan; <sup>2</sup>Shah Abdul Latif University and CMC Larkana, Economics, Khairpur, Pakistan; <sup>3</sup>Shah Abdul Latif University, Sociology, Khairpur, Pakistan; <sup>4</sup>Chandka Medical College and SMBB Medical University, Dermatology, Larkana, Pakistan

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**Background** Sexual Transmitted infections (STIs) are widespread in Pakistan and have not been fully documented. A hospital based prospective study was carried out to determine

the incidence and clinical pattern of various types of STIs in general population of Larkana division and its surrounding cities.

**Methods**

**Patients and methods** This study was conducted at male STD Clinic in the Department of Dermatology Shaheed Mohtarma Benazir Bhutto Medical University (SMBBMU) hospital Larkana. A total of 4288 cases were seen in this semi urban area. A structured questionnaire presenting the details of syndromic diagnosis was filled during the examination of each patient. For our ease and understanding, these patients were also separated on the basis of clinical and etiological grounds.

**Results** Among 4288 patients, 3947 had the history of extra marital sexual contact and simultaneously had developed clinical signs of STIs. Majority of patients had the history of heterosexual contact with different partners. According to syndromic diagnosis: 1930 patients had genital ulcer (including herpes genitals) with or without skin manifestations, 690 had urethral discharge, 431 had genital warts, 349 had lesions other than STIs related, 304 had more than one syndrome, 193 had scrotal swelling, 46 had inguinal baboo, 3 were human immunodeficiency virus (HIV) positive and 1 had ophthalmia neonatorum.

**Conclusion** It is concluded that STIs are the growing concern and a public health problem in the central part of Sindh province of this muslim state and syphilis exhibited the highest level of concentration followed by gonorrhoea and so on. Community needs to be educated for adopting the safe sex measures to prevent the STIs.

**Disclosure** No significant relationships.

### P328 SEXUAL HEALTH CARE: PROFESSIONAL DEVELOPMENT FOR RURAL PRACTITIONERS

Siobhan Bourke\*, Jane Tomany. University of Melbourne, Department of Rural Health Centre for Excellence in Rural Sexual Health, Wangaratta, Australia

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**Background** Rural doctors have limited accessible professional development, barriers include time, travel, expense and relief staffing issues. Sexual Health Care education opportunities were lacking, so we have provided online, free, accredited education for rural practitioners that was relevant to their practice. The online education modules, which are unique, use a rural lens when addressing sexual health care needs in practice in rural communities.

**Methods** The Centre for Excellence in Rural Sexual Health instigated the production of online learning modules. The first 8 were launched in 2016 and a further two have been launched since. Each module is evaluated by the participant upon completion. The modules cover practical topics in sexual health care ranging from sexual history taking, partner notification in a small community to avoiding assumptions in sexual health care.

**Results** 326 modules have been completed. The most popular modules were 'Introduction to rural sexual health care', 'Cornerstones of sexual health care' and 'STI treatment and management modules'. These modules are compulsory for a General Practitioner to complete if he or she is completing them as part of a large professional development activity (known as an Active Learning Module). The rest of the modules are free choice; with the most popular module being