DO TREATMENT RATES SUFFER IN A LOW-TOUCH SCREENING MODEL? NEW YORK CITY SEXUAL HEALTH CLINICS, 2017–2018

1Kelly Jamison*, 2Preeti Pathela, 3Susan Blank, 1Julia Schillinger. 1Centers for Disease Control and Prevention, Division of STD Prevention, New York City, USA; 2NYC Department of Health and Mental Hygiene, Bureau of Sexually Transmitted Infections, New York City, USA; 3New York City Department of Health and Mental Hygiene, Bureau of STI, New York City, USA

Background Low-touch (i.e. limited staff interaction) models for asymptomatic STI screening have been widely adopted in sexual health clinics (SHCs) and can improve clinic flow and patients’ experience. In New York City SHCs, asymptomatic patients who do not report contact to STI screen for urogenital and extragenital bacterial STI using self-collected specimens without a medical encounter. We evaluated treatment rates for Neisseria gonorrhoea (GC) cases detected by this low-touch, self-screening model.

Methods We identified men-who-have-sex-with-men (MSM) who tested GC-positive by urogenital or extragenital nucleic acid amplification testing at any visit type (self-screening or standard clinician) during 01/2017–06/2018. Among GC cases that had not been presumptively treated, we assessed the number and percent of asymptomatic cases that returned for treatment within 30 days, and HIV pre-exposure prophylaxis (PrEP) use. We used Kaplan-Meier methods to examine time-to-treatment by visit type.

Results Of 3,944 GC cases, 2,268 were presumptively treated and 1,676 needed to return for treatment. Among returning patients, median time-to-treatment was 6 days (IQR: 4–8). Cases detected at self-screening visits had shorter time-to-treatment than those detected at standard visits (p=0.008). Among GC cases detected at self-screening visits, 85% (454/534) were treated ≤14 days, and 90% (480/534) ≤30 days, compared to 80% (917/1,142) of standard cases treated ≤14 days, and 87% (991/1,142) ≤30 days after the visit. HIV-negative men with rectal GC had shorter time-to-treatment following self-screening versus standard visits (p=0.007), and fewer remained untreated by 30 days (self-screening: 7% versus standard: 13%; p=0.02). Of 76 HIV-negative men with rectal GC who were lost to follow-up, 22 (29%) were documented to be taking HIV PrEP at time of testing/screening.

Conclusion Among HIV-negative MSM with rectal GC, a group for whom delayed treatment may increase risk for HIV acquisition, a low-touch/self-screening model results in overall treatment rates and times-to-treatment that compare favorably to a standard clinician model.

Disclosure No significant relationships.

REDUCTION IN ADHERENCE TO ANTIRETROVIRAL THERAPY DURING POSTPARTUM: FINDINGS FROM A PROSPECTIVE COHORT STUDY

1Anthony Ajayi*, 2Oladele Adeniyi. 1University of Fort Hare, Sociology, East London, South Africa; 2Walter Sisulu University, Family Medicine, East London, South Africa

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Background The WHO recommended breastfeeding as the best feeding option for women with HIV in sub-Saharan Africa. Adherence to antiretroviral therapy is important for breastfeeding mothers to prevent vertical transmission of HIV. There is evidence that pregnancy tends to drive adherence of breastfeeding mothers to prevent vertical transmission of HIV. There is evidence that pregnancy tends to drive adherence of antiretroviral therapy among women living with HIV, however it is unclear whether they main the level of adherence at pregnancy during the postpartum period. This study assesses the rate of drop-off in adherence in the post-partum period from the prospective cohort study of mother-infant pairs in Eastern Cape, South Africa.

Methods We conducted a follow up study on 485 mothers with HIV at 18 months post delivery to elucidate on their adherence to ART during their postpartum period. We obtained relevant items on demographic, lifestyle and self-reported adherence to ART. Adherence was measured using 7-items questions to probe adherence to ART since birth of their child to the previous night of the survey. Logistic regression (model) analysis was fitted to determine the predictors of good adherence in the cohort.

Results The mean age of the participants was 32.91 years (Standard Deviation 5.74). About 64% of the women reported complete adherence to ART representing a 5% percentage drop-off in adherence compared to the rate recorded during pregnancy. In the adjusted model, alcohol use in the last 12

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