

**Results** There were 23,171 sexually active women. Self-reports of Pap testing in the past 12 months decreased for young women (black: 72.5–53.6%,  $p < 0.01$ ; white: 67.9–42.2%,  $p < 0.0001$ ) and older white women (71.5–61.9%,  $p < 0.001$ ) from 2006–2010 to 2015–2017. Self-reports of chlamydia screening did not significantly decrease for younger women (black: 57.6–54.2%,  $p = 0.9040$ ; white: 37.4–34.4%,  $p = 0.1716$ ) and increased for older women (black: 37.6–50.6%,  $p < 0.01$ ; white: 15.4–24.3%,  $p < 0.0001$ ). Overall, women who were younger (RR=2.3, 95%CI: 2.1, 2.5), non-Hispanic black (RR=2.0, 95%CI: 1.9, 2.2), had more than one lifetime male sex partner (2–4: RR=1.7, 95%CI: 1.4, 2.0; 5+: AOR=3.0, 95%CI: 2.5, 3.6), and received a Pap test in the past 12 months (RR=3.4, 95%CI: 3.0, 3.8) were more likely to be screened for chlamydia in the past 12 months.

**Conclusion** Self-reports of cervical cancer screening decreased but self-reports of chlamydia screening remained stable in young women and increased in women  $\geq 25$  years. Chlamydia screening remains below national recommendations, especially for young women.

**Disclosure** No significant relationships.

## 012 – UNDERSTANDING RELATIONSHIPS AND PARTNER STRATEGIES FOR STI CONTROL

Tuesday, July 16, 2019

4:15 PM – 5:45 PM

### 012.1 EXPLORING RELATIONSHIP DURATION AMONG GAY AND BISEXUAL MEN: A LONGITUDINAL EVENT-LEVEL ANALYSIS

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10.1136/sextrans-2019-sti.170

**Background** We characterized event-level relationship patterns of gay and bisexual men (gbMSM)'s long- and short-term with the goal of improving intimacy, well-being, and the control of sexually transmitted infections.

**Methods** Between 2012–2015, sexually-active gbMSM, aged  $\geq 16$ , were recruited in Metro Vancouver using respondent-driven sampling. Participants completed computer-assisted self-interviews at six-month intervals for up to 12 visits. At each visit, participants described their last sexual encounter with up to five of their most recent partners. Relationship duration was measured as the months between their first and most recent sexual encounter with each partner. Multivariable generalized estimating equations with RDS-chain, participant, and visit effects were used to identify sociodemographic, psychosocial, and behavioural factors associated with relationship duration.

**Results** A total of 10,424 events were reported by 762 gbMSM (median=13/person,  $Q_1$ - $Q_3$ :5–24). Median relationship duration was  $< 1$  month ( $Q_1$ - $Q_3$ : 0–3) and the median number of sex events between partners was 1 ( $Q_1$ - $Q_3$ : 1–1). Analyses indicate that longer relationship duration was

associated with increasing age of participants ( $p < 0.001$ ); indigenous ethnicity (versus White;  $p = 0.003$ ); marijuana use before/during sex ( $p = 0.014$ ); and having met at a bathhouse ( $p = 0.004$ ), bar/club ( $p < 0.001$ ), through friends ( $p < 0.001$ ), or at another location ( $p = 0.002$ ; versus 'online'). Shorter relationship duration was associated with higher communal altruism ( $p = 0.019$ ); bisexual identity (versus gay;  $p = 0.004$ ); Latin American ethnicity (versus White;  $p = 0.028$ ); living with HIV ( $p = 0.0004$ ); not knowing the event-level partner's serostatus ( $p < 0.001$ ); engaging in insertive condom-protected anal sex with even-level partner ( $p = 0.031$ ); engaging in event-level group sex ( $p = 0.001$ ); and having sex at a park ( $p = 0.004$ ), hotel ( $p = 0.043$ ), private sex party ( $p = 0.019$ ), or other location ( $p = 0.002$ ; versus 'home').

**Conclusion** Partner meeting location, personal identity, and risk management behaviours are key correlates of relationship duration – with shorter, often one-time, relationships being characterized by both risk (e.g., group sex, public sex, unknown partner serostatus) and risk management (e.g., condom use).

**Disclosure** No significant relationships.

### 012.2 PARTNERSHIP CONTEXT AND CONSISTENT CONDOM USE AMONG YOUNG AFRICAN AMERICAN MEN

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10.1136/sextrans-2019-sti.171

**Background** Young African American (AA) heterosexual men have high rates of sexually transmitted infections (STIs). Consistent condom use effectively prevents STIs, but condom use decisions are made in the context of individual sexual relationships. This analysis describes partnership characteristics and condom use among young AA men.

**Methods** AA men aged 15–24 who lived or spent most of their time in New Orleans, Louisiana and had vaginal sex in the past 2 months were screened at non-clinical venues for *Chlamydia trachomatis* (CT) and *Neisseria gonorrhoeae* (GC) using nucleic acid amplification testing. Men provided information on sexual partnerships including perception of risk behaviors on an audio computer-assisted self-interview. Generalized estimating equation is used to fit a marginal model to account for multiple partnerships.

**Results** Participants ( $n = 1152$ ) reported characteristics of 1733 partnerships. In partnerships where condoms were not always used, men were more likely to be committed to the partner (47% vs 28%,  $p < 0.01$ ), plan to have sex with her again (72% vs 56,  $p < 0.01$ ), able to re-contact her (87% vs 78,  $p < 0.01$ ), already have a child (11% vs 3%,  $p < 0.01$ ), financially support her (27% vs 20%,  $p < 0.01$ ), and feel closer to her (median 8 vs 6,  $p < 0.01$ ), compared to partnerships where condoms were always used. Men not always using condoms were also more likely to have sex while drunk/high (52% vs 31%,  $p < 0.01$ ). Rates in men were 10% for CT and 1% for GC; men with CT and/or GC were less likely to always use condoms (44% vs 60%,  $p < 0.01$ ) compared to men negative for CT and/or GC.

**Conclusion** STI rates are high, especially for those in partnerships where condoms are not always used. Consistent condom use is lower in committed, closer partnerships, suggesting that

prevention interventions should focus on condom use among this group.

**Disclosure** No significant relationships.

### 012.3 EPIDEMIOLOGICAL IMPACT OF EXPEDITED PARTNER THERAPY FOR MEN WHO HAVE SEX WITH MEN: A MODELING STUDY

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10.1136/sextrans-2019-sti.172

**Background** Expedited partner therapy (EPT) is an intervention for patients with gonorrhea (NG) or chlamydia (CT), through which index patients are provided with medication to give to their partner. While EPT is recommended for heterosexuals, EPT is not recommended for men who have sex with men (MSM), partially due to concerns about overtreatment of uninfected partners and missed opportunities for HIV diagnosis. In this study, we used modeling to investigate the potential impact of EPT implementation on STI incidence among MSM in the United States.

**Methods** We extended our stochastic network-based mathematical model of HIV, NG, and CT among MSM to include partner-delivered EPT for NG and CT. EPT implementation was simulated for 10 years. Counterfactual scenarios varied EPT coverage, provision, uptake, and partnership window duration. We estimated STI incidence, percent of infections averted (PIA), and process outcomes under each scenario, compared to a reference scenario that included routine and symptoms-based STI screening at current empirical levels among US MSM.

**Results** Delivery of EPT to 20% of eligible MSM index patients (coverage) was projected to reduce cumulative STI infections among MSM by 22% over 10 years compared to current estimated STI screening levels. A 20% increase in providing medication to non-index partners (provision) averted 29% of STI infections compared to STI screening. By partnership type, intervention benefits were greatest when EPT was restricted to casual partners. The proportion of partners given medication who had no current STI varied from 55% to 65%, depending on coverage. The proportion of partners given medication with undiagnosed HIV infection was 4%.

**Conclusion** EPT could substantially reduce bacterial STI incidence for MSM. However, this intervention could result in a substantial increase in unnecessary use of antibiotic medication by STI-uninfected MSM, raising concerns about cost and antimicrobial resistance in absence of additional medical evaluation.

**Disclosure** No significant relationships.

### 012.4 EFFECTS OF ENHANCED STI PARTNER NOTIFICATION COUNSELING IN CAPE TOWN: RANDOMIZED CONTROLLED TRIAL

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10.1136/sextrans-2019-sti.173

**Background** People who contract STI in high-HIV prevalence settings such as South Africa are among the highest risk populations for HIV. Single-session behavioural interventions can reduce a person's risk for STI with added HIV prevention benefits, but promising prevention effects are undermined by untested, untreated partners with persistent STI. We tested a theory-based, single session behavioural risk reduction intervention with enhanced partner notification (ePN) counselling among people diagnosed with an STI, in Cape Town, South Africa.

**Methods** Participants were 1050 consenting adults diagnosed with STI at a community clinic. After the standard STI/HIV consultation and treatment, participants were randomly allocated to: (a) 20 minutes health education; (b) 45 minutes risk reduction skills counseling; or (c) 45 minutes risk reduction and ePN communication skills counseling. We measured participants' reports of PN to potentially exposed partners two weeks after diagnosis.

**Results** Participants were 527 men and 523 women, 20% HIV positive, enrolled between 2014 and 2017. There were no significant baseline differences between trial arms in number of reported main or casual sex partners. Two weeks after STI diagnosis (n=890, 85% retained), 77% of participants had notified a main partner of their STI and 57% had notified a casual partner. Conditions did not differ in rates of notifying main partners. However, participants receiving the ePN counseling (57%) were significantly more likely to have notified a casual partner compared to those in the health education (41%) and the risk reduction counseling (41%) arms, OR = 1.87, p <0.05. This pattern of differences did not differ by gender, with intervention effects significant for both men and women.

**Conclusion** The ePN intervention was effective at improving PN with casual partners. Although partner linkage to care was not measured, future analyses will determine whether there was a reduction in repeat STIs in index cases.

**Disclosure** No significant relationships.

### 012.5 PARTNER NOTIFICATION OUTCOMES FOR CHLAMYDIA/ GONORRHEA CASES DIAGNOSED THROUGH CLINICS VS GETCHECKEDONLINE IN BRITISH COLUMBIA

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10.1136/sextrans-2019-sti.174

**Background** GetCheckedOnline (GCO) is an internet-based testing service for sexually transmitted and blood-borne