

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