infections in British Columbia (BC), Canada that is highly accepted by clients. The literature has not addressed whether treatment and partner notification (PN) outcomes differ between clients of internet-based testing services and clinic-based clients. We sought to compare treatment uptake, engagement in PN, and PN outcomes between chlamydia (CT) and/or gonorrhea (GC) cases diagnosed through GCO and two provincially-operated sexually transmitted infection clinics.

Methods A matched case-control study was conducted among CT/GC cases in BC from 2016–2018. All cases diagnosed through GCO were selected and matched to two clinic cases (controls) based on diagnosis, gender, age group, and specimen collection date. Using a cascade of care, PN outcomes were compared between partners of GCO and clinic cases. Bivariate comparisons were conducted using chi-square or Fisher's exact test.

Results There were 257 GCO cases matched to 514 clinic cases. Treatment uptake did not differ between GCO (254/257, 98.9%) and clinic (513/514, 99.8%) cases. There was no difference in the proportion of notified partners between GCO (176/287, 61.3%) and clinic cases (338/520, 65.0%) although a greater proportion ($P<0.01$) of notifiable partners reported by clinic cases were notified by public health (44/520, 8.5%) vs. GCO cases (6/287, 2.1%). Among all notified partners, clinic cases reported a greater proportion ($P<0.01$) of tested partners (114/338, 33.7%) than did GCO cases (38/176, 21.6%). Of all notifiable partners, positivity was higher ($P<0.01$) among clinic cases (93/520, 17.9%) than GCO cases (29/287, 10.1%).

Conclusion GCO clients diagnosed with CT or GC demonstrated similar treatment uptake and engagement in PN to clinic clients. The difference in partner testing may be due to different populations being reached by internet-based testing and merits further investigation. The high positivity rate among partners underscores the importance of PN.

Disclosure No significant relationships.

012.6 CONTACT TRACING VS PATIENT-DELIVERED PARTNER TREATMENT FOR AFRICAN AMERICAN HETEROSEXUAL MEN WITH CHLAMYDIA

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10.1136/sextrans-2019-sti.175

Background Most research on partner treatment for chlamydia has been done with female index cases or with clinic-based populations, thus less is known about optimal approaches for community screened men. The purpose of this study is to compare contact-tracing versus patient-delivered partner-treatment (PDPT) for rates of index and partner treatment among chlamydia infected-young heterosexual African American men (AA) diagnosed by screening at community venues.

Methods 'Check It' is a community chlamydia screening program for AA men aged 15–24. Initially, index and partner treatment was done by a disease intervention specialist (DIS) using a contact-tracing approach where contacted index and partners could get azithromycin treatment at no cost at participating pharmacies. In month 14 of the program, in response

to the findings of in-depth interviews with men enrolled in the program, contacted index men were offered PDPT that could be picked up at a participating pharmacy or mailed to the index. Index and partner treatment outcomes were compared.

Results In-depth interviews revealed concerns about giving DIS contact partner information and issues with transportation, thus, PDPT and direct-mailing of azithromycin were added to treatment options. There were 102 screened men in the contact-tracing-phase and 22 in the PDPT-phase. Of these 124 Ct + men, 83.9% were contacted and 62.9% were treated and they reported 204 baseline partners. Treatment rates were higher in the PDPT-phase versus the contact-tracing-phase for index (86.4% vs 57.8%, p -value <0.02) and partners (50.0% vs 20.6%, p -value <0.01) respectively. Time-to-treatment was shorter for those in the PDPT-phase versus the contact-tracing-phase for index (10.7 vs 16.8 days, p <0.04). During the PDPT-phase 8/22 index men (36.4%) opted for mail-delivery of azithromycin.

Conclusion Expedited index and PDPT using local pharmacies or mailed-treatment resulted in significantly higher index and partner treatment rates and shorter time-to-treatment among AA young men screened for Ct in the community.

Disclosure No significant relationships.

013 – WORKING TOWARDS SEXUAL HEALTH EQUITY: UNDERSTANDING CONTEXT

Wednesday, July 17, 2019

10.45 AM - 12:15 PM

013.1 FACTORS ASSOCIATED WITH SAFER SEX EFFICACY AMONG NORTHERN AND INDIGENOUS YOUTH IN THE NORTHWEST TERRITORIES, CANADA

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Background Identifying social and structural factors associated with sexually transmitted infections (STI) vulnerability is urgent in the Northwest Territories (NWT), where STI prevalence is 7-fold the Canadian average. The NWT also experiences higher food insecurity and intimate partner violence (IPV) than the national average. Safer sex efficacy (SSE) comprises knowledge, intention, and relationship dynamics for safer sex negotiation. We examined social and structural factors associated with SSE among Northern and Indigenous adolescents in the NWT.

Methods With an Indigenous sexual health agency, we conducted a cross-sectional survey with adolescents aged 13–17 in 17 NWT communities. Summary statistics and statistical comparisons were conducted, followed by crude and multivariable regression models, with a canonical link function, to compare factors associated with SSE and within gender stratifications. We conducted post-hoc sensitivity analyses among Indigenous youth.