

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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10.1136/sextrans-2019-sti.176

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.

Results There were 610 participants (mean age: 14.2 years [SD: 1.5]; 49.5% cisgender women, 48.9% cisgender men, 1.6% transgender persons); three-quarters (n=447; 73.3%) were Indigenous. One-quarter (n=144; 23.6%) reported food insecurity and nearly one-fifth (n=111; 18.2%) IPV. Among young women, food insecurity (β : -1.89[CI: -2.98, -0.80], $p=0.001$) and IPV (β : -1.31[CI: -2.53, -0.09], $p=0.036$) were associated with lower SSE in adjusted analyses, and currently dating was associated with increased SSSE (β : 1.17[CI: 0.15, 2.19], $p=0.024$). Among young men, food insecurity (β : -2.27 [CI: -3.39, -1.15], $p=0.014$) was associated with reduced SSE. Among sexually active participants (n=115), increased SSE was associated with increased condom use among young women (β : 1.40[0.19, 2.61], $p=0.024$) and men (β : 2.14 [0.14, 4.14], $p=0.036$). No differences emerged by Indigenous identity across analyses.

Conclusion Food insecurity and IPV emerged as syndemic factors associated with lower SSE—a protective factor associated with condom use among Northern and Indigenous adolescents in the NWT. Poverty and violence compromise Indigenous and Northern youth's sexual agency and in turn contribute to STI vulnerabilities, requiring urgent attention.

Disclosure No significant relationships.

013.2

MIXED METHODS ANALYSIS: ROLE OF PARENTS, PEERS, AND PERCEIVED SEVERITY OF SEXUAL HEALTH OUTCOMES AMONG NATIVE AMERICAN YOUTH

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10.1136/sextrans-2019-sti.177

Background Native American youth experience the highest rates of teen pregnancy and sexually transmitted infections (STIs). Past research has demonstrated the influence of parents and peers on adolescent sexual health decision making. Yet few studies have explored how the threat of negative health outcomes, specifically STIs and unintended pregnancy, impact youth's intentions, perceptions of reactions from peers and parents, and ultimate behaviors.

Methods This study used a mixed-methods approach. Quantitative and qualitative data was collected from Native, reservation-based youth ages 11–19. N=558 completed a survey and 62 participated in a focus group discussion (FGD). Multivariate logistic regression assessed associations between the perceived severity of STI and unintended pregnancy with the outcomes of lifetime sexual experience, sexual intention, condom use, and condom use intention (CUI). Qualitative data was analyzed using a descriptive, directed method.

Results Mean age was 13.4 and 51.6% were female. Youth who reported they would be upset (OR=2.43, $p=0.001$) or their parents would be upset (OR=2.95, $p<0.001$) if they got pregnant/got someone pregnant had higher odds of CUI. FGD data differ slightly, with some youth (mostly females) saying they didn't use condoms because they want to become pregnant. Youth saying friends would lose respect for them if they had an STI had higher odds of CUI (OR=2.37, $p=0.001$).

FGD data endorse peers as major influencers on sexual activity, especially among males.

Conclusion Results show the perceived severity of STIs and unintended pregnancy combined with anticipated negative reactions from parents and peers are associated with Native youth's intention to use condoms, but not actual condom use behavior or sexual initiation. To bridge this intention-behavior gap, future programming should engage both parents and peers, reinforce the severity of not using condoms, and develop Native youth's skills for actual condom use.

Disclosure No significant relationships.

013.3

HIGH PREVALENCE OF CERVICO-VAGINAL INFECTIONS AMONG FEMALE ADOLESCENTS IN FOUR URBAN REGIONS OF PANAMA

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10.1136/sextrans-2019-sti.178

Background Few data exist on cervico-vaginal STI among adolescents in Panama. The aim of this study was to determine the prevalence and correlates of cervico-vaginal STIs among female school-going adolescents in urban regions of Panama.

Methods A multicentric cross sectional study using multistage cluster sampling, with random selection of schools and clusters was conducted among participants aged 14–19 years enrolled in public high schools in the urban regions of Panama, San Miguelito, Colón, and Panamá Oeste, accounting for 53% of the country's population. One region was studied each year between 2015 and 2018. Participants self-administered a questionnaire and gave urine samples. Those who self-reported sexual activity were tested for *Chlamydia trachomatis* (CT), *Neisseria gonorrhoeae* (NG), *Mycoplasma genitalium* (MG), and *Trichomonas vaginalis* (TV) by PCR. Correlates of infection were analyzed using univariate (OR) and age adjusted analyses (AOR).

Results A total of 1404 female adolescents (median age 17) participated. More than half (57.3%) reported a history of sexual activity; of those, 27.4% had ≥ 1 positive STI test (22.8% positive for CT, 2.2%NG, 3.9%MG, 2.3%TV). Almost all participants with NG also had CT (15/18, 88.2%); nearly half with MG also had CT (13/31, 41.9%). Correlates did not change when removing non-CT infections; correlates of one or more STI included: three or more sex partners in the past year (AOR=4.12, 95%CI: 1.13–15.1), sex with a casual partner at least once (AOR=3.5, 95%CI: 1.6–7.7), reported sex in the past month (OR=1.8, 95%CI: 1.3–2.7), and reported anal sex (OR=1.6, 95%CI: 1.1–2.4). Protective correlates included study sites Colón and Panamá Oeste (AOR=0.3, 95%CI: 0.1–0.7; AOR=0.2, 95%CI 0.1–0.4).

Conclusion This study found very high prevalence of cervico-vaginal STIs, especially CT among high school-going female adolescents in urban Panama regions. Results indicate the need for interventions that target female adolescents, such as screening and treatment in urban Panama.

Disclosure No significant relationships.