

014.2 CAN COMMUNITY CHLAMYDIA TRACHOMATIS SCREENING OF YOUNG HETEROSEXUAL MEN HELP IDENTIFY INFECTED NETWORKS?

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Background Despite interventions to reduce *Chlamydia trachomatis* (Ct) rates in women, rates have increased or remained stable, particularly for African American (AA) women. Men could be a potential reservoir of infection yet the Centers for Disease Control and Prevention do not recommend screening men stating lack of evidence for feasibility and potential to reduce infection in women. The purpose of this study was to explore if venue-based screening is feasible and has high-yield. **Methods** Venue-based screening (e.g. barbershops, colleges, community events) was conducted between March–December 2018 among AA men aged 15–24 who had sex with at least one woman in the last two months and spent most of their time in New Orleans. Men were offered a modest incentive, were screened for Ct via urine NAAT and underwent an audio/computer-assisted self-administered survey eliciting information about sexual partners

Results Of 599 men screened, 590 (98.5%) enrolled. Men enrolled received Medicaid (60.9%), were Ct tested in the last year (29.3%), reported a history of Ct (12.7%), were asymptomatic (97.1%) and 9.3% were Ct+. Men reported 873 partners (average 2.2, s.d. 1.4). Most of these partners were someone he knew for a long time (69.9%) or met through people in his social network (14.4%), were able to be re-contacted (80.1%), and with whom future sexual contact was planned 61.4%. In over one-third of partnerships (35.4%) men believed that their partner was having sex with one of his friends. Most men (53.3%) found out about the program from someone in their social network.

Conclusion Venue-based screening of young AA heterosexual men is feasible, detected a high rate of Ct infection, most partners were from social networks and could be re-contacted. Screening of young AA men has the potential to identify infected sexual networks and ultimately could reduce Ct disparities among men and women.

Disclosure No significant relationships.

014.3 DISPARITIES IN ACCESS TO HIV POINT-OF-CARE TESTING: THE NON-URBAN CANADIAN CONTEXT

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Background Testing for sexually transmitted and blood borne infections (STBBIs), including HIV, is a crucial component of sexual health promotion. Testing can help facilitate timely access to care and treatment for those with a positive test result. Despite the approval of HIV point-of-care-testing (HIV POCT) for use in Canada in 2005, many jurisdictions do not have access to this testing innovation such as the 4 Atlantic provinces and there remain challenges in access in many non-urban settings elsewhere in Canada.

Methods Both qualitative and quantitative data were collected as part of an HIV POCT feasibility study with high risk populations in the largest of the 4 Atlantic Canadian provinces as well as from two scoping reviews on access to and uptake of HIV POCT with reference to Canadian non-urban settings. Together these data were examined using a PESTEL analytic framework for common emergent themes in relation to the policy-relevant factors contributing to why HIV POCT remains challenging to access in non-urban settings, even among populations at enhanced risk of infection.

Results Key emergent themes were mapped using the PESTEL analytic framework and found: perceptions of low risk for HIV among those living outside large metropolitan centres; competing public health priorities and expenditures; lack of national policy direction on testing, and issues of stigma; confidentiality; and loss to follow up in non-urban settings.

Conclusion The current jurisdictional constraints facing Federal, provincial, and territorial governments in relation to policies for testing, including access to STBBI testing innovation such as point-of-care testing, requires greater attention as Canada moves forward with the release of the 'Reducing the Health Impact of STBBIs in Canada by 2030: A Pan-Canadian Framework for Action'. Specifically, greater policy attention and national leadership is needed on the core pillar of STBBI testing in an effort to reach the undiagnosed, particularly in non-urban settings.

Disclosure No significant relationships.

014.4 IMPLEMENTATION OF POINT OF CARE GONORRHEA AND CHLAMYDIA TESTING IN AN STD CLINIC PREP PROGRAM, SAN FRANCISCO, 2017–2018

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Background We assessed the impact of point of care (POC) testing for gonorrhoea and chlamydia (GC/CT) on time to treatment in a HIV pre-exposure prophylaxis (PrEP) program in a STD clinic.

Methods In May 2018, San Francisco City Clinic implemented express GC/CT testing using the GeneXpert™ for PrEP follow-up visits for men who have sex with men (MSM) and transwomen. PrEP patients who were symptomatic or a contact to GC or CT were empirically treated and excluded from express testing. We describe the population screened using GeneXpert™ and test positivity. We compared their time to treatment with asymptomatic PrEP follow-up visits during the same time frame one year prior. Differences in time to treatment were compared using a t-test.

Results From May 2018–December 2018, there were 1623 visits by MSM and transwomen on PrEP at which GC/CT testing was conducted. The GeneXpert™ was used at 596 (36.7%) of visits. Of the 366 unique patients screened using the GeneXpert, the median age was 33; 40% were white, 30% Latino, 22% Asian and 6% black. Either GC or CT were positive at 87 (14.6%) of patient-visits. Positivity was higher at the rectum (10.8%) compared with throat (5.6%) and urine (1.5%). In comparison, from May 2017–December 2017, there were 611 visits by asymptomatic patients on PrEP