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NOT LOST IN TRANSLATION: DEVELOPING A SEXUAL HEALTH COMMUNICATION TRAINING INTERVENTION FOR MEDICAL STUDENTS IN DAR ES SALAAM, TANZANIA

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Background Health professionals in Tanzania report a perceived need for sexual and reproductive health (SRH) communication training to meet patient needs and reduce disparities. Simulation optimizes the clinical performance and public entrustment. We describe the development and preliminary quality control results from an innovative, Afrocentric SRH simulation for later use within a large randomized controlled educational trial.

Methods Standardized patient (SP) simulation cases with embedded cultural, language, gender, age, sexuality, and legal complexity issues identified by stakeholders in Dar es Salaam were embedded in 1) adolescent health, 2) women's health, and 3) male health cases. Bilingual senior students were recruited and enrolled after informed consent to participate in a pilot trial. SP simulation interviews were conducted and via Zoom™ in Kiswahili. Each student completed the 3 simulations as a part of study procedures. We report the student characteristics and results of the translated and close-captioned [T-CC] fidelity and quality control analysis using the evaluation of both SP performance and student engagement using established patient-centered communications standards.

Results Twenty-four students mostly male (62.5%), year 5 (66.7%) students evenly split across nursery, midwifery, and medicine with a mean age (sd) of 25.1 (1.3) years were recruited for participation in the pilot. Review of the T-CC data was consistent across bilingual staff, demonstrated high student engagement, performances by SPs were true to the case context, and the quality of video data was consistent with other more expensive recording methods. There were no adverse events or unanticipated disruptions impacting the fidelity of the simulation component.

Conclusion Preliminary SRH simulation data using standardized patients demonstrate student engagement and trained SP fidelity to case and protocol. The use of translated, closed-captioned video data and input from bilingual staff ensures that the training materials meet international standards for patient-centered health communication without losing key information in translation.

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FOLLOW-UP ASSESSMENT OF PARTICIPANTS WITH URETHRAL DISCHARGE SYNDROME IN KAMPALA, UGANDA: LESSONS LEARNED FOR FUTURE STI CONTROL INTERVENTIONS

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Background After effective treatment, persons diagnosed with a sexually transmitted infections (STI) are encouraged to modify behavior and notify partners. In resource-limited settings (RLS), follow-up assessment is limited by a variety of factors, including access to knowledge, material resources, and reliable communication.

Methods A study conducted in 2019 within the existing WHO-based Enhanced Gonococcal Antimicrobial Surveillance Program (EGASP) collected urogenital samples and blood from men with urethral discharge syndrome (UDS). Samples were tested for *Neisseria gonorrhoeae* (NG), *Chlamydia trachomatis* (CT), *Trichomonas vaginalis* (TV) and *Mycoplasma genitalium* (MG), and HIV. Participants received treatment and were then followed up using phone calls on days 7, 14 and 21 post-enrolment.

Results Of the 250 participants recruited for this study, 66.7%, 20.5%, 11.6%, and 2.0% were positive for NG, CT, MG, TV, respectively, and 20% (50/250) were HIV-positive. Follow-up visits on days 7, 14, and 21 were completed by 98.8%, 96.0%, and 96.4% of participants, respectively. The majority (94.5%) of participants completed their prescribed treatment regimen. Resolution of symptoms (penile discharge and dysuria) was reported by 76.7% of participants 3–5 days post-treatment while 7.5% reported no resolution of symptoms. The majority (77.2%) reported sexual activity while on treatment; 31.6% of those reported condom use, and 15.1% reported multiple partners. PN was reported by 66.9% of participants; 16.8% of participants reported that they had no intention of notifying their partners.

Conclusions The prevalence of STIs was high in this group of men with UDS who also reported low condom use and multiple sex partners. While completion rate of follow-up visits was very high, innovative ways to follow-up patients to ensure response to treatment and to incentivize PN are necessary in future STI control interventions.

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DISRUPTED SEXUAL HEALTH CARE DURING THE CORONAVIRUS PANDEMIC IN 2020: THE IMPACT ON STI POSITIVITY AMONG SEXUAL HEALTH CLINIC ATTENDEES

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Background Dutch Sexual Health Clinics (SHCs) had to downscale services during the first coronavirus wave, but continued to provide essential STI/PrEP care including testing for persons at highest risk for (symptomatic) gonorrhoea, infectious syphilis (syphilis) and HIV. We describe STI positivity among SHC attendees between 2011–2020.

Methods National SHC surveillance data contained information on demographics, sexual behaviour, STI testing and diagnoses. We split 2020 into periods: 1 January–12 March (pre-lockdown), 13 March–31 May (lockdown) and 1 June–31 August (post-lockdown). Chlamydia, gonorrhoea, syphilis and HIV positivity (n positive/N tested) trends were explored by gender and sexual contact.

Results In 2020, weekly numbers of consultations varied between 2,803 and 3,515 pre-lockdown, 564 and 1,298 during lockdown and 1,084 and 1,976 post-lockdown. Relatively