MSM occurred in inner metropolitan Melbourne suburbs, while the cases in heterosexuals occurred in outer Melbourne suburbs.

Conclusion Notified cases of syphilis infection had significantly increased across all population groups but particularly in heterosexual males and females. Campaigns and control measures should be specific for each population group with targeted screening and education in areas with a high number of syphilis cases.

P088

AUSTRALIAN GENERAL PRACTITIONERS' CONSIDERATION OF PELVIC INFLAMMATORY DISEASE IN WOMEN DIAGNOSED WITH AN STI, AND BARRIERS TO PROVIDING PELVIC EXAMINATIONS

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Background Pelvic inflammatory disease (PID) comprises a range of inflammatory disorders of the female upper genital tract, often occurring after a sexually transmissible infection (STI). When left untreated, PID can cause reproductive complications including ectopic pregnancy and infertility. PID is under-diagnosed globally and requires a clinical diagnosis. Speculum and bimanual pelvic examinations are recommended to support a diagnosis.

Methods In 2019, an online survey about chlamydia, including PID diagnosis and management, was distributed to Australian-based general practitioners (GPs). From 323 respondents, 85.8% (n=277) responded to multiple-choice questions about PID and 74.6% (n=241) responded to a free-text question regarding barriers to performing pelvic examinations. We used multivariable logistic regression to analyse factors associated with the frequency GPs conducted pelvic examinations for women reporting symptoms of PID. Qualitative free-text data were explored using thematic analysis.

Results Most GPs routinely ask female patients with an STI about symptoms suggestive of PID, including pelvic pain (86.2%), abnormal vaginal discharge (95.3%), abnormal vaginal bleeding (89.5%), and dyspareunia (79.6%). Over half reported routinely conducting speculum (69.0%) and bimanual pelvic (55.3%) examinations for women reporting pelvic pain or dyspareunia. Female GPs were more likely to routinely perform speculum (adjusted odds ratio (AOR) 4.6; 95%CI: 2.6–8.2) and bimanual pelvic examinations (AOR 3.7; 95%CI: 2.1–6.5). GPs with additional sexual health training were more likely to routinely perform speculum (AOR 2.2; 95%CI: 1.1–4.2) and bimanual pelvic examinations (AOR 2.1; 95%CI: 1.2–3.7). Barriers to pelvic examinations included patient reluctance, GP gender, patient health concerns, time pressure, and GP hesitancy to perform an examination due to inexperience and/or uncertainty that it would add to their assessment.

Conclusions Encouragingly, many GPs routinely asked patients diagnosed with an STI about PID symptoms. However, many GPs in this study did not consistently perform pelvic examinations to support a diagnosis, potentially reducing capacity to diagnose PID.

P089

ACCURACY OF INTERPRETATION AND HOME TEST KIT RESULT REPORTING FOR SCREENING OF HUMAN IMMUNODEFICIENCY VIRUS INFECTION

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Background Men who have sex with men (MSM) and individuals identifying as Black or Hispanic/Latino experience the largest burden of Human Immunodeficiency Virus (HIV) infection. The OraQuick In-Home HIV Test (OraSure Technologies®, Pennsylvania, USA) is the only HIV self-test approved by the US Food and Drug Administration. Self-testing can supplement HIV prevention to increase identification of infections among at-risk groups. During a larger study on social media and HIV prevention, we assessed the accuracy of participants' interpretations of their results.

Methods We recruited Black and Latino MSM between 18–30 years through advertisements on internet-based social media, informational sites, and dating sites. Participants ordered a free OraQuick self-test. They tested and interpreted their results following kit instructions. Participants submitted a test kit photograph to a secure online platform to report their results. Two trained researchers reviewed the photographs and interpreted results independently. We calculated the proportion of agreement and kappa coefficient between reviewers and between reviewers and participants.

Results We enrolled 271 participants, 191 (70%) ordered a kit, 159 (83%) used it. Of those, 113 (71%) submitted readable test result images. Among those submitting images, 71.3% were Black and 30.4% were Hispanic/Latino, mean age 25 years (SD 3.6). The proportion of agreement in result interpretation between reviewers was 100% (113/113), kappa coefficient 1.0. The proportion of agreement in result interpretation between participants and reviewers was 97.3% (110/113). Of the concordant results, 101 (89.4%) were negative, 7 (6.2%) were positive, 2 (1.8%) were invalid. Of the 3 discordant results, 2 participants interpreted their positive results as invalid and 1 participant interpreted their positive result as negative. The kappa coefficient was 0.85 (95% CI 0.67–1.0).

Conclusion Most participants submitted results online. The level of agreement of interpretation between participants and researchers was good. Prevention programs could use self-testing during disruptions of care.

P090

CONDYLOMA ACUMINATA IN AN INFANT : CASE REPORT IN A RESOURCE LIMITED SETTING

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