

**P140** PREVALENCE, RISK FACTORS AND ASSOCIATION WITH DELIVERY OUTCOME OF CURABLE SEXUALLY TRANSMITTED INFECTIONS AMONG PREGNANT WOMEN IN SOUTHERN ETHIOPIA

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**Background** Curable sexually transmitted infections (STIs) such as infection with *Chlamydia trachomatis* (*C. trachomatis*), *Neisseria gonorrhoeae* (*N. gonorrhoeae*), and *Trichomonas vaginalis* (*T. vaginalis*) can lead to adverse pregnancy. There are limited data on the prevalence and correlate of STI in Ethiopia, yet pregnant women are not screened for curable STI. Hence in this study, the prevalence of STIs and associated risk factors were assessed.

**Methodology** A cross-sectional study was conducted on consecutive women attending the delivery ward at the Hawassa comprehensive and specialized hospital. Vaginal swabs collected at the time of labor and delivery were tested for *C. trachomatis*, *N. gonorrhoeae* and *T. vaginalis* using GeneXpert. Study participants responded to a questionnaire about their previous and current obstetric history and socio-demographic characteristics. Possible independent factors for curable STIs were assessed by chi-square, bivariable, and multivariable logistic regression.

**Results** Of the 350 vaginal swabs tested, 51 (14.6%, 95% CI: 10.9–18.3) were positive for one or more curable STIs. The prevalence of *C. trachomatis*, *N. gonorrhoeae* and *T. vaginalis* were 8.3%, 4.3%, and 3.1%, respectively. STIs was associated ( $p < 0.005$ ) with the birth weight and gestational age. A 3-fold increase in odds of acquisition STIs was documented in currently unmarried women (AOR, 3.5; 95% CI: 1.2–10.6;  $p = 0.028$ ), and in younger pregnant women (AOR, 3.2; 95% CI 1.3–7.9;  $p = 0.01$ ). Moreover, women reporting for presence of vaginal discharge (AOR, 8.3; 95% CI: 3.4–20.5;  $p < 0.001$ ) and reporting pain during urination (AOR, 6.4; 95% CI: 2.5–16.4;  $p < 0.001$ ) found significant associate with curable STIs.

**Conclusion** The higher magnitude of STIs found in this population, and the absence of symptoms in many illustrate the need for systematic follow-up during routine antenatal care primarily history taking and asking for signs and symptoms to provide early management and avoid long term sequelae.

**P142** LOW RETESTING AND HIGH REINFECTION RATES AMONG YOUNG PEOPLE TREATED FOR CHLAMYDIA IN AUSTRALIAN GENERAL PRACTICES

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**Background** Reinfection after treatment for chlamydia is common and increases the risk of reproductive complications, particularly for women. Australian guidelines recommend retesting at 3 months after chlamydia treatment to identify reinfection. There are limited data about chlamydia retesting in Australia's mainstream primary care setting, general practice. We investigated retesting patterns among young people treated for

chlamydia infection in regional Australian general practice clinics during 2010–2015.

**Methods** Chlamydia testing and attendance data for 16–29-year-olds attending 128 regional general practices were collected for a chlamydia testing intervention trial. Rates of retesting within recommended timeframes (defined as 6-weeks–6-months after an individual's first positive chlamydia test) were calculated. We examined factors associated with retesting using logistic regression models adjusting for patient sex and age-group and clustered by clinic.

**Results** A total of 2357 individuals (68.7% female) with a first positive chlamydia result formed the study population. In the following 6-weeks–6-months, 26.5% (95% CI 24.3–28.7) re-attended and were retested; 11.9% had a positive retest and positivity at retest was higher for males (19.2%, 95%CI 14.1–25.6) than females (10%, 95%CI 9.3–15.0). A further 39.1% (95% CI 36.1–42.2) re-attended but were not retested and 34.4% (95% CI 31.7–37.2) did not re-attend. Multivariable analysis showed that retesting was more likely for women (adjusted odds ratio (AOR) 2.23, 95% CI 1.79–2.79) and in intervention clinics (AOR 1.33; 95%CI 1.07–1.64,) and that individuals aged 20–24 years were less likely (AOR 0.73; 95% CI 0.59–0.92) to be retested than 16–19-year-olds.

**Conclusions** Rates of retesting within recommended timeframes were low and there were missed opportunities for retesting. Age and sex differences in retesting and clinics highlight the need for processes within clinics and patient focused strategies to promote reattendance and retesting. High reinfection rates further highlight the importance of retesting for timely reinfection detection and treatment.

**P144** MEN'S PERCEPTION OF HIV-POSITIVE STATUS DISCLOSURE IN RURAL SOUTH AFRICA

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**Background** Disclosure of an HIV-positive status has significant implications for public health outcomes, social relationships, and individual psychological and emotional well-being. The response to the disclosure is critical for future treatment adherence, feelings of stigma, future disclosure, and overall health behaviours. There is paucity of data on the impact of the reaction of the person disclosed to on men's willingness to disclose. We report on men's perception of HIV-positive status disclosure in rural KwaZulu-Natal, South Africa.

**Methods** Following informed consent and COVID-19 regulations, 12 telephonic in-depth interviews and 3 face-to-face group discussions (October–November 2020) were conducted with a purposive sample of men aged 23–65 years from rural KwaZulu-Natal. Themes were identified from the interview transcripts, manually coded, and analysed thematically. The study was approved by the University of KwaZulu-Natal, University of Johannesburg, and Africa Health Research Institute research ethics committee.

**Results** Personal characteristics, gender, HIV knowledge and HIV identity were key factors for study participants to disclose their HIV-positive status to another person. Participants reported that if that person is popular, friendly, and talkative, they will be reluctant to disclose to them fearing that they