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# 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.

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# 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.

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# 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

might tell others. Some were wary of disclosing to female nurses from their community. It is also difficult for men to reveal their HIV-positive status to their partners fearing that they will be viewed as a cheater or someone with a promiscuous past. Knowing that the person disclosed to is also HIV positive makes it easier for the men in our study to disclose their HIV status.

**Conclusion** Our findings show that men often weigh up the costs and benefits of disclosing their HIV-positive status depending on who they are disclosing to. Further research is needed to understand different ways in which men can disclose their HIV-positive status without fear of stigmatization.

#### P145 A QUALITATIVE STUDY ON SEXUALISED DRUG USE AMONG MALE AND TRANSGENDER WOMEN SEX WORKERS IN AMSTERDAM, THE NETHERLANDS

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**Background** The objective of this study was to provide insight into the motives of drug use during work among male sex workers (MSW) and transgender women sex workers (TSW) and its possible effect on sexual behaviour that may increase the chance of STIs and/or HIV acquisition.

**Methods** From March to June 2018, we conducted semi-structured in-depth interviews among MSW and TSW visiting the Prostitution and Health Center in Amsterdam. Transcribed interviews were analysed by two researchers with an open-coding process, after which similar codes were categorized into themes.

**Results** We conducted 23 interviews among 15 MSW and 8 TSW. Almost all sex workers (n=21) reported any sexualised drug use (irrespective of work or private situation) and the majority (n=14) reported illicit drug use during work. The initiative of using drugs most often comes from the clients.

Motives for using or not using drugs during work were categorized into self-oriented and client-oriented motives. Self-oriented motives to use drugs included receiving more money, increasing pleasure during sex and the ability to work more hours. Self-oriented motives for NOT using drugs included to keep track of time, to control safe sex and to maintain professional distance. Client-oriented motives to use drugs included client asks for it and to make client happy. Client-oriented motives to NOT use drugs included preserving sexual functioning.

Participants reported that due to drug use they forget/stop/skip using condoms during oral or anal sex. A self-applied prevention strategy that was described was staying away from actual sex acts when using drugs because the judgment over condom use could get influenced.

**Conclusions** Future prevention should take into account that the initiative of using drugs most often comes from the clients and provides work-related added value. Assertively training and harm-reduction strategies described by the sex workers can be used by developing interventions.

#### P147 FACTORS RELATED TO HEPATITIS C VIRUS (HCV) TESTING AMONG PERSONS WHO INJECT DRUGS IN THE MEMPHIS METROPOLITAN AREA

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**Background** Hepatitis C virus (HCV) infection is both under-diagnosed and underreported. Every three years, the National HIV Behavioral Surveillance (NHBS) project, led by the Tennessee Department of Health (TDH) monitors HIV and HCV risk behaviors and outcomes among people who inject drugs (PWID) in the Memphis metropolitan area. The objective of this study was to understand characteristics associated with HCV testing history.

**Methods** During August–December 2018, TDH interviewed residents from the Memphis metropolitan area who self-reported injection drug use in the past 12 months utilizing respondent-driven sampling. We assessed independent correlation of self-reported HCV testing history with various demographic and risk behaviors using Chi-square tests. Multivariate logistic regression was performed on covariates with statistically significant differences ( $p < 0.05$ ) to determine odds ratios (OR) and 95% confidence intervals (CI).

**Results** Among 530 participants, daily injection was common (N=439, 83%). Approximately half (N=297, 56%) reported ever being tested for HCV. Non-Hispanic white race/ethnicity, history of overdose, polydrug use (reporting multiple drug types), long-term drug use (first injecting drugs  $\geq 15$  years prior), and visiting a healthcare provider within the past 12 months were independently associated with HCV testing ( $p < 0.05$ ). HCV testing was more likely in participants who had visited a healthcare provider within the past 12 months (OR: 2.3, 95% CI: 1.6–3.4), were non-Hispanic white (OR: 2.2, 95% CI: 1.5–3.3), reported long-term drug use (OR: 1.7, 95% CI: 1.1–2.7), and polydrug use (OR: 1.7, 95% CI: 1.0–3.9).

**Conclusion** Nearly half of participants in the 2018 NHBS IDU cycle had never been tested for HCV despite ongoing high-risk behaviors. Participants who reported long-term drug use or visiting a healthcare provider within the past 12 months were more likely to report HCV testing. These findings underscore the need to integrate HCV testing into and improve access to routine care for PWID in the Memphis area.

#### P148 PREVALENCE AND CORRELATES OF SEXTING AND CYBERSEX USE AMONG ADULTS BEFORE AND DURING COVID-19 SOCIAL DISTANCING MEASURES IN PANAMA

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**Background** Lockdown and other COVID-19 social distancing measures (COVID-19-measures) may influence virtual sex