

People who attend SSHC as a contact of an STI: what partner contact method prompts them to attend and how soon do they attend?

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Background:

Partner notification is essential in community sexually transmitted infection (STI) control. Methods of patient referral prompting attendance for care, and time to presentation is under studied. We aimed to investigate notification methods motivating patient attendance at Sydney Sexual Health Centre (SSHC) and time to presentation after notification.

Methods:

Patients attending SSHC between 01/04/2020 and 31/3/2021 as contacts of chlamydia, gonorrhoea, Mycoplasma genitalium (M gen), syphilis or unknown STI, were routinely asked how (electronic/spoken) and when they were notified. Univariate analysis was undertaken for age, gender, sexuality, partner numbers, sexual orientation, STI history, and country of birth. Chi-square set at $p < 0.05$

Results:

Of 2027 attendances, median age was 31 years, 65.2% born overseas, 89.5% male. Contacts were chlamydia (48%), gonorrhoea (30.3%), syphilis (12.5%), M gen (5.8%) and unknown STI (3.4%). Notification method was 65.7% electronic (59.6% personal short message service (SMS), 2.6% anonymous SMS, 3.5% other), 34.3% spoken (24.6% face to face, 9.7% phone). Median time to presentation was 3 days, >90% attendance by 15 days.

Electronic notification was more common in younger people (≤ 31 years), OR 0.3 (CI 0.1-0.5) $p < 0.05$ and if overseas born, OR 0.3 (CI 0.1-0.5) $p < 0.05$. Country of birth was not associated with presentation < 3 days, OR 0.1 (CI -0.1-0.3) $p = 0.3$. Faster presentation was more common with spoken notification, OR 0.3 (CI 0.1-0.5) $p < 0.05$. Spoken notification was more common with men who have sex with men, OR 0.7 (CI 0.5-0.9) $p < 0.001$. Analysis by STI found chlamydia contacts were similar to the cohort overall, but the remaining STIs showed no clinically or statistically significant outcomes.

Conclusion:

STI contacts attended SSHC promptly, with personal SMS notification most popular, especially among younger people and those born overseas. Presenting < 3 days after notification was significantly associated with spoken notification. More robust data collection is needed in different clinic settings to generalise these findings.

Disclosure of Interest:

None