

# PATIENT ATTITUDES TO THE ROUTINE PROVISION OF ANTIBIOTIC THERAPY TO ASYMPTOMATIC CONTACTS OF NEISSERIA GONORRHOEA

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**Background:** Australian guidelines recommend empirical treatment for contacts of Neisseria gonorrhoea (NG); however, studies suggest the prevalence of NG in this population range from 22.9%- 49%, with economic and antimicrobial resistance (AMR) implications.

We sought to determine the predictors of asymptomatic contacts of NG willing to wait for delayed antibiotic treatment rather than empirical treatment.

**Methods:** Between March-June 2018, a cross-sectional survey was offered to English speaking patients at Sydney Sexual Health Centre and rural sexual health clinics in NSW. Responses collected on a likert scale (neutral responses = disagreement). Statistics performed using Stata 15, p values calculated by pearsons chi<sup>2</sup>

**Results:** 601/707(85%) participants completed the survey, 337 (56.1%) MSM (81% on PrEP), 130 (21.6%) heterosexual men, 134 (22.3%) women. 149 (24.8%) from rural clinics. Mean age 32.3 years, range (18-78). 28% were prior contacts of NG. 414 (68.9%) participants indicated willingness to wait for delayed treatment if they had a 30% chance of infection: 229/337 (68.0%) MSM, 88/130 (67.7%) heterosexual men, 97/134 (72.4%) women.

458 (76.2%) participants would wait two days for results and defer treatment: 251/337 (74.5%) MSM, 99/130 (76.2%) heterosexual men, and 108/134 (80.6%) women. Less acceptable if waiting seven days: Overall 311 (51.8%): 158/337 (46.9%) MSM, 69/130 (53.1%), heterosexual men, 84/134 (62.7%) women. Prior experience of NG infection impacted on acceptability: 55/86 (64% P=0.004) would accept two days, 34/86 (40% P=0.014) for seven days.

387 (64.4%) (P=0.035) participants were concerned about AMR: 239/337 (70.9%) MSM, 72/130 (55.4%) heterosexual men, and 76/134 (56.8%) women - a significant difference by gender (p=0.035) and some correlation to concerns of AMR and willingness to wait on results.

**Conclusion:** Delayed antibiotic treatment is generally acceptable, although dependent on timeliness of results. Clinical services could work with pathology providers to reduce unnecessary treatment. Specific subpopulations require tailored public health messages on this issue.

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