

‘WE TAKE THE PISS’: INCREASING CHLAMYDIA TESTING UPTAKE DURING YOUTH WEEK IN SOUTH EASTERN SYDNEY LOCAL HEALTH DISTRICT.

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Background/Approach: The NSW Sexually Transmissible Infections (STI) Strategy 2016-2020, identifies young people aged 15–29 as a priority for programs aimed at reducing STI transmission and increasing screening rates; particularly for chlamydia.

In 2017, the HIV and Related Programs Unit, clinical services, peer-educators and youth services co-designed and delivered an innovative suite of tools which effectively engaged young people in chlamydia testing at Youth Week events in South Eastern Sydney Local Health District including events targeting “at-risk” youth.

Analysis/Argument: The NSW Health Play Safe website branded “Teen-Zone” was a highly visual, youth-friendly, sex-positive health promotion stall with humorous signs and “pee-pot” decorations. Key messages about STIs, safe sex, ease of testing and treatment were reinforced through signage, games/quizzes and conversations.

Outreach chlamydia testing was offered via a multifaceted, coordinated range of approaches, including by peer-educators, health workers, and through an innovative electronic brief intervention tool (BIT) structured to provide information to support decision-making. A prize incentive was offered to those who tested.

Outcomes/Results: Demand for testing exceeded clinical capacity. Fifty tests were performed compared to just six during Youth Week 2016.

The electronic BIT was effective, motivating 21 of 64 people (34.4%) to request chlamydia testing after completing it.

More males, 32/50 (64%) tested and 10% of those who tested identified as Aboriginal.

Reasons for testing refusal provided by people who declined will inform future interventions.

Conclusion/Applications: Co-designed, youth-friendly strategies effectively increased engagement and testing uptake. This can be replicated in various settings. Safe sex and STI testing norms were reinforced and stall activities addressed major barriers to sexual health service access.

The electronic BIT will be further developed and refusal reasons will inform work to reach those who have never screened.

Active youth participation and creative planning can generate supportive environments that enable young people to look after their sexual health.

Disclosure of Interest Statement: Nil interests to disclose