Oral or poster

CHLAMYDIA AND GONORRHOEA REINFECTION: INEQUITABLE OUTCOMES BY GENDER AND ETHNICITY

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AIM: To describe chlamydia and gonorrhoea retesting and reinfection rates, and to identify factors associated with retesting and repeat positivity.

METHODS: Retrospective cohort study analysing chlamydia and gonorrhoea testing data from the two laboratories providing community testing services for the Tairāwhiti, Hawkes Bay, Whanganui and Midcentral District Health Board (DHB) regions. Three years of data were obtained (2015-2017), with testing rates analysed over 2.5 years with a minimum of 6-months follow-up for all individuals. Rates of retesting and reinfection between 6-weeks and 6-months of a positive result were calculated and time to retesting plotted using Kaplan-Meier curves. Logistic regression modelling was used to determine the odds of retesting (outcome 1) and reinfection (outcome 2) between 6-weeks and 6-months of follow-up.

RESULTS: Overall, 34% of the cohort were retested during follow-up (3151/9241), of whom 21% retested positive. Significant differences were observed in the odds of retesting by gender, age-band, ethnic group, index test location and DHB region ($p<0.002$ for all factors). The odds of a subsequent positive on retesting within 6-months differed significantly by gender, age-band, and ethnic group ($p<0.01$).

DISCUSSION: This study highlights inadequate retesting rates, high reinfection rates and clear evidence of inequitable outcomes by gender and ethnicity. These findings are reflective of an ongoing failure to prioritise the delivery of quality sexual health care in New Zealand. System and provider level changes that are tailored to meet the needs of priority populations are urgently needed to improve partner notification and access to testing and retesting.