

Methods: Data were collected from female patients, ages 12–21 years, presenting to an urban adolescent clinic with a vaginal complaint requiring vaginal swab testing. Eligible patients were enrolled as a convenience sample from August 2012 to August 2013. Demographic data including age and sexual activity were obtained. Exclusion criteria included patients who douched or used other vaginal products within 72 hours of testing. All swabs were provider-collected. A clinical diagnosis of BV was made using Amsel Criteria, as interpreted by Adolescent Medicine specialists. Microbiology laboratory personnel ran BVBlue, performed Gram stains on vaginal fluid remnants and determined Nugent scores. The performance of BVBlue was compared to the Nugent score (gold standard), and Amsel Criteria. The IRB deemed this a quality improvement study and did not require written consent.

Results: 104 samples were collected and 100 used for final analysis. 4 samples were excluded due to insufficient data. Average age was 17.5 years; 93% of participants were sexually experienced. 61% patients (61/100) had a Nugent score consistent with BV (7–10). Of these, 38 were BVBlue positive and 23 were BVBlue negative, correlating with a sensitivity and specificity of 62% and 100% respectively and a positive predictive value of 100% compared to Nugent score. BV was diagnosed in 45 patients using Amsel Criteria; 35 were BVBlue positive and 10 were BVBlue negative, correlating with sensitivity of 78%, specificity of 95%, and a positive predictive value of 92% compared to the Amsel Criteria. Trichomonas and yeast were diagnosed by physician microscopy in 3/100 and 11/100 patients, respectively.

Conclusions: The OSOM BVBlue Test provides a straightforward and rapid means of diagnosing BV that is more feasible than a Nugent Score or the Amsel Criteria in many settings. The test was found to be highly specific. Sensitivity was low compared to the Nugent Score, but better when compared to the more commonly-used Amsel criteria. The OSOM BVBlue Test may be utilized to diagnose BV in an adolescent/young adult population when microscopy is not practical.

Sources of Support: Sekisui Diagnostics provided test kits.

94.

TALK WITH TIFF: TEENS' INQUIRIES TO A SEXUAL HEALTH WEBSITE

Peggy B. Smith, PhD, Ruth Buzi, PhD.

Baylor College of Medicine Teen Health Clinic.

Purpose: Because of its availability, anonymity, and low cost of access, the Internet is an increasingly common way for adolescents to find information about sensitive issues. Sexual health website question portals are an important way for adolescents to seek personalized information tailored to their individualized needs. Few studies have examined the content within anonymous emails sent to these question portals. The purpose of this qualitative evaluation was to analyze thematic content of anonymous emails sent through a question portal on a comprehensive sexual health clinic website for an adolescent family planning clinic in a large city in the southwest United States.

Methods: Between August 2009 and June 2012, the email server received questions from 484 individuals who were seeking sexual health-related information. A content analysis was utilized to identify recurrent themes in the questions submitted.

Results: The most common questions among users pertained to cost of sexual health services, sexually transmitted infections

testing, birth control, and general health issues. Some of the questions indicated users were worried about service costs, insurance requirements, and the need for parental consent. Questions regarding detailed personal health problems evidenced a limited understanding of sexual risk and the negative health outcomes associated with sexual behavior. The questions also revealed that adolescents hold many misconceptions regarding sexual health.

Conclusions: The findings support the usefulness of online question portals as effective venues for teens to quickly and anonymously obtain accurate information on sensitive issues.

Sources of Support: Spirit Golf Association.

95.

PATTERNS AND DISPARITIES IN SEXUAL HEALTH SERVICE UTILIZATION AMONG ADOLESCENT MALES: A REPORT FROM A NATIONAL TEEN PREGNANCY PREVENTION INITIATIVE

Rachel Hallum-Montes, PhD, Marvin Aliaga, MA,

Dawn Middleton, BS.

CAI Global.

Purpose: Male adolescents have higher rates of risky sexual behaviors compared to females, including earlier age of first sexual intercourse, higher rates of sexual experience, unprotected intercourse, and sex while high on drugs and/or alcohol. However, compared to females, male adolescents are less likely to receive routine primary care, disease screenings, sexual health counseling, and pregnancy prevention service. Although gender disparities in sexual and reproductive healthcare (SRH) have been well documented, there has been little research on racial/ethnic disparities in adolescent male utilization of SRH services. The current report aims to address this gap in research using data from a national initiative to reduce teen pregnancy in communities with the highest rates.

Methods: Health center data was collected in 2011 for 59 health centers via a Clinical Partner Needs Assessment (CPNA). CPNA data included information describing health center practice setting, number of unduplicated adolescents clients, and utilization of SRH services by adolescent clients, stratified by age, gender, race and ethnicity. Basic descriptive statistics were calculated on the proportion of adolescent male SRH visits, and disaggregated by age, race, and ethnicity. Patterns in utilization of services were compared across age, race, and ethnic categories to identify disparities. All data was analyzed using Stata statistical analytic software.

Results: Out of the 59 partner health centers, only 37 (63%) reported valid data. Collectively, these 37 health centers reported serving 27,683 adolescent clients, of which 19,917 (72%) were female and 7,766 (28%) were male. Among all the male client-visits, 19.9% were SRH visits whereas among all the female client-visits, 55.3% were SRH visits. The proportion of adolescent males accessing SRH care services varies considerably across race/ethnic groups. Hispanic males have the lowest proportion of SRH visits compared to the other racial/ethnic groups (6.7%). In contrast, black males have the highest proportion of SRH visits (39.3%). The frequency of visits per client varies substantially among racial/ethnic groups as well. On average, Hispanic male adolescents have the highest frequency of visit per client (2.4) whereas black males have the lowest frequency of visits per client (1.7).

Conclusions: Analysis of data point to persistent disparities in access of SRH utilization for adolescent clients, with adolescent males significantly less likely to access SRH services as compared to their female peers. Among adolescent males, black males have the