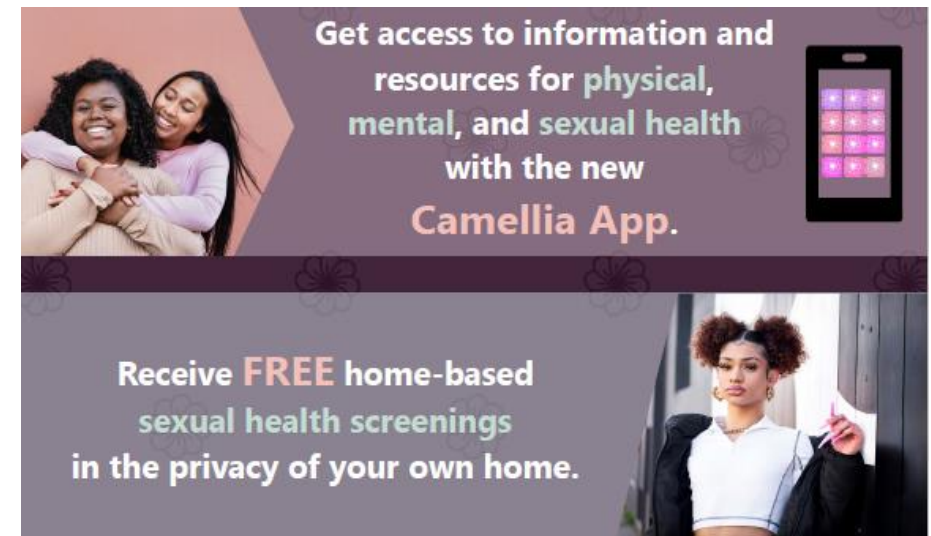


Camellia Cohort: A Light-Touch Digital Cohort Enrolling Women with Recent Curable STI in the US Deep South

Latesha E. Elope, Kathleen Hurwitz, Kara Bennett, Nuwan Rathnayaka, Anthony Merriweather, Tammi Thomas, Bernadette Johnson, Madeline C Pratt, Caroline Deaterly, Lisa Hightow-Weidman, Henna Budhwani, Aadia I Rana, **Lynn T. Matthews**



**CAMELLIA
COHORT**



This study is a partnership between
The University of Alabama at Birmingham®
& Alabama Department of Public Health.

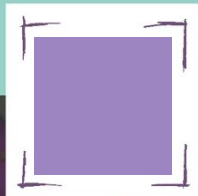


**Impact women's health
in Alabama!**

Receive **FREE** health screening tests
mailed to your home.

You can earn up to **\$1,260** by
participating in Camellia Cohort.

Learn More 

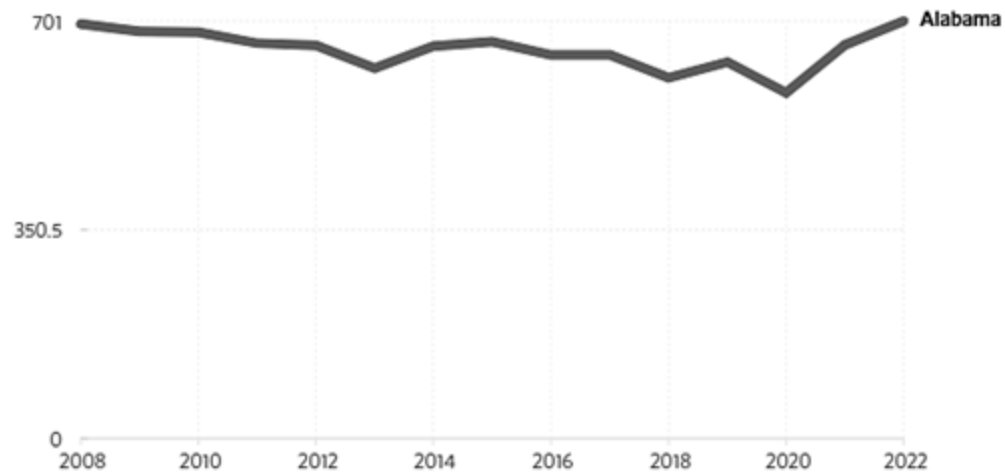


Disclosures

- Lynn Matthews – No financial disclosures
- Latesha Elope – Grant funding from Merck

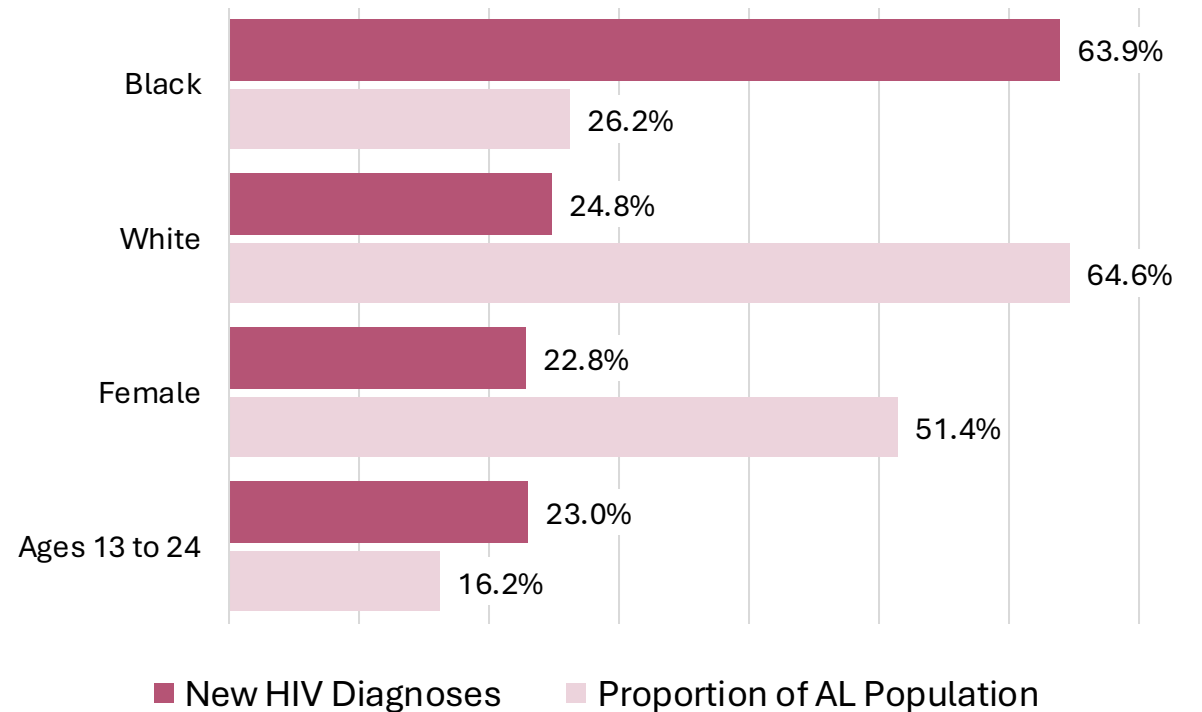
HIV Disparities in Alabama

NEW DIAGNOSES CASES, 2008-2022



Due to the COVID-19 pandemic, data from 2020 and 2021 should be interpreted with caution.

Race, Sex, and Age Disparities in Alabama



Camellia Cohort: 18-50 yo women in Alabama with recent syphilis or gonorrhea diagnosis



Latesha Elopore,
MD, MSPH (MPI)
UAB



Lynn Matthews,
MD, MPH (MPI)
UAB



Aadia Rana, MD
UAB



Kathleen
Hurwitz, ScD
TargetRWE



Henna Budhwani,
PhD, MPH
FSU



Lisa Hightow-
Weidman, MD,
MPH, FSU



Anthony
Merriweather,
MSPH, ADPH

Aim 1

Refine Health
Mpowerment
app with CAB



Aim 2

Enroll cohort
Evaluate
retention, home-
based STI/HIV
testing and
acceptability of
HMP features

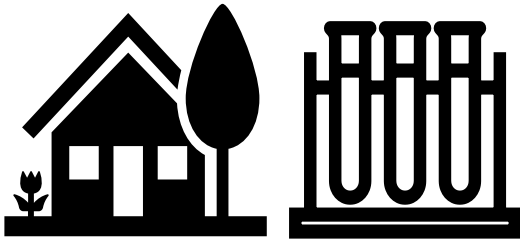
Aim 3

Evaluate
predictors,
mediators and
moderators of a)
STI/HIV
incidence
b) PrEP use

Camellia Cohort Enrollment

STI Home Testing Kits

imawareTM



Free
Confidential
Convenient

Study Management

Track surveys & incentives



Activities

Reinforce Sexual Health Tools



Medication and Health Tracker

Track Medication adherence and sexual and drug use behaviors

Resources

Tailored multi-media connect for HIV prevention and Healthy Living



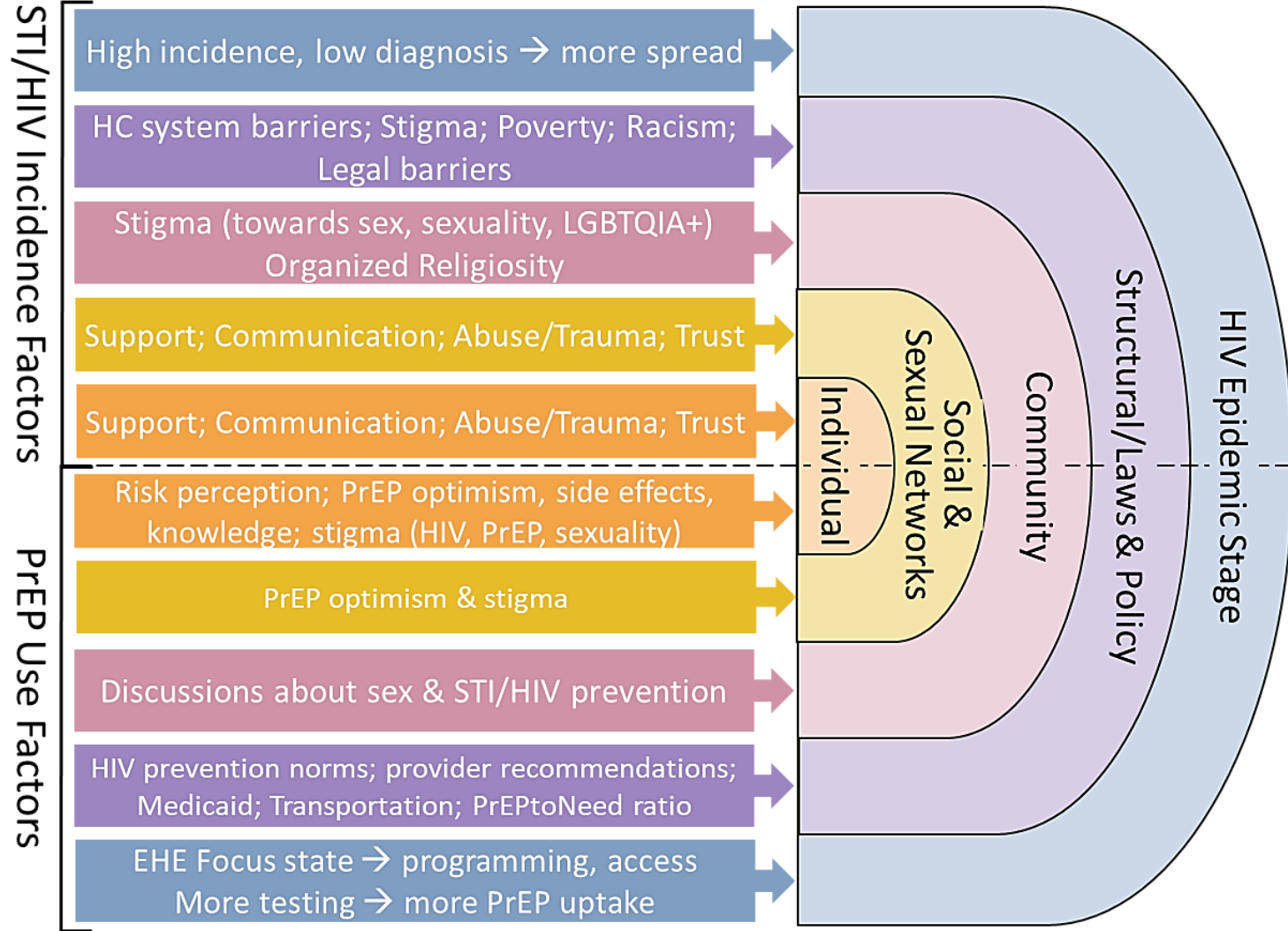
Ask the Expert

Get Real Time Answers to Everyday Sexual Health Questions



See Abstract # 196 (Pratt)





Camellia Cohort Modified Social Ecological Model

Camellia Cohort Sampling Strategy

- Recruitment
 - Commercial & state STI/HIV Testing data
 - Women aged 18-50 years with a recent (past 3 months) diagnosis of GC or syphilis
- Sampling strategy
 - Allocated across AL's 8 Public Health Districts
 - HIV incidence data
 - Zip Code Tabulation Areas (ZCTAs) – categorized by HIV testing coverage and rurality

Census Data (public)

EHARS Data (ADPH, all HIV testing data)

HIV/STI Testing

Quest & Labcorp Commercial Data (UAB CFAR, 2013-2025)

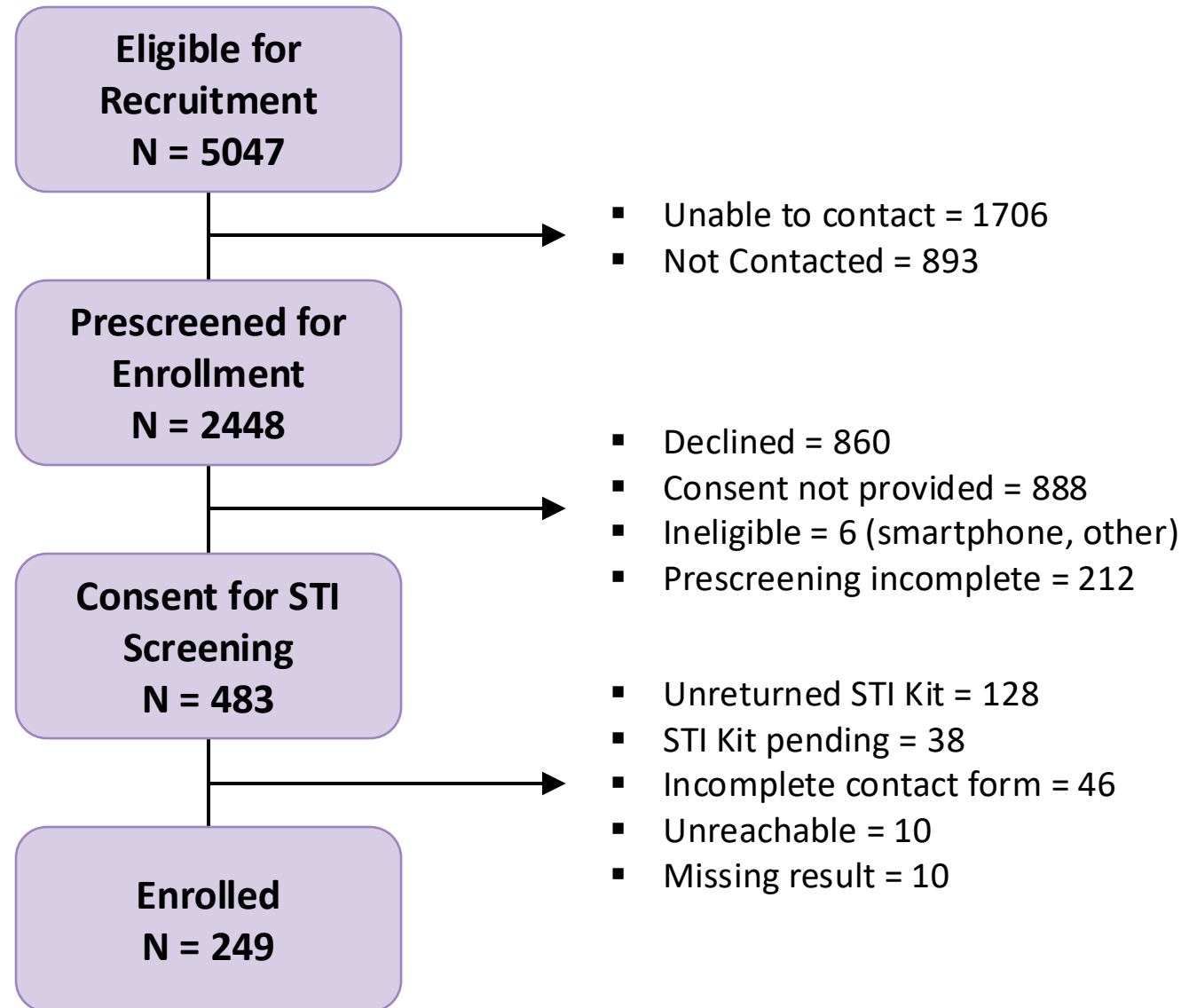


The University of Alabama at Birmingham®



Enrollment Flow

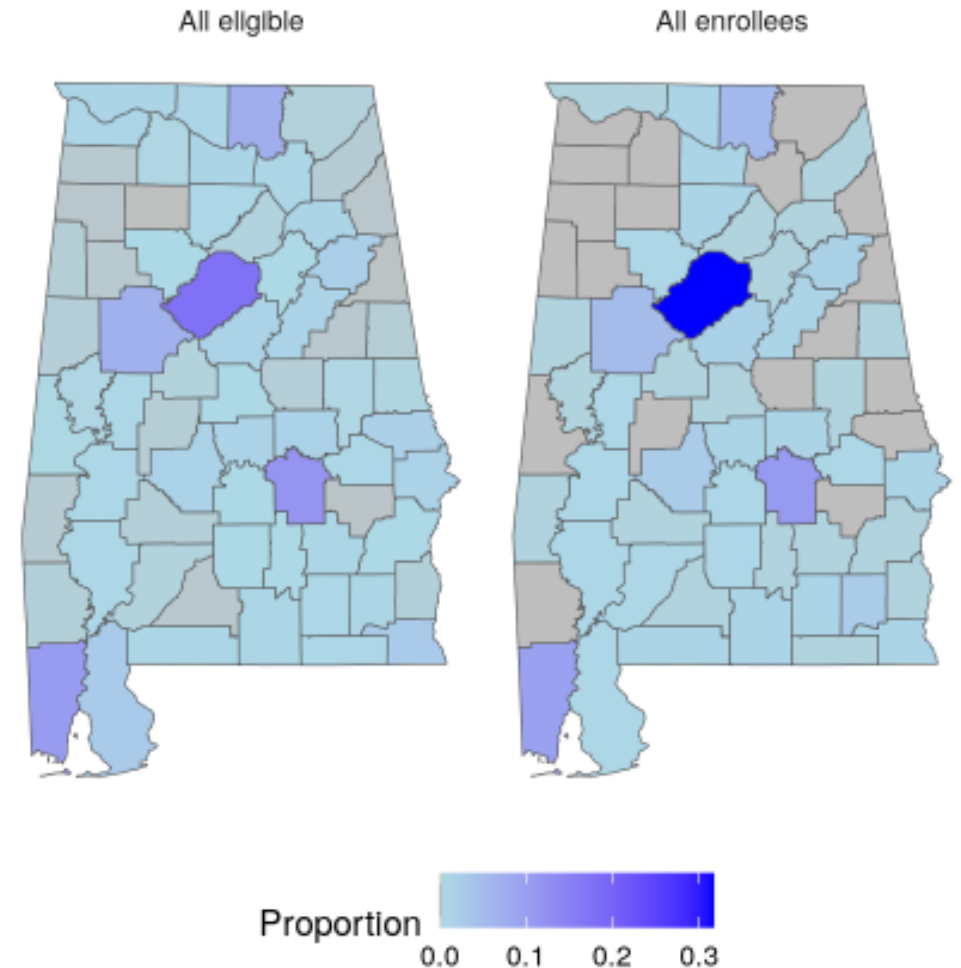
through end of April 2025



Camellia Cohort characteristics

Enrolled Participants	N = 249
Age	27 (IQR 22, 32)
Race/Ethnicity	
Black	193 (78%)
White	40 (16%)
Other	16 (6 %)
Sexual Orientation	
Heterosexual	148 (59%)
Asexual	25 (10%)
Bisexual/Gay/Other	74 (31%)
Education	
HS or less	141 (57%)
Some College	86 (35%)
BS or higher	22 (9%)
Insurance Type	
Commercial	64 (26%)
Medicare	7 (3%)
Medicaid	114 (46%)

Distribution of participants among Alabama counties



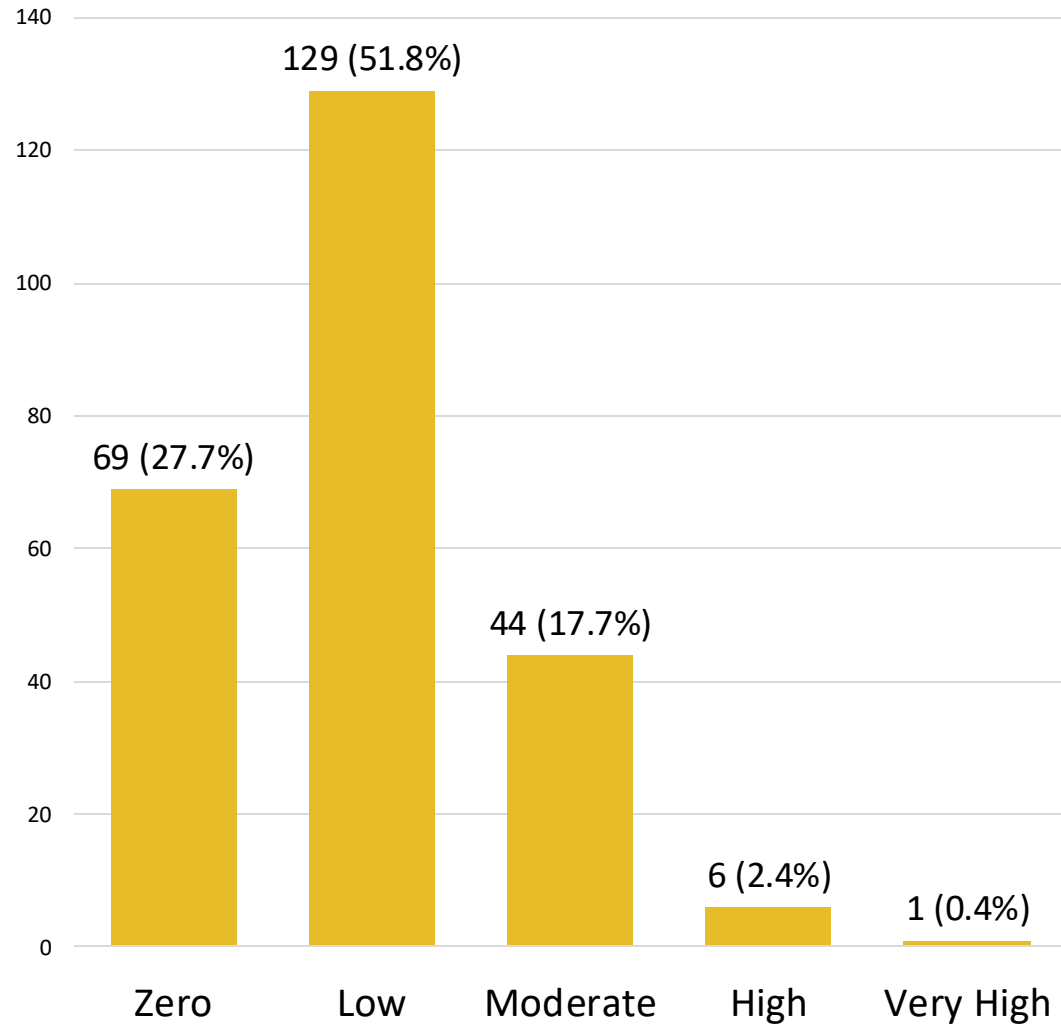
* As of end April 2025

Camellia Cohort Characteristics

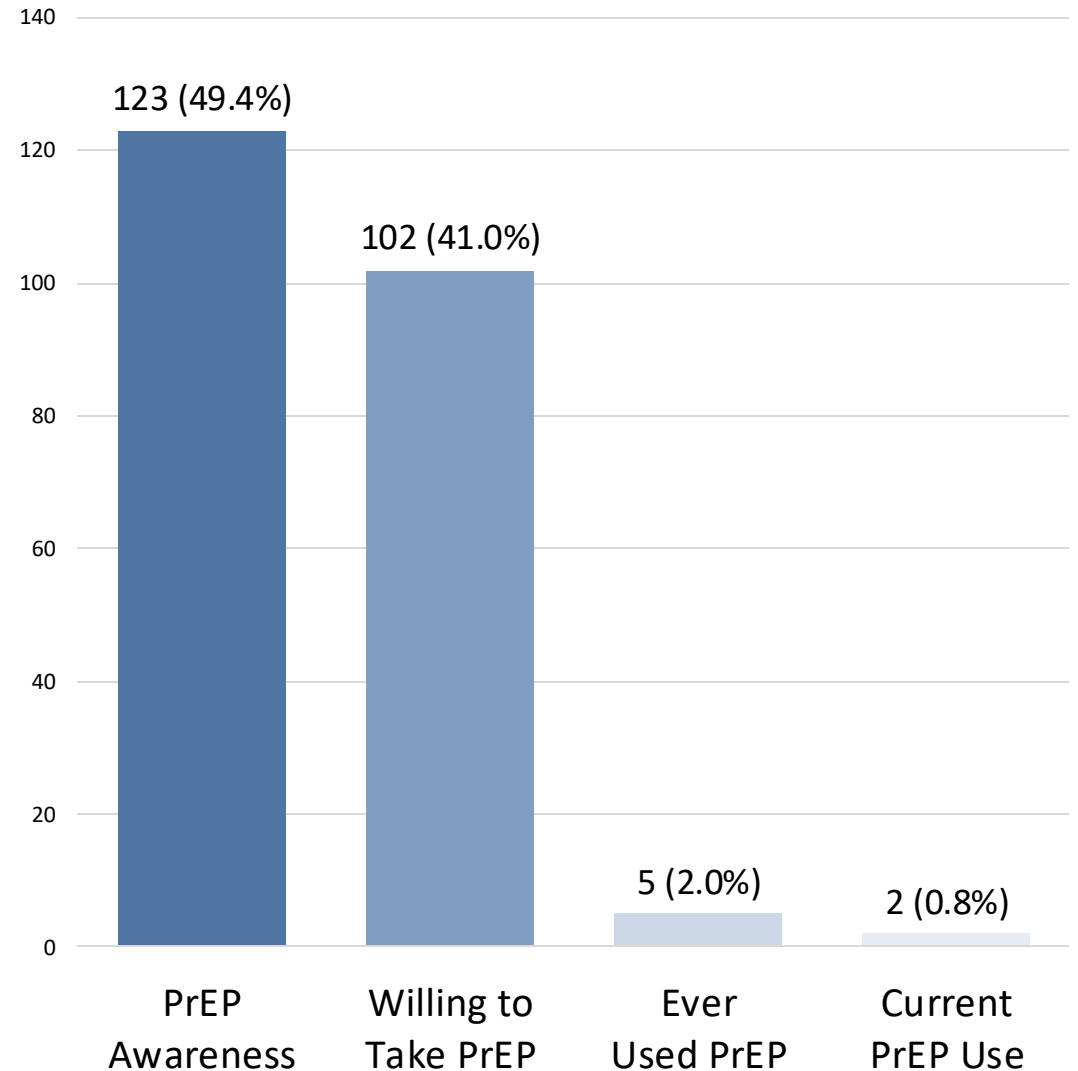
Enrolled Participants	N = 249
Eligibility STI (3 mos prior to enrollment) Gonorrhea Syphilis	195 (78%) 52 (21%)
# Vaginal Partners (6 mos) 1 2-3 ≥4 Not Applicable	124 (50%) 84 (34%) 24 (10%) 17 (7%)
Anal sex (6 mos)	29 (11%)
Condom Use (6 mos) Never	76 (31%)
Alcohol Consumption in a Typical Day 0 1 or 2 3 or more Prefer not to answer	73 (29%) 143 (57%) 26 (11%) 7 (3%)
Substance Use (Ever) Cannabis Hallucinogens/inhalants Cocaine Methamphetamines Injection Drug Use Opioids Other	153 (61%) 143 (57%) 24 (10%) 20 (8%) 18 (7%) 14 (6%) 5 (2%) 7 (3%)

Camellia Cohort Risk Perception and PrEP Utilization, N=249

I think my chances of getting HIV are...



PrEP Utilization Cascade



Conclusions

Big data and public health infrastructure can be leveraged to reach populations with indications for HIV prevention

Enrollment is ongoing, DBS for PrEP and alcohol use, interviews

Utilizing a weighted sampling strategy, prioritizing rurality and HIV incidence, led to a geographically diverse cohort

Among women with recent bacterial STIs and social vulnerability, risk perception and PrEP use are strikingly low



Thank You



Latesha Eloppe (MPI)
Aadia Rana (Col)
Madeline Pratt (PM)

Tammi Thomas
Bernadette Johnson
Caroline Deaterly
Desiree Phillips
David White
Jamie White



Kathleen Hurwitz (Col)
Kara Bennett
Nuvan Rathnayaka



Anthony Merriweather

Special thanks to:

Our cohort
participants
CAB Members



Lisa Hightow-Weidman
Henna Budhwani

Funders: NICHD-R01 HD110097, MPI Matthews, Eloppe