

in the absence of a bimanual examination, vaginal discharge; or (3) in the absence of vaginal discharge in women aged <35 years, intermenstrual bleeding or dyspareunia or a history of STI or PID in the past 12 months. We review adherence to these guidelines in remote primary healthcare centres.

Methods We conducted a review of medical records of Aboriginal women aged 14–34 years attending five primary healthcare centres in areas with high STI prevalence. Any clinical presentation during 2007–2008 with documented lower abdominal pain after the exclusion of other causes was included. We ascertained if the recommended investigations, diagnosis and treatment were documented, according to the guidelines.

Results Of the 741 medical records reviewed, there were 224 presentations with lower abdominal pain in 119 women (16%). Of these, a bimanual examination was undertaken in 15 presentations and either cervical excitation, adnexal or uterine tenderness was recorded in eight (Level 1). History taking for vaginal discharge was documented in 59 presentations (26%), and vaginal discharge recorded in 16 (Level 2). History taking for intermenstrual bleeding or dyspareunia was documented in 27 (12%) and 17 (8%) presentations, respectively and recorded in 10 and 3 presentations, respectively (Level 3). From the available records, at least 78 presentations had evidence of a positive STI or PID in the previous year (Level 3). Overall, a PID diagnosis was documented by the remote practitioner in 35 (16%) of the 224 presentations and none had the recommended treatment regime documented.

Conclusion These results show that most Aboriginal women in remote Central Australia presenting with lower abdominal pain are having inadequate investigations for PID. When a PID diagnosis is made treatment is often inappropriate. Efforts are currently being made to develop electronic diagnosis and management pathways to improve adherence to clinical guidelines.

Epidemiology poster session 2: Population: Prisoners

P1-S2.71 SEXUALLY TRANSMITTED INFECTIONS IN MEXICO-CITY'S PENITENTIARY CENTERS: THE PONTE A PRUEBA: PUT YOURSELF TO THE TEST "STUDY"

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Background Social and behavioural risk factors, as well as the conditions within penitentiary centers, place incarcerated people at high risk for infectious diseases. Few data exist for penitentiary health in Latin America and even fewer outside the context of small sample size studies, usually focused on a single one disease or infection. Our study aimed to probe Mexico City's inmates' health status and relevant, associated Behaviours with focus on HIV and other sexually transmitted infections (STI).

Methods A cross-sectional health survey was implemented in three penitentiary centers for male and two for female detainees, between May and September 2010. All inmates were offered voluntary HIV, Hepatitis C (HCV), Hepatitis B (HBV) and Syphilis tests, along with screening for metabolic disorders. Informed consent and usable blood samples were obtained from 78% of males (15 835/20 688) and 92% of females (1757/ 1914). A random sample of participants answered a risk-factor questionnaire. The institutional review board (IRB) at Mexico's National Institute of Public Health approved study methods. Data analysis was performed using SPSS 16.

Results HIV prevalence was 0.7%, irregardless of sex. For HCV, we found 3.3% and 2.7% for men and women, respectively. HBV antibodies were found in 3.0% of men (of which 5% had positive surface antigen (sAg+)) and 3.2% of women (of which 9% of had sAg+). Of men, 3.6% had antitreponemic antibodies for syphilis (half of these were untreated). Among women 8.8% ever had syphilis, just over a third of these (36%) untreated. Lifetime marijuana use was 48.7% and 29.6% for men and women, respectively; 38.44% and 27.4% ever used cocaine; 5.2% and 3.5% ever injected drugs; 2.2 and 1.1 ever used heroine; 32.9% of men and 25.7% of women reported sex in prison, 75% of both genders declared unprotected last coitus.

Conclusion Despite the challenges in penitentiary centers of middle-income countries, ethical testing for HIV and STIs proved feasible and acceptable. All diagnosed individuals are now receiving the follow-up or treatment they need. HIV and other STI rates were low compared with prisons in other countries but higher than the general population in Mexico. Our study provides baseline data which can be used to design and evaluate prevention strategies within the prison system.

P1-S2.72 PREDICTORS OF HSV-2 SEROPREVALENCE AND WILLINGNESS TO ACCEPT A PRESCRIPTION FOR SUPPRESSIVE THERAPY AMONG RECENTLY INCARCERATED WOMEN

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Background HSV-2 seropositivity has direct links with one's increased risk for HIV acquisition. Given that increases in HIV incidence are highest among women of colour in the USA, they may benefit from HSV-2 control efforts. We evaluated the acceptability of a community-based HSV-2 screening program for women in the justice system and assessed factors related to HSV-2 positivity and willingness to accept a prescription for suppressive therapy.

Methods As part of a larger randomised controlled trial, recently arrested women were recruited from a community court handling lower-level misdemeanour cases, including prostitution, in a large Midwestern city. Individuals completed an interviewer administered survey assessing factors related to HSV-2 screening intentions and were offered no-cost of point-of-care HSV-2 testing. Individuals screening positive were offered low-cost (\$4) suppressive therapy.

Results Participants included 136 women, 18–62 years old (median=31) with reported ethnicities of White (51%), Black (43%) and other (6%). Most (51%) had less than a high school education, were unemployed (68%) and 28% were currently facing prostitution charges. The majority (64%) of participants accepted testing and 60% tested HSV-2 seropositive. Factors associated with an infection included age (OR=1.09; 95% CI 1.03 to 1.16), Black race (OR=50.06; 95% CI 1.70 to 1472.14), lower educational attainment (OR=5.86; 95% CI 1.13 to 30.37), current genital symptoms (OR=6.5; 95% CI 1.25 to 34.17), and lifetime number of sexual partners (OR=102.33; 95% CI 6.62 to 1581.73). Being recently arrested for prostitution was not associated with an HSV-2 diagnosis. The majority of women testing positive (84.6%) accepted a prescription for suppressive therapy.

Conclusion We detected very high rates of HSV-2 among recently incarcerated women, especially among Black women. Nearly all women who tested positive accepted a prescription for Acyclovir, indicating they were interested in suppressive therapy which could provide some benefit in preventing HIV acquisition. These results highlight how non-traditional public health partnerships, like academic-judicial system collaborations, provide an opportunity for STD control programs to intervene with high-risk individuals.