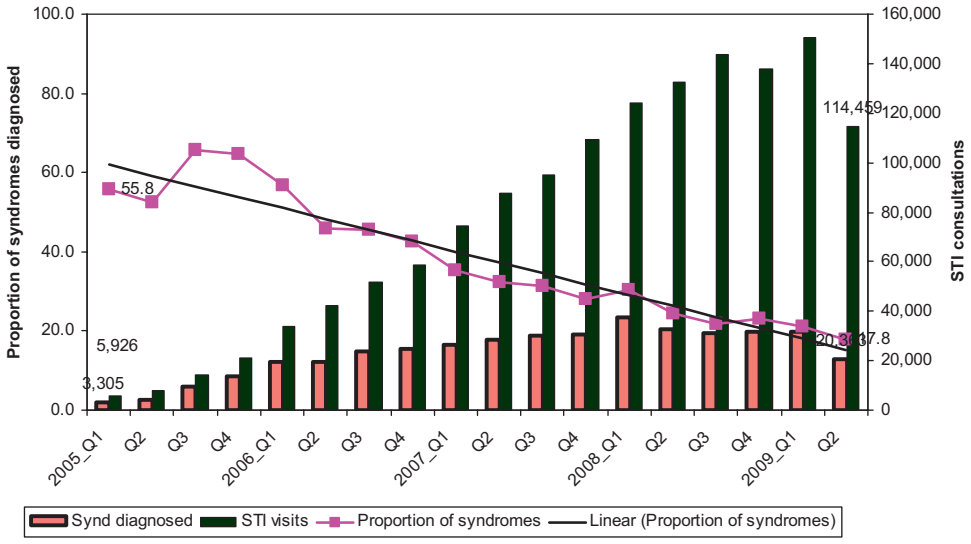


Abstract P5-S3.03 Figure 1 Decreasing trends of STI syndromes in the Avahan clinics Jan 2005 to June 2009.

clinics within 2 days of the onset of STI-related symptoms and acceptability of speculum and proctoscope examination increased significantly (p<0.001) see Abstract P5-S3.03 figure 1.

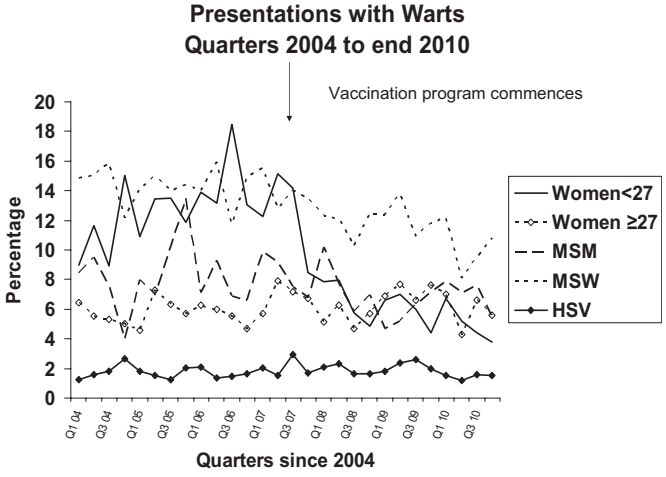
Conclusions The project demonstrated that acceptable and accessible services with marginalised and often difficult-to-reach populations can be brought to a very large scale using standardised approaches. The paper presents the utilisation of these services, improved health seeking behaviour and reduced STI syndromes among the HRG.

P5-S3.04 CONTINUED DECLINE IN GENITAL WARTS 3 YEARS AFTER INTRODUCTION OF QUADRIVALENT HUMAN PAPILLOMAVIRUS (HPV) VACCINATION PROGRAM

doi:10.1136/sextrans-2011-050108.540

[1]T Read, [1]J Hocking, [1]L Gurrin, [2]M Chen, [3]B Donovan, [2]C Bradshaw, [1]C Fairley. [1]*University of Melbourne, Carlton, Australia;* [2]*Alfred Hospital, Australia;* [3]*University of New South Wales, Australia*

Background Vaccination of girls and young women aged 12–26, for HPV genotypes 6, 11, 16 and 18, commenced in Australia in 2007. Vaccine uptake is estimated to be 70%.



Abstract P5-S3.04 Figure 1 Presentations with Warts Quarters 2004 to end 2010.

Methods Diagnoses for all new patients were recorded and the proportion of patients diagnosed with warts was calculated for exclusively homosexual (MSM) and heterosexual men (MSW) and, for women according to their eligibility for vaccination. Women aged ≥27 years in 2007 were too old for the vaccine program. Changes in these proportions are reported from 2004 to the end of 2010 (to be updated to 30 June 2011).

Results 53 088 new patients were seen from 2004 to the end of 2010 and 5191 were diagnosed with warts. The proportion of patients diagnosed with warts fell from 11.2% (95% CI 9.8 to 12.8%) in the third quarter of 2007 to 7.3% (95% CI 6.2 to 8.4%) in the final quarter of 2010. Women aged <27 years in 2007 experienced the greatest quarterly reduction (OR per quarter (OR) 0.93, p<0.001) to a proportion of 3.8% seen with warts in the 4th quarter of 2010. There was no significant change in women ≥27 years (OR 1.0, p=0.9) or in homosexual men (OR 0.99, p=0.54) and a small reduction in heterosexual men (OR 0.98, p=0.005). The proportion of younger women diagnosed with warts is continuing to fall, compared to other groups and to the proportions diagnosed with first episode genital herpes (Abstract P5-S3.04 figure 1).

Conclusions The substantial decline in genital warts continues in young Australian women, 3 years after the roll-out of the HPV vaccination program. Heterosexual men are experiencing a smaller, but significant decline.

P5-S3.05 A CLINICAL PRACTICE INTERVENTION TO INCREASE CHLAMYDIAL SCREENING: SUSTAINING THE GAIN AND TRANSLATING INTO PRACTICE 4 YEARS LATER

doi:10.1136/sextrans-2011-050108.541

K Tebb, M A Shafer. *University of California, San Francisco, USA*

Background *Chlamydia trachomatis* (CT) continues to be a major public health problem among sexually active adolescent and young adult females. Although annual CT screening is recommended, actual rates remain low. System-based interventions are an effective approach to improve clinical practice including CT screening.

Objective There are two objectives: (1) To describe the sustainability of a systems-based, clinical practice improvement intervention to increase urine-based CT screening among adolescent girls (14–18 years old) during routine check-ups in a paediatric clinic setting (2) To describe and evaluate the translation of this intervention into control clinics.

Sex Transm Infect: first published as 10.1136/sextrans-2011-050108.540 on 10 July 2011. Downloaded from http://sti.bmj.com/ on April 18, 2024 by guest. Protected by copyright.