Conclusions Routine prenatal syphilis screening has identified 14/48 women who required PCN treatment, all of whom received PCN prior to delivery with only 1 woman experiencing a possible adverse event. The only congenital case occurred in a mother with no prenatal care, suggesting a need for a strategy to identify marginalised women with syphilis early in pregnancy. Although the average time to contact these patients was short, the time to administration of 1st dose of PCN was longer, reflecting the need to educate women about the importance of prompt and complete therapy in preventing congenital syphilis.

P1-S6.10 ACCEPTABILITY OF ANAL PAP SELF-SCREENING IN HIGH-RISK WOMEN: FINDINGS FROM ENGLISH AND SPANISH FOCUS GROUPS IN NORTHERN CALIFORNIA

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[1]C McNeil, [2]C Piñera, [1]Y Maldonado, [3]V Levy. *[1]Stanford University, Stanford, USA; [2]Hospital González Cortez, Universidad de Chile, Santiago, Chile; [3]San Mateo County Health System, San Mateo, USA*

Background HPV has a causative role in anogenital malignancies. During 2003–2007, the rate of anal cancer for women of all races in California was 2.2/100 000 compared to a national rate of 1.8/100 000. There are no national screening measures for preventing anal cancer, a rare disease that affects more women than men annually. Screening approaches have mainly been studied in men. In preparing for an anal cancer self-screening pilot study in high-risk women, we conducted focus groups in English and Spanish to assess HPV knowledge and acceptability and comprehension of anal Pap instruction materials. Qualitative data regarding acceptability and feasibility of anal pap screening in women have not previously been reported.
Methods Women who were biological females >18 years of age and fluent and literate in English or Spanish were recruited from a public HIV or STD clinic for participation in focus groups conducted by two English and Spanish speaking moderators. Participants were asked a structured list of open ended questions on HPV knowledge, and the acceptability of study forms including an illustrated anal PAP instruction sheet. Qualitative data was collected and reviewed for common themes and emphasis.
Results Two focus groups included 6 English speaking (ES) women and 8 Spanish speaking (SS) women. Knowledge gaps identified for SS women included: basic anatomical terms, HPV can infect both women and men, HPV is a STI, HPV can cause cancer, and the existence of a preventive HPV vaccine. Stigma was identified as an issue associated with STI education for SS women only. Shared knowledge gaps for ES and SS women included: asymptomatic nature of HPV, symptoms potentially caused by HPV, and that warts can turn into cancer. Both groups agreed public health HPV campaigns should target both men and women. Whereas ES women encouraged a more media based approach to HPV education, SS women commented current campaigns are too vague and emphasised a more personal, interactive approach to HPV education in public venues. Self-sampling was viewed positively by participants, along with self-sampling instructions; some modifications to collection materials were suggested.
Conclusions Focus groups revealed significant knowledge gaps in HPV associated malignancies and cancer screening in high-risk females. Anal PAP self-screening appears to be an acceptable approach; however, the large scale implementation of such strategies may require targeted educational campaigns particularly in underserved communities.

P1-S6.11 PREVENTION OF MOTHER TO CHILD TRANSMISSION OF HIV (PMTCT) PROGRAM IN BURKINA FASO: HOW HIGH IS THE COVERAGE OF VOLUNTARY COUNSELLING AND HIV TESTING (VCT) SERVICES WITHIN A CLINICAL TRIAL SUPPORTING ENVIRONMENT?

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[1]H A Traore, [1]E Some, [1]N Meda, [2]N Nagot, [2]P Van De Perre. *[1]ANRS/Burkina Faso, Ouagadougou, Burkina Faso; [2]INSERM U 1058/France*

Background Since 2003, Burkina Faso has set up a national PMTCT program. Programme monitoring 2009 annual report showed high health districts and facilities coverage. But at beneficiaries' level, how many women and children in need of PMTCT interventions have really access? The objective of our study was to measure the uptake of VCT with a comprehensive set of data collected in the recruitment process in a clinical trial evaluating postnatal chemoprophylaxis to reduce MTCT.
Methods We carried out a cross-sectional study from 1 January 2010to 31 December 2010 in 26 out of 35 PMTCT sites in five health districts in Ouagadougou city. Weekly data collection in PMTCT registers and semi-structured interviews with the personals in charge of MCH departments.
Results Among the 44 484 new recorded Antenatal care (ANC) attendees, 37 539 received HIV counselling and 37 489 were tested for HIV (results returned immediately), an acceptance rate of 99, 86%. 6,945 new ANC did not profit from the HIV counselling equalling 15.61% of the participant population. This miss opportunity for VCT was related to test supplies out of stock (78%), lack of VCT offer due to opt in strategy still in place in many facilities (17%) and structural problems (no trained staff, lack of infrastructures) in the remaining cases.
Conclusion Our results underline the overall good performance of the PMTCT program in the context of a clinical trial facilitating environment. However, a better organization of the supply procurement would allow improving VCT coverage rate. With this high coverage of VCT in research context, we can assume that the low VCT coverage at program (75%) level is mainly due to health-care system problem.

P1-S6.12 THE CONTRIBUTION OF A CHLAMYDIA SCREENING PROGRAMME TO TESTING AND CASE-FINDING IN ADDITION TO REGULAR STI-CARE IN THREE REGIONS OF THE NETHERLANDS

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[1]I V F van den Broek, [2]H M Götz, [3]E E H G Brouwers, [4]H S A Fennema, [3]C J P A Hoebe, [4]R H Koekenbier, [5]L L Pars, [2]S M van Raveseijn, [6]E L M Op de Coul, [5]J E A M van Bergen. *[1]Centre for Infectious Disease Control, National Institute of Public Health and the Environment, Bilthoven, Netherlands; [2]Division of Infectious Disease Control, Rotterdam Rijnmond Public Health Service, Rotterdam, Netherlands; [3]Department of Infectious Diseases, South Limburg Public Health Service, Geleen, Netherlands; [4]Cluster of Infectious Diseases, Department of Research, Online Research and Prevention Unit, Amsterdam Health Service, Amsterdam, Netherlands; [5]STI AIDS Netherlands, Amsterdam, Netherlands; [6]Epidemiology & Surveillance Unit, Centre for Infectious Disease Control, National Institute of Public Health and the Environment, Bilthoven, Netherlands*

Background The impact of a Chlamydia screening programme can be measured by the incremental amount of Chlamydia tests performed and cases detected as compared to the throughput in regular care. In the Netherlands, regular STI care is provided by specialised STI-centres (aimed at high-risk groups) and General Practitioners (GP's, basic opportunistic screening and care for

symptomatic cases). An annual register-based Chlamydia screening programme is implemented in three regions since 2008.
Methods The number of persons tested and cases detected in the Chlamydia Screening among 16–29 year olds in Amsterdam, Rotterdam and South Limburg, 2008–2010, were compared to consultations and diagnoses in this age group reported in surveillance data from STI centres in the regions and estimates of STI care in general practices in these regions, 2007–2010. Round 3 data are based on the first 6 months of the year.
Results The baseline testing rates (at STI centers and by GP's in year pre-screening) were 10% in Rotterdam, 13% in Amsterdam and 6% in South-Limburg. CSI increased testing rates steeply in the first year to 26–30% in the cities and 17% in Limburg; this decreased to 20–21% and 13% in round 3, still doubling testing rates as compared to baseline. Positivity rates at regular STI-care facilities are higher than in CSI: 12–15% in regular care vs 4–5% in CSI; therefore the addition of CSI to case-finding in the three regions was lower than that to testing: the screening programme added about 41% on top of the cases found in regular care in round 1, but this decreased to 20% in round 3 due to lower participation and positivity rates in consecutive rounds.
Conclusions By comparison to regular testing at STI centers and in general practice, the Chlamydia Screening had a major contribution towards the number of young people tested for Chlamydia in the three regions. The addition towards case-finding was lower, because the case-detection rate of the screening programme was lower than that in regular care. The Screening programme did not seem to affect the number of patients seen in regular care, but double "consumers" cannot be excluded.

P1-S6.13 A NEW APPROACH TO ENCOURAGE HIV TESTING IN HIGH-RISK POPULATIONS AT THE CLINIQUE L'ACTUEL

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R Thomas, N Machouf, B Trottier, S Vezina, R O'Brien, M Milne, S Lavoie, D Longpré, E Huchet, V K Nguyen. *Clinique médicale l'Actuel, Montreal, Canada*

Background In Québec it is estimated that 1/3 of those infected do not know their HIV status, that HIV is diagnosed late in 41%, and that sex during primary infection is an important driver of the epidemic. In late 2008 Clinique l'Actuel launched a testing campaign tailored to MSM in Montréal using free rapid tests with the goal of increasing early diagnosis of HIV. In this study we evaluated the feasibility of and potential impact of facilitated access to rapid HIV-testing.
Methods Rapid HIV-tests offered through dedicated clinics were widely advertised in Montréal's MSM community. Patients calling for testing deemed at high risk were given appointments within 2 weeks, where they filled out a short questionnaire, received medical consultation routine STI screening, pre- and post-test counselling and their HIV test results within the hour. Ongoing support, care, and treatment were offered to those testing positive.
Results Over 9 months 2500 received HIV testing. 98% were men and median age was 34 (IQR=26–41). Of these patients, 42% were new to the clinic, 10% had never been tested previously, and 29% had not been tested within the past 2 years. 93% reported they were more likely to undergo repeat screening because of rapid testing. 2% were found to be HIV positive. Of these, 60% cited the rapid test as the primary reason for undergoing screening. 33% of those testing positive were in primary infection, as compared to 18% the previous year at Clinique l'Actuel (p=0.062) and 11% in Québec.
Conclusion Facilitated access to rapid HIV testing can increase uptake in high-risk patients. This may increase early HIV diagnosis and intervention to decrease transmission.

Epidemiology poster session 6: Preventive intervention: Screening: testing

P1-S6.14 INTERVENTIONS TO INCREASE RE-TESTING FOR REPEAT CHLAMYDIAL INFECTION: A SYSTEMATIC REVIEW AND META-ANALYSIS

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[1]H Ali, [1]R Guy, [2]N Low, [3]H Bauer, [4]J Walker, [5]J Klausner, [1]B Donovan, [1]J Kaldor, [4]J Hocking. *[1]National Centre in HIV Epidemiology and Clinical Research, Sydney, Australia; [2]Division of Clinical Epidemiology and Biostatistics, Institute of Social and Preventive Medicine, University of Bern, Bern, Switzerland; [3]Program Development and Evaluation, STD Control Branch, California Department of Public Health, USA; [4]Centre for Women's Health, Gender and Society, Melbourne School of Population Health, University of Melbourne, Australia; [5]Department of Medicine, University of California, USA*

Background Repeat infection with *Chlamydia trachomatis* following treatment is common and increases the risk of sequelae. Despite clinical guidelines recommending re-testing within 3 months of treatment, re-testing rates remains low. We undertook a systematic review of studies which evaluated interventions aimed at increasing re-testing for repeat chlamydial infection.
Methods We searched Medline, EMBASE, trial registries, and conference websites from 2000 to September 2010 using variations of the terms "chlamydia" and "re-testing" and "intervention" to identify studies which compared rates of re-testing for repeat chlamydial infection between patients receiving and not receiving an intervention. We used meta-analysis methods to calculate the overall RR effect on re-testing rates, as well as undertaking a sub-analysis by strategy type.
Results We identified eight studies satisfying the inclusion criteria, including four randomised controlled trials and four controlled observational studies. The studies described 12 intervention strategies. All were conducted in the USA. The overall effect estimate RR for any strategy was 1.45 (95% CI 1.35 to 1.55); RR=1.80 (95% CI 1.63 to 1.97) for four studies using reminders such as postcards, phone calls, letters and emails (individually or in combination); 1.25 (95% CI 1.12 to 1.38) for four studies using mailed screening kits with or without reminders; 2.15 (95% CI 0.92 to 3.37) for two studies using motivational interviewing with or without reminders; 1.35 (95% CI 0.88 to 1.82) for one study promoting re-testing guidelines to clinicians; and 1.16 (95% CI 0.38 to 1.93) for one study using a $20 patient incentive to encourage re-testing.
Conclusion Reminders and mailed screening kits can increase re-testing rates by 80% and 25% respectively.

P1-S6.15 CHARACTERISTICS AND PREDICTORS OF WOMEN SEEKING RESCREENING FOR STIS AFTER USING THE HTTP://WWW.IWANTTHEKIT.ORG PROGRAM: WERE THEY INFECTED OR UNINFECTED?

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[1]C Gaydos, [1]Y H Hsieh, [1]M Barnes, [1]M Jett-Goheen, [1]N Quinn, [1]P Agreda, [2]P Whittle, [1]T Hogan. *[1]Johns Hopkins University, Baltimore, USA; [2]Baltimore City Health Department, Baltimore, USA*

Background CDC recommends rescreening women who are infected with chlamydia (CT) and gonorrhoea (GC) in 3 months. The iwantthekit (IWTK) Internet screening program offered an opportunity to study women who seek rescreening, and determine reported infected status at the previous screening. Mailed IWTK home-collected vaginal swabs are tested for CT, GC, and trichomonas (TV) by NAATs.
Methods Characteristics (demographics, risk behaviours, use perceptions) of repeat users were determined from questionnaires.