

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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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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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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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.