

low, irrespective of the sensitivity of available POC tests. In high-prevalence settings, sufficient coverage and screening frequency must be maintained to avert an increase in infectious syphilis prevalence.

**P1-S6.27 COULD A PEER DRIVEN INTERVENTION INCREASE UPTAKE OF CHLAMYDIA SCREENING? PROOF OF PRINCIPLE**

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**Background** Uptake of the opportunistic National Chlamydia Screening Programme in England is low and below model estimates of the optimal level to reduce Chlamydia incidence. Peer led approaches may increase screening uptake but their feasibility and acceptability to young people is not known.

**Methods** Focus groups and interviews with young women and men. All participants had expressed an interest in undergoing Chlamydia screening or had already been screened. The focus group and interviews were audio taped and transcribed verbatim for analysis. Thematic analysis of the data was conducted to identify, compare and report patterns in the data. Following interview, Chlamydia postal kits were introduced to participants and their opinions on giving these out to their peers sought. Participants were asked for their views and experiences of discussing Chlamydia screening and distributing kits to their friends four to eight weeks after the focus group/interview. All kits returned over a 9-month period to the laboratory were recorded.

**Results** Six men (mean age 19 years) and 6 women (mean age 20 years) were recruited. In total 45 kits were distributed, 33 (73%) to female participants. 26 (79%) and 3 (25%) of kits given to females and males respectively were given to peers. Of those tests distributed to peers there is a high return rate 34% (10/29) all of which had been given out by females. On average, 1.7 kits were returned for each female participant. Participants generally felt positive about the idea of peer-driven screening using postal kits. However, embarrassment was a key theme, particularly among men. Generally women but not men were able to discuss Peer Driven Screening among their close friends. Both sexes felt Peer Driven Screening would be easier if kits were readily available in multiple sites, and Chlamydia screening was more widely promoted.

**Conclusion** Female Peer Driven Screening but not male Peer Driven Screening was successful in recruiting peers to participate in Chlamydia screening. A peer driven intervention may increase uptake of Chlamydia screening.

**P1-S6.28 INTEGRATED HIV, SYPHILIS, AND OTHER STI TESTING IN NORTH CAROLINA COUNTY JAILS**

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**Background** In 1999 North Carolina initiated STI screening programs in seven county jails as part of the CDC Syphilis Elimination Effort (SEE). All jails were willing to permit screening programs for syphilis but only two also screened for HIV. In 2007

the SEE funding was depleted and the 7 SEE jail projects were converted to HIV screening under the CDC Expanded Testing Initiative (ETI). New jails were added (n=21) and several have added screening for other STIs. Testing is supported by 10 local health departments and 5 non-traditional testing sites which assure treatment for STDs and make referrals for HIV care services.

**Methods** From January to June 2010, STI screening data for 28 jails was analysed. All jails tested for HIV and syphilis, one jail added HCV screening and another jail added NAAT testing for gonorrhoea and chlamydial infection. Reactive syphilis tests and positive HIV tests were verified against surveillance records to determine whether or not they were previous cases or newly diagnosed infections. Positive tests for *Neisseria gonorrhoeae* and *Chlamydia trachomatis* were considered to be new infections. Positive tests for HCV are considered prevalent infections. All data were analysed using SAS 9.1.3.

**Results** Under SEE, only two jails screened for both HIV and syphilis. From 2002 to 2005, 3626 inmates were screened. There were 46 (1.3%) HIV-positive inmates and 158 (4.4%) with reactive syphilis tests. Of those 158, 30 were confirmed new syphilis cases (0.83% case rate). Under ETI, 28 jails screened 4688 inmates for syphilis and 4662 for HIV in just 6 months (January–June, 2010, see Abstract P1-S6.28 table 1). HIV positivity rates were similar for men and women (p=0.90) but women were more likely than men to be both a syphilis reactor (OR 4.8 95% CI 2.8 to 8.2) and a new case (OR 5.9 95% CI 1.9 to 17.9). Among all positive tests, there were no comorbid patients.

**Abstract P1-S6.28 Table 1 HIV and STI testing in North Carolina County Jails, January-June, 2010**

STI**	Men		Women		All*	
	Tested	Positive	Tested	Positive	Tested	Positive
HIV	3640	17 (0.47%)	1006	5 (0.50%)	4662	22 (0.47%)
New Cases***		2 (0.05%)		1 (0.10%)		3 (0.06%)
Syphilis	3633	24 (0.66%)	1000	31 (3.10%)	4688	55 (1.18%)
New Cases***		5 (0.14%)		8 (0.80%)		13 (0.28%)
HCV	201	11 (5.47%)	52	3 (5.77%)	253	14 (5.53%)
Ct	202	14 (6.93%)	28	0	230	14 (6.09%)
Gc	200	0	28	1 (3.57%)	228	1 (0.44%)

\*Includes transgender, missing sex. \*\*n=28 jails tested for syphilis and HIV, 1 jail tested for HCV and a different jail tested for Ct/Gc. \*\*\*New cases verified against surveillance data.

**Conclusions** The jail setting proves to be an important setting for detecting new syphilis cases, particularly among women, and for identifying HIV-positive inmates. Many of these HIV positives were not new diagnoses but may represent persons who need referrals for care and treatment. Screening for HCV and combined Ct/Gc screening was also productive and should be expanded to other jails. Due to the high concentration of persons who trade sex for drugs or money in jail settings, it is especially important that these HIV and STI cases be identified and referred for treatment and partner services to prevent ongoing transmission.

**P1-S6.29 LONGITUDINAL TRENDS IN HIV TESTING AND PREVALENCE AMONG STI CLINIC PATIENTS IN LILONGWE, MALAWI: 2006–2010**

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**Background** To understand longitudinal trends in HIV status awareness, HIV test acceptance, and HIV prevalence among