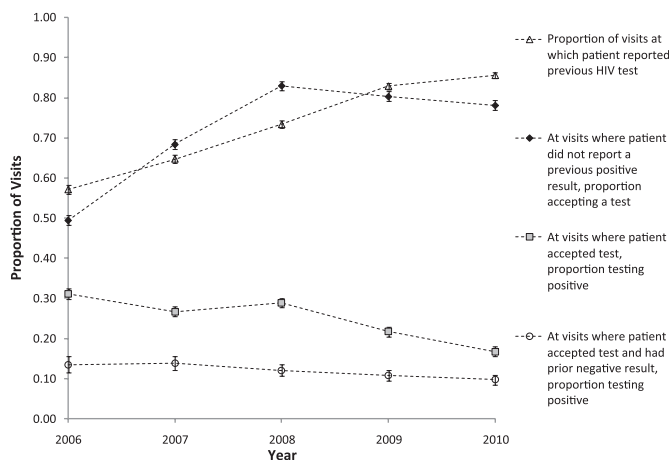


patients of a sexually transmitted infections (STI) clinic in Lilongwe, Malawi, we conducted descriptive analyses of these endpoints over the last 5 years.

Methods Using data collected routinely at all STI clinic visits since March 2006, we calculated the proportion of visits in each of the last five calendar years (2006, 2007, 2008, 2009, and 2010) during which patients reported a previous HIV test, and among those, the proportions reporting positive and negative results. We also calculated the proportion accepting HIV tests at the clinic, and among those who received HIV tests at their visits, the proportion who had positive results. We conducted log-binomial regression with generalised estimating equations to analyse trends in each endpoint over time.

Results An average of 8944 clinic visits occurred each year, approximately 60% by females and 40% by males. The proportion of visits at which patients reported a previous HIV test increased from 57% in 2006 to 86% in 2010 ($p < 0.0001$) (Abstract P1-S6.29 figure 1). Among those reporting a previous test, the proportions reporting negative or positive results remained relatively constant, at approximately 70% and 30%, respectively (results not shown). At visits where patients did not report a prior positive HIV test, the proportion accepting HIV antibody tests increased from 50% to 78% ($p < 0.0001$). Among all those who received HIV antibody tests at a visit, the proportion who were found to be HIV-positive decreased from 31% to 17% ($p < 0.0001$), with a decrease from 13% to 10% among those reporting a previous negative test ($p < 0.0001$) (Abstract P1-S6.29 figure 1).



Abstract P1-S6.29 Figure 1 Longitudinal Trends in HIV Testing and HIV Prevalence, Kamuzu Central Hospital STI Clinic, Lilongwe, Malawi, 2006–2010.

Conclusions Over the last 5 years, the proportion of STI clinic visits at which patients reported awareness of their HIV status has increased, including an increase in known positives to 25% of all patients. At visits where patients did not report a previous positive result, the proportion who accepted rapid antibody tests has also increased. Among those receiving HIV tests at their clinic visits, the proportion testing HIV-positive has decreased substantially, although 10% of those with a previous negative result tested positive. These findings raise great concern about ongoing HIV acquisition and transmission in patients becoming aware of their serostatus through expanded HIV testing. Novel and better HIV prevention strategies for these patients are urgently needed.

P1-S6.30 HIV TESTING OF PATIENTS RECEIVING AN STD EVALUATION IN A NORTH CAROLINA COMMUNITY HEALTH CENTER

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Background The CDC has recommended HIV testing for persons with a suspected STD since 1987 and for all patients in clinical settings since 2006. However, HIV testing of suspected STD patients in emergency medical sites is inadequate, despite the high risk of HIV acquisition in this population. Community health centers may have better adherence to HIV testing recommendations due to a more personal relationship with their clientele and heightened awareness of state disease trends.

Methods Robeson Healthcare Corporation is a federally-qualified health center with 4 sites located in a county in the top 10% of HIV case rates and top 33% of syphilis case rates in North Carolina. A routine HIV testing program was started in June 2009. Patients receiving an STD evaluation 1 June 2009 through 31 January 2011 were examined for concurrent HIV testing. The association between age and HIV testing among STD testers was assessed with multivariate logistic regression with a robust variance estimator to account for patients with multiple clinic visits.

Results Of the 6588 clinic visits that included an STD evaluation, 2324 also included an HIV test (35.3%, 95% CI 32.1 to 36.4%). Over 70% of patients tested for syphilis also received an HIV test ($n=1531/2111$, 72.5%, 95% CI 70.6 to 74.4%). Less than 30% of patients screened for gonorrhoea and Chlamydial infections were also tested for HIV ($n=1545/5442$, 28.4%, 95% CI 27.2 to 29.6%). During a statewide syphilis outbreak in 2009 with high HIV-syphilis coinfection rates, HIV testing of suspected syphilis patients reached 84.0% (95% CI 80.9 to 87.0%). Patients of older ages were less likely to be tested for HIV during their STD evaluation than patients of younger ages (Abstract P1-S6.30 table 1).

Abstract P1-S6.30 Table 1 HIV Testing of patients receiving an STD Evaluation by Patient Age, June 2009–January 2011

	OR (95% CI)	OR (95% CI)	OR (95% CI)
Patient age (years)			
13–24	1.00	1.00	1.00
25–34	0.76 (0.59 to 0.98)	0.81 (0.71 to 0.91)	0.45 (0.21 to 1.00)
35–44	0.31 (0.23 to 0.42)	0.48 (0.40 to 0.58)	0.55 (0.22 to 1.37)
45–54	0.16 (0.11 to 0.24)	0.29 (0.22 to 0.40)	0.23 (0.07 to 0.72)
55–64	0.10 (0.06 to 0.20)	0.28 (0.17 to 0.44)	0.39 (0.09 to 1.75)
65+	0.05 (0.02 to 0.11)	0.14 (0.03 to 0.59)	0.39 (0.03 to 4.61)
Age (10-year interval)	0.51 (0.47 to 0.57)	0.68 (0.63 to 0.72)	0.75 (0.58 to 0.98)

Conclusions In this community health center population, over 70% of patient visits with a syphilis evaluation included a concurrent HIV test order. This represents an improvement from an emergency department setting, in which less than 30% of syphilis testers were also tested for HIV. However, HIV testing among patients screened for gonorrhoea and Chlamydial infection was still low; the inclusion of HIV testing in the standard order panel for patients receiving an STD evaluation may increase HIV testing in this high-risk population.