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P5-S4.08 INTEGRATION OF SYPHILIS POINT-OF-CARE TEST INTO OUTREACH INTERVENTION SERVICES AT COMMERCIAL SEX VENUES IN SOUTHERN CHINA

doi:10.1136/sextrans-2011-050108.549

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Background Introduction of the point-of-care tests (rapid tests) for sexually transmitted infections (STIs) presents an opportunity to expand screening and treatment services in non-clinical settings, such as commercial sex venues where individuals who do not access standard healthcare services can be reached. A free syphilis screening with the rapid test was implemented in two southern Chinese cities (LZ and JM) to assess the feasibility of integrating rapid syphilis testing into existing outreach services for female sex workers (FSWs).
Methods Commercial sex venues in the study sites were systematically mapped, and free rapid syphilis testing using whole blood from fingerstick was provided to the target population as a component of routine outreach services at those venues.
Results From April 2009 to February 2010, a total of 2821 FSWs were approached by outreach workers and offered invitation to accept an onsite rapid syphilis testing, 95.1% of which accepted the test. Test acceptance rate varied a bit across different types of commercial sex venues, ranging from 91.5% among FSWs working at nightclubs to 97.6% among those on streets. Most (99.5%) preferred immediate onsite results notification or through cellphone rather than receiving it at a designated referral clinic. 182 (6.8%) respondents had a positive result, among whom 63.7% visited designated referral clinics for confirmatory test and treatment. Test uptake was positively correlated with JM (AOR 2.4, 95% CI 1.4 to 4.2), age 30–44 years old (AOR 1.9, 95% CI 1.1 to 3.3), no prior syphilis infection (AOR 2.7, 95% CI 1.3 to 5.5), or unknown history of syphilis infection (AOR 4.5, 95% CI 1.5 to 13.3), and negatively associated with working in roadside restaurants (AOR 0.3, 95% CI 0.1 to 0.9) or sauna/bathing centers (AOR 0.5, 95% CI 0.3 to 0.9) compared to FSWs working on streets.
Conclusions It concludes that integration of a rapid and onsite syphilis testing into routine outreach services at sex work venues is feasible and well received at the study areas. However, linkage between onsite testing and referral services should be improved with further efforts to maximise the impact of onsite testing.

Health services and policy poster session 5: Partner Notification

P5-S5.01 FACTORS ASSOCIATED WITH STATED WILLINGNESS TO ACCEPT EXPEDITED PARTNER THERAPY FROM SEX PARTNERS, NYC, 2007–2008

doi:10.1136/sextrans-2011-050108.550

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Background Expedited Partner Therapy (EPT) is a partner management strategy that relies upon index patients to deliver STD treatment to their sex partners without an evaluation by a healthcare provider. Characterisation of barriers and facilitators of EPT acceptance could inform approaches to EPT implementation. The New York City (NYC) Bureau of STD Control is in the process of implementing EPT and is offering technical assistance on EPT to healthcare providers throughout the city.
Methods During 2007–2008, we used a self-administered survey to assess factors associated with hypothetical willingness to accept EPT from an index patient among adults attending two NYC STD clinics. Binomial regression was used to estimate prevalence ratios (PRs) between select survey items and hypothetical willingness to accept EPT from their most recent sex partner, as measured by the question "If your most recent sex partner brought you medicine to treat an STD, would you take it?"
Results Among 658 respondents, median age was 25 (range 14–68); 338 (51.4%) were male. Almost half (42.7%) reported willingness to accept EPT from their most recent sex partner. We examined the association between patient sex, history of chlamydia (CT)/gonorrhoea (GC), last sexual partner type, number of sex partners in past 3 months, and age, with willingness to accept EPT from most recent sex partner. Those willing to accept EPT from their most recent sex partner were more likely to be male (PR=1.14 95% CI 1.00 to 1.31), more likely to have a history of CT/GC (PR=1.28; 95% CI 1.07 to 1.52), and more likely to report 1–2 sex partners in the past 3 months (PR=1.04; 95% CI 0.88 to 1.22). Respondents whose most recent sex partner was a steady partner were more likely to accept EPT (PR=1.09; 95% CI 0.95 to 1.26). Age was not associated with willingness to accept EPT. Only sex and history of CT/GC were significantly associated with willingness to accept EPT in crude analyses (p=0.006, and p=0.05, respectively) see Abstract P5-S5.01 table 1.
Conclusions Aside from partner's sex, we did not identify any patient characteristics which could be used to predict sex partners' willingness to take medication offered via EPT. Active follow-up with partners given EPT will provide a more direct measure of the acceptability and utilisation of medication delivered to sex partners.

Abstract P5-S5.01 Table 1 Crude associations between select population characteristics and willingness to accept EPT among NYC STD clinic attendees, 2007–2008

	Willingness to Accept EPT		Crude Association with Willingness to Accept EPT	
Covariate	Yes (N (%))	No (N (%))	PR (95% CI)	p Value
Known history of CT/GC				
No	167 (38.9)	262 (61.1)	1	
Yes	114 (49.8)	115 (50.2)	1.28 (1.07 to 1.52)	0.006
Sex of respondent				
Female	124 (38.8)	196 (61.3)	1.	
Male	157 (46.5)	181 (53.6)	1.14 (1.00 to 1.31)	0.05
Last sexual partnership type				
Casual	70 (38.9)	110 (61.1)	1	
Steady	211 (44.1)	267 (55.9)	1.09 (0.95 to 1.26)	0.21
Number of sex partners in the past three mos*				
0	15 (38.5)	24 (61.5)	1	
1–2	211 (42.0)	291 (58.0)	1.04 (0.88 to 1.22)	0.66
3+	55 (47.0)	62 (53.0)	1.09 (0.91 to 1.30)	0.35
Age (years)				
<20	43 (39.5)	66 (60.6)	1	
20–25	96 (41.2)	137 (58.8)	1.04 (0.79 to 1.40)	0.76
26–49	131 (46.1)	153 (53.9)	1.17 (0.90 to 1.52)	0.23
50+	11 (34.4)	21 (65.6)	0.87 (0.51 to 1.48)	0.61

P5-S5.02 OUTCOMES FOLLOWING THE INTRODUCTION OF HIV PARTNER NOTIFICATION GUIDELINES IN EDMONTON, CANADA

doi:10.1136/sextrans-2011-050108.551

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Background In April 2010, the HIV Partner Notification Guidelines were implemented in Edmonton, Alberta, Canada. Prior to this, partner notification of newly diagnosed HIV cases was conducted inconsistently.