

P5-S6.03 ABSTRACT WITHDRAWN

P5-S6.04 HIV TESTING OF HOMOSEXUAL MEN: CLINICIANS AS PART OF THE TESTING EQUATION

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Introduction High HIV testing coverage of men who have sex with men (MSM) attending clinical services has been advocated to improve early HIV detection. The proportion of MSM tested has been used as a measure of service quality. The aim of this study was to determine HIV testing rates and predictors of testing among MSM attending a sexual health service, including the impact of the treating clinician.

Methods HIV testing rates among MSM attending the Melbourne Sexual Health Centre between 2003 and 2009 for the first time were calculated for individual treating clinicians. Factors independently associated with HIV testing were determined by logistic regression. Medical records were audited to ascertain the reasons why HIV tests were not performed.

Results Overall, 78% of 4425 men were tested for HIV. Men reported a median of six male partners in the prior year with 51% reporting unprotected anal sex. Seventy six per cent of men reported a previous HIV test, performed a median of 12 months prior to their visit. HIV testing rates were higher for nurses (median 89%; range 77–95%) than doctors (median 73%; range 45–88%) with significant differences between doctors but not nurses ($p < 0.001$). Men were less likely to be tested if they presented with symptoms of an STI (AOR 2.7, $p < 0.001$) and if they saw a doctor vs a nurse (AOR 1.9, $p < 0.001$) independent of recent sexual risk and duration since their last HIV test. Reasons for not testing included patient decline (28%) and recent testing (15%); however, no reason was documented in 39%.

Conclusions While overall HIV testing rates were high, substantial differences in testing rates between clinicians were evident. Strategies geared at optimising HIV testing need to take into account the frequency with which clinicians offer testing.

P5-S6.05 ABSTRACT WITHDRAWN

P5-S6.06 UTILISATION AND COST OF DIAGNOSTIC METHODS FOR STD SCREENING AMONG INSURED AMERICAN YOUTH, 2008

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Background Information on the private sector utilisation and cost of sexually transmitted disease (STD) screening and diagnostic testing in the USA is limited. We present STD diagnostic method-specific utilisation and cost estimates for persons aged 15–25 years.

Methods We used current procedural terminology (CPT) (or diagnostic methods) codes for seven major STDs (human papillomavirus (HPV), genital herpes simplex virus type 2 (HSV-2), hepatitis B virus (HBV), chlamydia (CT), gonorrhoea (GC), trichomoniasis (TV) and syphilis) to identify outpatient claims for persons aged 15–25 years in the MarketScan database for 2008, excluding codes for procedures that could be used to identify claims for non-STD-related tests. Utilisation was measured as the number of claims per 100 000 enrollees (ie, claims rate). We estimated CPT code-specific claims rates for each STD and average costs stratified by gender. Finally, we estimated the overall total cost of STD testing.

Results We found 24 CPT codes for HPV; 2 for HSV-2; 11 for HBV; 9 for CT; 4 for GC; 2 for TV; and 5 for syphilis. The claims rate (all diagnostic methods included) for HPV was the highest (17 239/100 000, significantly higher ($p < 0.01$) than all the STDs), while the claims rate (all testing methods included) for TV was the lowest (507/100 000, significantly lower ($p < 0.01$) than all the STDs). Claims rates (for all STDs combined) for females were significantly ($p < 0.01$) higher than for males for all the STDs. Estimated average costs (for diagnostic methods) were: HPV (\$35), HSV-2 (\$24), HBV (\$32), CT (\$46), GC (\$45), TV (\$30), and syphilis (\$29). Average costs did not differ significantly between males and females. The estimated total cost of screening for all seven STDs was \$90 million for the insured population aged 15–25 years.

Conclusions The claims data provide an estimate of STD testing patterns among privately-insured persons. These can be compared to surveillance data and guidelines to assess testing vs disease prevalence and recommendations. The low utilisation rates we assessed for TV are likely attributable, at least in part, to our exclusion of claims that could be related to non-STD-related tests (such as wet mount). The low utilisation rates might also reflect the lack of attention to TV in STD prevention that has been reported in the literature.

P5-S6.07 THE MANAGEMENT OF SYPHILIS AND GONOCOCCAL INFECTIONS AMONG MEN WHO HAVE SEX WITH MEN (MSM) IN A COMMUNITY MEDICAL CENTER NAMED "CENTRE OASIS, OUAGADOUGOU, BURKINA FASO"

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Background "Centre Oasis" is a community medical center of an NGO named "Association African Solidarité" (AAS). It provides to MSM a framework for management and prevention of STIs and HIV/AIDS. The review of the NGO activities in the first half of 2010 showed high rates of syphilis and gonococcal infections, 21% and 17%. A special care of these infections has been established with the help of international and national partners in order to face this problem.

Methods An active search for cases of syphilis and gonorrhoea among MSM who come in the center have made after obtaining their consent. They also answered a questionnaire. The search for gonococci was by electron microscope on urethral and/or anal and/or buccal swabs. The syphilis infection was diagnosed by two tests recommended by WHO (VDRL and TPHA). The MSM who were positive for syphilis received antibiotics based Benzathine Penicillin (2.4 million IU intramuscular) and those who were positive for gonorrhoea received 400 mg of Cefixime. Doxycycline (100 mg × 2 daily orally for 14 days) was given as an adjuvant therapy to treat a possible Chlamydia infection. The partner (s) of the positive subjects were also treated.

Results Five months after the implementation of the program, we found prevalences of 12.2% for syphilis and 9.8% for gonorrhoea for a total of 316 consultations. In 71.1% of case the MSM had several sexual partners, 57% had used condoms during their last intercourse, 42% used lubricants (gels). 67.1% of MSM were bisexuals. All screened patients had received antibiotic treatment according to the protocols described above. 78% of identified partners had also benefited from antibiotic treatments in the medical center.

Conclusion The MSM community in Ouagadougou is highly vulnerable given the high rates of syphilis and gonorrhoea. Such programs help to fight against STDs and HIV/AIDS but are not sufficient when we know the condition of the homosexual in African countries. It is time for national health policies to fight against STIs and HIV to take more account of the population of MSM.