P5-S6.08 STD SURVEILLANCE AND CONTROL: DO STD AND FAMILY PLANNING CLINICS MATTER?

doi:10.1136/sextrans-2011-050108.565

S Doshi, K Owusu-Edusei. *Centers for Disease Control and Prevention, Atlanta, USA*

Background Information on the potential impact of the presence of an STD and/or family planning (FP) clinic on STD surveillance and control is scant. In the study, we examine the impact of STD and/or publicly funded Title V, X, and XX FP clinics on county-level surveillance and control of three reportable STDs (chlamydia (CT), gonorrhoea (GC) and primary and secondary syphilis (P&S)) in Texas during 2000 and 2007. Specifically, we examined the following two questions: (1) Are the counties with STD/FP clinics reporting relatively more cases of STDs? (2) Does having STD service(s) (the presence of an STD/FP clinic) in a county matter?
Methods We used spatial regression to analyse the impact of STD/FP clinics on county-level STD morbidity using surveillance data on CT, GC, and P&S. the impact of STD/FP clinics on STD control was examined using a backward stepwise regression on the changes in incidence rates between 2000 and 2007. Dummy variables represented the presence of STD/FP clinic(s). Incidence rates were transformed into natural logs. County-level demographics for 2000 and 2007 were used as control variables.
Results The coefficients on the dummy variables representing the presence of STD/FP clinics were: 0.11 (95% CI 0.05 to 0.16, $p<0.01$) in 2000 and 0.07 (CI 0.02 to 0.12, $p<0.01$) in 2007 for CT; 0.13 (CI 0.05 to 0.20, $p<0.01$) in 2000 and 0.06 (CI −0.002 to 0.12, $p<0.01$) in 2007 for GC and 0.18 (CI 0.12 to 0.23, $p<0.01$) in 2000 for P&S (2007 was not significant). This implies that the transformed GC and CT rates in the counties with STD/FP clinics increased by at least 6% in 2000 and 2007, while P&S increased by 18% in 2000. The coefficient for the changes in rates between 2000 and 2007 were: −0.04 (CI 0.01 to −0.09, $p<0.10$) for CT; −0.08 (CI −0.02 to −0.14, $p<0.01$) for GC and −0.09 (CI −0.03 to −0.15, $p<0.01$) for P&S. Thus, the transformed incidence rates of GC and P&S reduced by 8% and 9%, respectively, between 2000 and 2007 for those counties that had at least one STD/FP clinic.
Conclusion The results from this ecological study are consistent with (but do not establish) a causal relationship between having an STD/FP clinic and improved surveillance and/or reduction in STDs at the county-level in Texas. However, the results suggest that STD/FP clinics play an important role in STD surveillance and control. Finer level analyses (such as census block or cities) may be able to establish a strong causal relationship.

P5-S6.09 USING SYNDROMIC MANAGEMENT OF STI AS AN ENTRY POINT TO HIV PREVENTION INTERVENTION IN A RESOURCE POOR SETTING

doi:10.1136/sextrans-2011-050108.566

V Bassey, A Eyo. *ECEWS, Uyo, Nigeria*

Issue Almost all the patients who presents to the hospital with symptoms and/or signs of sexually transmitted infection have been engaged with unprotected sexual intercourse, thus they are predispose to contacting STI including HIV and complications. STIs can increase the risk of HIV acquisition and transmission by a factor of up to 10. The WHO estimates that more than three million new curable STI infections occur annually among people aged 15–49 worldwide. In 1995, over half of female patients seeking treatment for a sexually transmitted infection (STI) tested in 13 states were HIV positive. Among STI patients in 10 states, in 2000, HIV prevalence increased by age, the lowest rate was ages 10–19, and the highest among those ages 50+. Akwa Ibom State has one of the highest rates among selected states for 2000 with 21% of STI patients tested HIV positive In 2008, Akwa Ibom and Cross River States had the highest rate of HIV infection in the South South Zone at 9.7% and 6% respectively. The health seeking behaviour of the poor at public health facilities is influenced by cost, the fear that services are not going to be confidential and the fear of meeting people they know at the healthcare facility. Thus this sexual risky population often do not always access care, thus contributing to the underserved most at risk population in the community.
Method ECEWS implemented Condom and Other Prevention using the combination prevention among the probable STI patients in rural health facility and missionary health centres in Akwa Ibom and Cross River state using STI counselling, ABC messages, risk reduction, condom promotion, HTC referral, syndromic diagnosis and treatment of STI. Drugs were provided and dispensed free according to the syndromic management guidelines of WHO/FMOH. Preceding this, communities were mapped as areas of high sexual activity and STI prevalence. The CHEW, nurses and doctors in those facilities were selected and trained as health educators to reach this people with HIV prevention messages and syndromic management of STI.
Result 13 401 probable STI patients were reached with risk reduction counselling for HIV, condom promotion and STI management by 35 ECEWS trained health educators across primary health centres, missionary hospitals and other rural health post across 20 sites in Akwa Ibom and Cross River states. The strengthened referral system enable majority (88%) of the client to access HTC with little or no challenge. A HIV positivity rate of 12% was observed among this population.
Conclusion Using syndromic management as an entry point, poor and most at risk individual in poor rural settings easily accessed effective of HIV prevention messages, counselling, and treatment of STI and behavioural plan towards sexual prevention of HIV. Therefore, syndromic management of STI provides cure and ample opportunity as entry point to reach this MARP in a resource poor setting where laboratory investigation is not easily accessible in intervention of sexual prevention of HIV/AIDS.

P5-S6.10 ABSTRACT WITHDRAWN

P5-S6.11 HIV PREVENTION WITH POSITIVES PROVIDER TRAINING IN A RESOURCE-CONSTRAINED SETTING: THE US VIRGIN ISLANDS

doi:10.1136/sextrans-2011-050108.567

[1]A Canete, [1]G Nagendra, [2]E Chun, [3]R Olans, [4]T Ciprian, [5]S Dreisbach. *[1]Public Health Solutions, New York, USA; [2]NYC Department of Health & Mental Hygiene, New York, USA; [3]US Virgin Islands Department of Health, USA; [4]NYC Department of Health & Mental Hygiene, New York, USA; [5]University of Colorado, USA*

Background To describe HIV Prevention with Positives training for healthcare providers in the USA Virgin Islands (USVI).
Methods The Caribbean region has the world's second highest adult HIV prevalence after Africa. In 2007, the prevalence rate of HIV among adults and adolescents in the USVI was 641.3 per 100 000 population. In the USVI, HIV clinical care is provided by three physicians at the USVI Department of Health or at community health centers. Due to a shortage of trained clinicians, non-clinical providers play a crucial role in the delivery of comprehensive HIV care. Ask Screen Intervene (ASI), a training curriculum, was developed by the National Network of STD/HIV Prevention Training Centers and the AIDS Education and Training Centers with support from Centers of Disease Control and Prevention. ASI was designed for clinical HIV providers and discusses risk assessment, STD screening, prevention messages and partner services for HIV+ patients. In June 2010, the Region II STD/HIV Prevention Training Center offered ASI in the USVI, in St. Croix and St. Thomas. ASI

was targeted to clinical and non-clinical providers to encompass the range of providers caring for HIV+ patients. Participants completed an evaluation rating the training and a retrospective self-assessment of their confidence to perform learning objectives on a 5 point Likert Scale; 1=not at all confident and 5=very confident.

Results A total of 37 providers attended training in St. Croix and 42 in St. Thomas. Non-clinical providers represented a significant proportion of attendees; 62.2% in St. Croix, (23/37) and 40.5% in St. Thomas (17/42). Among all participants, course satisfaction ratings ranged from 4.28 to 4.59 (1=strongly disagree; 5=strongly agree), with high ratings for relevance of learning objectives and appropriateness of content. Participants reported post-training gains in confidence ranging from +0.69 to +1.24 Likert scale interval per each learning objective, including increased knowledge of STD screening and prevention counselling for HIV+ patients. The most frequently reported intended practice changes included asking more detailed questions routinely about sex practices and taking a more thorough sexual history.

Discussion ASI training reached the intended target audience and resulted in gains in provider confidence and intention to change practice, and can be expected to positively impact patient outcomes. Further dissemination of ASI training appears warranted.

P5-S6.12 CONTROL OF SEXUALLY TRANSMITTED INFECTIONS (STI) IN GUYANA: PLAN TO INTEGRATE INTO EXISTING PROGRAMMES

doi:10.1136/sextrans-2011-050108.568

[1]S Scotland, [1]S Singh, [2]R Hernandez, D Springer, [3]C LaFleur, [4]K Boyle, [5]A Singh. *[1]Guyana Ministry of Health/National AIDS Programme Secretariat, Georgetown, Guyana; [2]Pan American Health Organization, Guyana; [3]U.S. Centers for Disease Control, Guyana; [4]Guyana HIV/AIDS Reduction and Prevention Project, Guyana; [5]University of Alberta, Canada*

Background Over the last decade, Guyana has developed and strengthened surveillance, prevention and care and treatment for HIV. These interventions have resulted in a decline in HIV prevalence in antenatal as well as most at risk populations (MARPs defined as female sex workers, men who have sex with men (MSM), in and out of school youth, military and police). For non-HIV STI, a structured programme did not exist prior to 2005. From 2007 to 2009, the reported cases of STI increased significantly. In addition to HIV, non HIV STI has been identified as a priority for prevention and control by the National AIDS Program Secretariat (NAPS), Guyana Ministry of Health (MOH).

Methods In conjunction with the Pan American Health Organisation and other international and local stakeholders, NAPS/MOH worked with local and external consultants to develop a STI strategy. Consultation meetings were held in Guyana and relevant documents were reviewed.

Results A STI strategy for 2011–2020 has been developed. The strategy outlines activities that will build on existing HIV, antenatal and visualisation under acetic acid (VIA) programmes. In addition, activities have been outlined to build on existing second generation HIV surveillance initiatives currently in place in MARPs. Strategies to ramp up the provision of care and treatment for STI in existing primary care settings have also been addressed. The strategy highlights activities under five priority areas: (1) Programme Management and Coordination, (2) Prevention, (3) Laboratory, (4) Care and Treatment and (5) Surveillance. Under each priority area, broad goals, guiding principles, specific objectives, performance milestones and activities have been developed. A Monitoring and Evaluation plan will be a key part of the document to monitor progress during the strategy. The strategy will coordinate the activities of international and local agencies including non governmental and faith based organisations as well as persons from MARPs.

Conclusions Guyana has developed a comprehensive 10-year plan for the prevention and control of non HIV sexually transmitted infections which will build on existing programmes for HIV, antenatal and VIA programmes.

P5-S6.13 OBJECTIVE ASSESSMENT OF PATIENT SATISFACTION WITH THEIR HIV CARE

doi:10.1136/sextrans-2011-050108.569

[1]L Land, [2]J Ross. *[1]Birmingham City University, Birmingham, UK; [2]University Hospital Birmingham, Birmingham, UK*

Background Patient engagement with HIV services is essential since early diagnosis and care has a direct impact on patient survival and also provides public health benefits associated with reduced infectivity. Positive physician/patient relationships have been linked to higher levels of treatment adherence. Determining and measuring patient priorities in the delivery of HIV services can therefore have a direct impact on perceived satisfaction with services and also improve clinical outcomes.

Methods A systematic review was undertaken to identify existing approaches to identifying patient derived key themes in the delivery of their care. These themes were then examined and expanded using 4 focus groups discussions with HIV services users.

Results A search of 12 bibliographic databases, a hand search of journal bibliographies and a wider internet search yielded 1474 titles from which 150 study abstracts were appraised. 32 articles were retrieved and reviewed using a quality appraisal checklist. A data extraction form was used by two reviewers to extract relevant information for thematic analysis. The review identified key themes of principal importance to patients attending for HIV care—medical staffs' perceived knowledge about HIV, attitude of clinic staff, maintenance of patient dignity, patient autonomy, confidentiality and an appropriate care environment. Three specific survey tools were identified for measuring satisfaction with HIV services but none had wide geographical validity or else failed to reflected current clinical management of HIV disease. The subsequent focus groups supported the findings of the literature review but following the introduction of HAART issues of staff knowledge about HIV were given less prominence.

Conclusions Existing survey tools to measure patient satisfaction with HIV services lack validity or generalisability. The themes identified from this literature review and patient focus groups should be incorporated in the development of future assessment tools.

P5-S6.14 QUALITATIVE ASSESSMENT OF FACILITATORS AND BARRIERS TO HPV VACCINATION AMONG PROVIDERS SERVING A HIGH-RISK COMMUNITY

doi:10.1136/sextrans-2011-050108.570

[1]M Javanbakht, [1]S Stahlman, [2]S Walker, [3]S Gottlieb, [3]L Markowitz, [3]N Liddon, [2]A Plant, [2]S Guerry. *[1]University of California Los Angeles, Los Angeles, USA; [2]Los Angeles County Department of Public Health, USA; [3]Centers for Disease Control and Prevention, USA*

Background Maximising HPV vaccine uptake among those at highest risk for cervical cancer is critical. We explored healthcare provider perspectives on factors influencing HPV vaccination among adolescent girls in a community with high cervical cancer rates.

Methods From March to May 2009, we conducted in-depth interviews with 21 physicians and other staff providing care to adolescent girls at two clinics in Los Angeles, CA, serving a predominantly Hispanic population with high cervical cancer rates. The semi-structured interviews explored HPV vaccination processes and potential barriers to vaccination.