3% to 100%. The mean percentage of females screened over the 5 years was 57%. In 2009, the mean chlamydia positivity for all Project Areas was 13.8%. For facilities (n=69) that screened at least 100 females in 2009, the mean chlamydia positivity detected was 13.7%, with a median of 12.6% and positivity ranging from 6 to 31%. Almost half (48%) of the Project Areas reported from 49 facilities for all 10 reporting periods across the 5-year period. The percentage screened in these 49 facilities increased 59, 64, 66, 69 and 69% from 2005 to 2009. The mean per cent positivity for these facilities in 2009 was 12.5%.

**Conclusions** Juvenile Detention Centers are excellent venues from which to detect chlamydia infections in adolescent females. Additional efforts are needed to increase the number of facilities that routinely offer screening and increase the proportion screened.

## P5-S7.03 SYPHILIS SCREENING FOR HIGH-RISK GROUPS IN A LARGE-SCALE HIV PREVENTION PROGRAM IN INDIA: UPTAKE AND TRENDS

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**Background** Avahan, a large-scale HIV prevention program in India, provides syphilis screening as a part of its service package for high-risk groups (HRGs) including female sex workers, men who have sex with men (MSM) and injecting drug users through its targeted intervention clinics. The objective of this retrospective study was to understand the uptake and trends in reactivity patterns of syphilis screening tests at Avahan clinics from 2005 to 2009.

**Methods** Syphilis screening was done with either Rapid Plasma Reagin (RPR test, provided on-site or through referrals to local laboratories) or a point-of-care immunochromatographic strip test (ICST) using whole blood. ICST was introduced to the program in 2007. The clinical records of the HRGs attending Avahan clinics in six high HIV prevalence states in India from January 2005 to December 2009 were collated in an "individual tracking sheet" database and analysed with STATA software version 10.

**Results** The overall proportion of clinic attendees screened for syphilis increased consistently during the study period from 2.6% in 2005 to 21% in 2009. The increasing trend in uptake and actual proportions were similar in all risk groups. The use of ICST as a screening test increased from 8% in 2007 to 70% in 2009 thus becoming the predominant screening method. During this period, the uptake of syphilis screening also increased from 9% in 2007 to 21% in 2009 see Abstract P5-S7.03 table 1. A declining trend was found with the overall syphilis sero-reactivity rates (ICST and RPR), from 7% in 2006 to 4% in 2009 and this decreasing trend was found in all risk groups. The proportion of active high-titre syphilis (>1:8) to all reactive RPR tests (any titre) declined from 61% in 2005 to 30% in 2009.

**Conclusions** The improved uptake of syphilis screening has lead to improved detection and appropriate management of cases of latent syphilis. The results show that introduction of rapid point-of-care tests likely contributed to the improved uptake of syphilis screening. Rapid tests may be considered for syphilis screening at other resource-constrained primary care sites in India such as targeted intervention and ante-natal clinics.

Abstract P5-S7.03 Table 1 Uptake of syphilis screening by RPR and ICST

| Year | Total individuals attending clinics | # Screened for syphilis (%) | Proportion screened with RPR (%) | Proportion screened with ICST (%) |
|---|---|---|---|---|
| 2005 | 43 394 | 1112 (2.6%) | 100 | 0 |
| 2006 | 108 836 | 5700 (5.2%) | 100 | 0 |
| 2007 | 169 612 | 15 179 (8.9%) | 91.8 | 8.2 |
| 2008 | 220 877 | 28 502 (12.9%) | 60.1 | 39.9 |
| 2009 | 286 991 | 60 412 (21.1%) | 30.8 | 69.2 |

## P5-S7.04 WHO PARTICIPATES IN THE DUTCH CHLAMYDIA SCREENING? A STUDY ON DEMOGRAPHIC AND BEHAVIOURAL CORRELATES OF (REPEATED) PARTICIPATION AND POSITIVITY

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**Background** Achieving adequate levels of participation and capturing high risk groups are key stones for the effectiveness of large-scale Chlamydia screening programs. We examined the determinants of (repeated) participation and Chlamydia positivity to evaluate to what extent high risk groups were reached in a large scale Internet-based screening program in the Netherlands.

**Methods** The Chlamydia Screening Implementation was initiated in three regions among people aged 16–29 years. Data from the first two screening rounds (2008–2010), in which approximately 280 000 persons were invited annually, were analysed. Socio-demographic and behavioural correlates of screening participation and positivity were studied in multilevel logistic regression models. Cluster was added as a second level of analysis, taking into account the effect of the neighbourhood-based invitations (to cover social or sexual networks).

**Results** The same socio-demographic factors associated with lower screening uptake were also associated with higher Ct-positivity such as young age, non-Dutch origin, lower education, high community risk, low SES, in round 1 as well as 2. At the same time, behavioural risk factors such as having casual partners, ≥2 partners in <6 months, concurrent partners, and a history of STI, were associated with higher participation. A small cluster effect for screening uptake was observed, independent from community risk and individual risk factors. The model for repeated participation showed that men, Turkish/Moroccans and persons ≤20 years were less likely to participate twice, while people having a short-term relationship, a non-Dutch partner or concurrent partners were more likely to participate again. Ct-positives, who did not participate in the rescreening after 6 months, were also less likely to participate in the second screening round.

**Conclusions** Socio-demographic factors associated with lower participation were also associated with higher Ct-positivity, showing that, high-risk demographic groups were more difficult to mobilise than low-risk groups. However, independent of this, higher behavioural risk levels were associated with higher participation rates (especially in the model for repeated participation), suggesting self-selection for screening based on the persons' risk (perception) in both low and high community risk groups. Our study shows the complexity of the process—including individual as well as community factors and their interaction—as to whether or not be screened for chlamydia.

## P5-S7.05 CHLAMYDIA SCREENING IN AN INTERNATIONAL RESORT COMMUNITY: AN OUTREACH PROGRAM TO EXPAND ACCESS

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**Objective** To evaluate an event-based outreach Chlamydia (CT) screening program pilot developed to address barriers to access in a