

Conclusion/Implication Interdiction Project applies concepts of clinical epidemiology similar to in-patient hospital infection control processes and may help HIV/AIDS patients to achieve undetectable HIV viral load, reduce STD co-infection and HIV transmission. The findings suggest that epidemiologic work to reduce the spread of HIV, STD co-infection and resistant HIV must be an important component of HIV/AIDS programs and will require collaborative work by medical providers and intensive practical health education by knowledgeable HIV/AIDS health educator/epidemiologist.

LBP-1.02 ACCEPTABILITY AND APPEAL OF INTERNET-BASED STI AND HIV TESTING AMONG A SAMPLE OF GAY MEN AND CLIENTS ATTENDING STI CLINICS IN BRITISH COLUMBIA

doi:10.1136/sextrans-2011-050119.8

¹T S Hottes, ¹M Gilbert, ¹M Bondyra, ¹D Haag, ²J Shoveller. ¹BC Centre for Disease Control, Vancouver, Canada; ²University of British Columbia, Canada

Background Several jurisdictions globally have implemented internet-based STI and HIV testing with good uptake and reach into untested populations. In British Columbia, a similar program is under development to offer online access to chlamydia, gonorrhoea, syphilis, and HIV testing. This program aims to increase the frequency of testing in individuals at risk of infection and ease demand on clinic-based services by providing an accessible option for screening asymptomatic persons. We conducted a series of focus groups in spring 2011 to determine the acceptability of various aspects of the internet testing model and of the service overall.

Methods Two types of prospective internet testing clients living in the Vancouver area were recruited for focus groups: self-identified gay/bisexual/two-spirit men (hereafter "gay men") and STI clinic clients. Participants were presented with a brief description of the internet testing model, after which a structured interview guide was used to address the following domains: willingness to provide personal information online, ways to engender trust in the service, comfort with different ways of delivering results, interest in specific features, appeal of the service, and willingness to use the service.

Results Most of the 31 participants to-date (ages 21–70 years) were gay men (81%) and reported post-secondary education (74%). All were self-described active internet users and had been tested previously for HIV or other STI. Overall, the concept of internet testing was thought to be acceptable and most participants expressed interest in using the service when it becomes available. Participants indicated that internet testing would be convenient and could enhance the accessibility of STI testing, particularly for people living outside of urban centres. Some noted that an internet approach would also have the potential to allay embarrassment that can arise when seeking STI testing in a face-to-face clinical setting. There was strong interest in assuring anonymity for those using the proposed internet testing service. Participants also emphasised the importance of providing information related to HIV diagnosis and referrals to peer support and counselling for those waiting for and receiving test results.

Conclusions Internet testing was deemed to be acceptable and desirable and appears to hold promise as a means to complement to existing clinic-based STI testing services in Vancouver, Canada.

LBP-1.03 "NO ONE WAS THERE TO CARE FOR US" ASHRAYA'S RESPONSE TO ITS MEMBERS' NEEDS IN TERMS OF CARE AND SUPPORT

doi:10.1136/sextrans-2011-050119.9

C Chevrier. Université de Montréal, Montréal, Canada

Background Sex workers (SWs) have been identified as a "high-risk group" and considerable effort has been invested in promoting "safer

sex" among this group. However, their specific concerns and identities vanish in broader public health policy discussions related to treatment and particularly care. Ashodaya Samithi, a SWs organisation based in Mysore, Karnataka, has been providing extensive care and support (C&S) services to SWs and "non-SWs" living with HIV through their sub-wing organisation, Ashraya, since 2008. Considering the enduring stigma attached to SWs, what motivates individuals to seek health services from Ashraya?

Methods 40 in-depth interviews (including 10 with non-SWs) were conducted with Ashraya members in 2011 to explore how Ashraya responds to the needs of its members in terms of C&S. Content analysis of the transcripts was completed to sort out themes.

Results Analysis shows that in spite of scarce resources, the accessibility, effective outreach efforts, and commitment and reliability of Ashraya's volunteers are major components of its growing popularity.

Conclusions In the near-absence of non-discriminatory, affordable C&S for people living with HIV/AIDS, Ashraya offers much needed relief to its members. The potential role of SWs community-based organisations in providing C&S, which goes beyond safer sex promotion, needs to be accounted for within national-level policy planning and in evaluating existing programs.

LBP-1.04 INTERNATIONAL VALIDATION OF AMPLISENS NAAT SYSTEMS MANUFACTURED IN RUSSIA FOR DIAGNOSIS OF NEISSERIA GONORRHOEA, CHLAMYDIA TRACHOMATIS, MYCOPLASMA GENITALIUM AND TRICHOMONAS VAGINALIS

doi:10.1136/sextrans-2011-050119.10

¹M Domeika, ²A Savicheva, ²E Shipitsyna, ³C Y Chen, ⁴J Skov-Jenssen, ⁵O Hjelmvoll, ⁴R Ballard, ⁶M Unemo. ¹Uppsala University, Uppsala, Sweden; ²Institute of Obstetrics and Gynecology DI Ott, St Petersburg, Russian Federation; ³Centers for Disease Control and Prevention, Atlanta, Georgia, USA; ⁴State Serum Institute, Copenhagen, Denmark; ⁵University Hospital of North Norway, Tromsø, Norway; ⁶Örebro University Hospital, Örebro, Sweden

Objectives Data regarding the performance characteristics of STI diagnostic tests used in Eastern Europe are very scarce. The objective of this study was to validate the AmpliSens test systems (Central Research Institute for Epidemiology, Moscow, Russia), compared to internationally acknowledged and validated tests, for genetic detection of *N gonorrhoeae* (NG), *C trachomatis* (CT), *M genitalium* (MG) and *T vaginalis* (TV).

Methods In total, 319 females and 127 males were recruited. For evaluation of the TV tests, additional 33 patients with diagnosed trichomoniasis at dermatovenereological dispensaries (VD) were involved. Conventional AmpliSens PCR assay (cPCR), real-time PCR assay (rtPCR), and a real-time nucleic acid sequence-based amplification assay for detection of NG or CT were evaluated. Furthermore, AmpliSens cPCR and rtPCR for detection of MG or TV were tested. As international reference tests an internationally validated real-time *N gonorrhoeae* porA pseudogene PCR, Cobas Amplicor CT PCR and LightMix 480HT CT PCR, MG rtPCR targeting the MgPa adhesin gene with positive results confirmed by two MG cPCRs targeting the 16S rRNA gene and MgPa gene, and a TV rtPCR targeting a TV specific repeat DNA fragment, respectively, were used.

Results The overall prevalence of CT infection was 12.6%. The AmpliSens CT NAATs and the reference methods displayed a high level of concordance (97.9%–99.2%). The prevalence of NG was 2.7% and 16% among the urogenital and extragenital samples, respectively. The AmpliSens NG NAATs and the reference method

displayed high level of concordance (99.4–100%). The prevalence of MG was 2.5% among females and 9.6% among males. The highest sensitivity (71.4%–100% in different specimens) was exhibited by the AmpliSens rtPCR. All tests had a 100% clinical specificity. The prevalence of TV was 1.2% among the females, and all additional VD patients tested positive. The sensitivity and the specificity of both Russian TV tests validated was 100%.

Conclusion It seems clear that the biomedical industry in Eastern Europe has the potential for producing reliable reagents and tests kits at affordable prices for genetic diagnosis of STIs. This would open new perspectives for the whole region and could also be cost-effective for some other regions experiencing financial constraints. However, more comprehensive evaluations of regionally manufactured tests should be conducted according to internationally accepted guidelines.

LBP-1.05 CHALLENGES AND BARRIERS FOR CONDUCTING STI/HIV PREVENTION PROJECTS TARGETING FEMALE SEX WORKERS WITHIN NATIONAL PROGRAMS IN BENIN AND NIGER

doi:10.1136/sextrans-2011-050119.11

¹G Batona, ²A Michel, ³K René, ⁴G Marie, ³A Évelyne, ³A Clément, ⁵I M Kamaye, ⁵D Hassane. ¹Université Laval, Unité de recherche en santé des populations (URESP), Québec, Canada; ²URESP-CHA, Université Laval, Québec, Canada; ³Programme National de lutte contre les IST/Sida du Bénin, Cotonou, Bénin; ⁴Université Laval, Québec, Canada; ⁵Programme National de lutte contre les IST/Sida du Niger, Niamey, Niger

Context In West Africa, HIV/STIs prevention activities targeting female sex workers (FSW) and their partners were developed and supported financially through a bilateral cooperation project. After the end of the project in Benin (2006) and Niger (2007), the national HIV/STI programs took over these interventions.

Objectives (i) to identify the challenges and barriers for FSW program interventions within national programs; (ii) to assess the capacity of FSW dedicated services to treat and prevent STI efficiently.

Methods A triangulation of methods and sources of data collection were used within an evaluative approach centered on the use of the results, such as individual and collective interviews, review of data records from health centers and field observations. Quantitative data from clinical attendance were crossed with qualitative data. A conceptual framework was developed to explain the exploratory and analytical elements. The main findings were validated with the stakeholders.

Results There are several constraints and major challenges facing STI/HIV prevention under the responsibility of national programs, namely: (i) the deficit of synergies between two major components (communication for behavioural change and medical follow-ups), (ii) the lack of coordination and actions in the field, (iii) the abandonment of structural activities, (iv) low resource allocation for activities targeting FSW. Since the integration of the activities into the national programs, the capacity to provide prevention services to the FSW population, both in terms of coverage and of the package and the quality of services provided, has significantly declined, even if the strengthening of staff capacity in this domain remains an encouraging achievement.

Conclusions The national programs of Benin and Niger do not yet cover sufficiently the most exposed groups (FSW and their partners) who are at the centre of the HIV epidemic. Thus, the study proposes reflection and action to improve coverage of this clientele in order better control of STIs and HIV.

LBP-1.06 INFECTIOUS SYPHILIS IN NEW BRUNSWICK: USING DATA FOR ACTION IN A SMALL CANADIAN PROVINCE

doi:10.1136/sextrans-2011-050119.12

¹G Frosst, ²F W Tremblay, ²D Allard. ¹Public Health Agency of Canada, Fredericton, Canada; ²New Brunswick Department of Health, Canada

Background New Brunswick (NB) has experienced a resurgence of infectious syphilis with a 10-fold increase in the incidence rate between 2007 and 2010. In response to this increase in cases, an outbreak control team was convened and enhanced surveillance of syphilis was implemented to better understand the epidemiology of infectious syphilis in NB and to inform public health action.

Methods A standardised enhanced surveillance investigation form was developed to collect detailed information about syphilis cases, their sexual contacts, and risk factors. Since December 2010, all new cases of infectious syphilis reported in NB are followed up by regional Public Health staff using the standardised form, where completed forms are faxed to the provincial office for entry into a central database. Results are disseminated regularly to stakeholders through descriptive epidemiologic reports. Social network analysis (SNA) of cases, contacts, and meeting places for sexual partners (ie, venues) is also occurring to identify routes of transmission and points of intervention.

Results Fifty-six cases of infectious syphilis have been reported in NB since November 2009, corresponding to annual incidence rates of 5.0 per 100 000 in 2010 and a projected 6.1 per 100 000 in 2011. The majority of cases are located in the small urban centers of Moncton and Fredericton with sporadic cases located in Saint John and rural NB. Ninety-three per cent of cases are male with the highest incidence rate among males aged 20–24 years (58.8 per 100 000 population from November 2009 to April 2011). Five male cases are co-infected with HIV. Eighty-eight per cent of male cases are men who have sex with men, most of whom reported having multiple casual or anonymous sex partners in the months preceding diagnosis. Venues for meeting sex partners include websites, bars, and bath-houses. The epidemiologic reports and SNA informed the first phase of a province-wide social media campaign launched in February 2011. The campaign targets men aged 18–55 years and includes distribution of posters, condom matchbooks, and online advertisements at venues identified by cases.

Conclusions NB is currently experiencing an outbreak of infectious syphilis. Enhanced surveillance activities, regular epidemiologic reporting, and SNA have informed the development of public health interventions targeting adult males, primarily men who have sex with men in Moncton and Fredericton.

LBP-1.07 ECOLOGY OF HUMAN PAPILLOMAVIRUS (HPV) INFECTIONS IN THE MALE, STUDIED USING EXPRESSED PROSTATE SECRETIONS (EPS)

doi:10.1136/sextrans-2011-050119.13

¹V Smelov, ²C Eklund, ²J Dillner. ¹Medical Academy of Postgraduate Studies, St. Petersburg, Russian Federation; ²Karolinska Institutet, Stockholm, Sweden

Background In a new era of Human papillomavirus (HPV) vaccination, adequate diagnostics of the viral infection in men becomes more important: the monitoring of the vaccination effect requires evaluating whether vaccine HPV types disappear from and how the prevalence of non-vaccine types is affected in either high-risk groups or general population. Detection methods and anatomical sites for optimal HPV sampling are of high interest among healthcare specialists. Expressed prostate secretion (EPS) obtained during digital rectal examination—a daily routine urological diagnostic procedure—and following massage of the prostate, represents an