

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

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**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

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**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

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**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