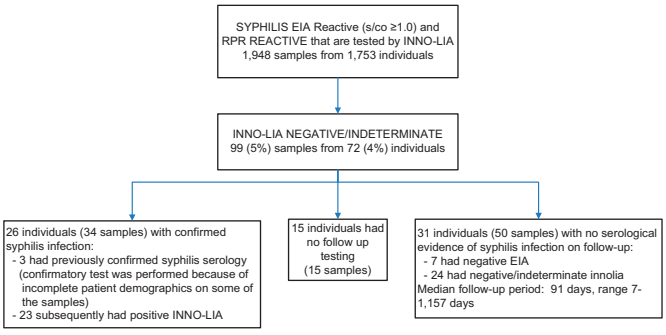
Conclusions The utilisations of financial aid, counselling, and access for medical care services that provided by NPO in Taiwan were significantly with the health related variables which included the depression, adherence, CD4, and quality of life. The result could provide suggestions about refining the contents of services and promoting their function and the quality of life of PLWHA.

LBP-1.10 MISCLASSIFICATION OF SYPHILIS CASES USING A REACTIVE ENZYME IMMUNOASSAY AND REACTIVE RPR ALGORITHM ALONE FOR DIAGNOSIS

doi:10.1136/sextrans-2011-050119.16

[1]A Singh, [2]K Fonseca, [3]S Mukhi, [1]J Gratrix, [3]S Plitt, [1]R Read, [1]K Sutherland, [2]G Zahariadis, [2]G Tyrrell, [4]B Lee. *[1]Alberta Health Services, Edmonton, Canada; [2]Alberta Provincial Laboratory for Public Health, Canada; [3]Public Health Agency of Canada, Canada; [4]University of Alberta, Canada*

Background Recent recommendations propose that samples dually reactive by a syphilis enzyme immunoassay (sEIA) and RPR be reported as positive for syphilis without confirmatory testing.
Methods Samples from 1 September 2007 to 19 March 2011 testing reactive by sEIA and tested by INNO-LIA (IL) were extracted from the Alberta Provincial Laboratory for Public Health's DIAL (Data Integration for Alberta Laboratories), a web based application. Syphilis testing history was reviewed for all patients with a reactive sEIA and reactive RPR and negative (NEG) or indeterminate (IND) result by IL. Syphilis infection was defined by a positive confirmatory test (majority IL; a few TPPA and FTA-ABS). The significance of RPR titres in patients NEG/IND by IL with or without evidence of syphilis infection was analysed using χ^2 test. Median standard cut-offs (s/co) for the sEIA were compared using the Mann–Whitney U test.
Results 6195 samples from 4695 patients with reactive sEIA were also tested by IL: 15 samples (0.2%) had no reported RPR result, 4232 (48.3%) were non-reactive by RPR, and 1948 (31.4%) samples from 1753 patients were reactive by RPR. 72 (4.1%) of the 1753 patients with reactive RPR had at least one specimen tested NEG/IND by IL (Abstract LBP-1.10 figure 1). 3 of the 72 patients (4.2%) had a serological history of syphilis infection not recognised initially, 15 (20.8%) had no follow-up testing, 23 (31.9%) had a subsequent positive IL, and 31 (43.1%) did not demonstrate syphilis infection on follow-up testing. For the 31 patients with no serological evidence of syphilis infection, 24 remained NEG/IND by IL and seven tested negative by sEIA on follow-up. Overall, 31 patients (1.7%) would have been misclassified as infected based upon an algorithm of dually reactive sEIA and RPR without confirmatory testing. 14.7% of samples that tested negative or IND for IL in confirmed syphilis had RPR titres =1:8 as compared to 20.0% of samples from patients without syphilis on follow-up serology (p=0.5). The median s/co of the screening sEIA for samples from the patients who were infected (4.8, range: 1.0–24.20) differed from the s/co (2.6, range: 1.0–12.4) for those uninfected (p<0.05).
Conclusions In our experience, 1.7% (31 patients) would have been misclassified as a case of syphilis if a third confirmatory test for syphilis had not been conducted. Additional evaluation of syphilis testing algorithms is warranted before a two test algorithm is widely employed.



Abstract LBP-1.10 Figure 1 Misclassification syphilis cases

LBP-1.11 ACCEPTABILITY OF SHORT-COURSE AZT PREVENTION REGIMEN BY HIV INFECTED PREGNANT WOMEN; SHOULD VCT IN THE ANTENATAL SETTING BE MODIFIED

doi:10.1136/sextrans-2011-050119.17

[1]S Abdulah Aziz, [1]D Mubiru, [2]N Rose. *[1]Positive Men Union Uganda, Kampala, Uganda; [2]Entebbe Infectious Diseases Institute*

Background Acceptability VCT by pregnant women is critical in the contest of trials accessing interventions to reduce mother to- child transmission of HIV. We studied the logistics and uptake of short–course oral AZT regimen by HIV-infected women after VCT in areas of Uganda.
Methods From June 2004, a pilot project on the feasibility of short-course AZT was launched in an antenatal clinic in mulago hospital. All pregnant women hear a 15- min talk by clinic nurses a bout mother to- child transmission of HIV and are offered voluntary pre- and post-test counselling by lay community volunteers. Consenting HIV-positive women are offered AZT (300 mg twice daily) from 36 weeks gestation until labour, one tablet at onset of labour, and then every 3 h delivery. HIV positive women are counselled and supported on their choice of infant.
Results Over a 6-month period, 1062 antenatal women were offered VCT, 247 (22%) underwent pre-test counselling and 206 (18%) agreed to be tested. Among those tested 78 (38%) were HIV-positive, of these 17(83%) returned to collect results, including 65 HIV positive women. As of September 2004, 40 (62%) women consented for AZT, 17 women have completed the regimen, 5 are currently receiving drug, 7 are eligible to start AZT and 11 women dropped out of the study (preterm births, incorrect dates, failure to notify nurses during labour, and non-compliances). Of the 17 women who received AZT, 12 opted for formula feeding and five women chose breast feeding.
Conclusion HIV prevalence in this setting is estimated at 30% of 332 projected HIV infected women seen, only 40(12%) women actually received AZT. The major barrier appears to be entrance into counselling. When counselled, most HIV-pregnant women choose to receive AZT prophylaxis. New approaches to antenatal HIV counselling and testing are urgently required to improve future acceptance of VCT and the successful implementation of antiretroviral pro-phylaxis.

LBP-1.12 HIV AND HEPATITIS C PREVALENCE IN INDIVIDUALS LEAVING PRISON AND ENTERING DRUG AND ALCOHOL SERVICES IN THE AREA OF HIGHEST HIV PREVALENCE IN THE UK

doi:10.1136/sextrans-2011-050119.18

H Williams, D Axten, F Makia, A Teague, J Fox. *Guy's and St Thomas' NHS Foundation Trust, London, UK*

Background Intravenous drug users, particularly those in prison, are at high risk of acquiring HIV and Hepatitis C (HCV) and commonly do not access mainstream medical care. Missed opportunities for HIV and Hepatitis C testing in Intravenous drug users attending prisons are therefore common. By using oral swabs difficulties of venous access can be avoided. Lambeth has the highest prevalence of

HIV in the UK and it is estimated that 15–20% of inmates at HMP Brixton are HIV positive.
Methods Staff delivered 26 walk-in clinics at a drug rehabilitation unit in Brixton over 5 months. The testing service was developed in close liaison with the drug and alcohol team and publicised using posters and education of reception staff. Oral swab testing for HIV and HCV was offered. A simple questionnaire was completed by attendees covering testing history and risk practice.
Results 35 individuals tested for HIV and HCV and were 80% male, 74.3% UK born, 48.6% white and 77.1% heterosexual. 37.1% were IVDU, median age was 36 (range 22–74). 57.1% individuals had previously tested for HIV, median time since last test was 4 years (range <1–15 years). 54.3% individuals had previously tested for HCV, median time since last test was 3 years (range <1–11 years). Median length of time in prison was 3 months (range <1–48 months). 48.6% and 51.4% had never been offered an HIV or HCV test in prison respectively. Only two individuals had tested for HIV and HCV in Prison. 14.3% individuals were already known to be HCV positive. 5.7% (N=2) individuals were newly diagnosed HCV positive but none tested HIV positive. 82.9% felt HIV/HCV testing should be offered in Prison. 71.1% felt this should be done using a mouth swab. 35% had no concerns regarding HIV/HCV testing but in those who did, dislike of needles, receiving a positive result and concerns regarding confidentiality were the commonest barriers to testing.
Conclusions Prevalence of previously undiagnosed HCV was high in this group but HIV prevalence was zero. Uptake of HIV/HCV testing was very low despite good publicity and support from the drug services. This suggests that this method is not a cost effective approach to HIV testing despite oral swabs representing an acceptable mode of testing. Half of attendees had not been offered an HIV or HCV test in prison which needs to be increased. Testing in drug rehabilitation services does not result in high uptake of testing or detection of undiagnosed HIV.

LBP-1.13 LEEP CONISATION AND THE RISK FOR PRETERM BIRTH: NEW HEALTH REGISTRY BASED DATA FROM FINLAND

doi:10.1136/sextrans-2011-050119.19

[1]J Paavonen, [1]A Heinonen, [2]M Gissler, [1]A M Tapper, [1]M Jakobsson. *[1]Helsinki University Hospital, Helsinki, Finland; [2]National Institute of Health and Welfare, Finland*

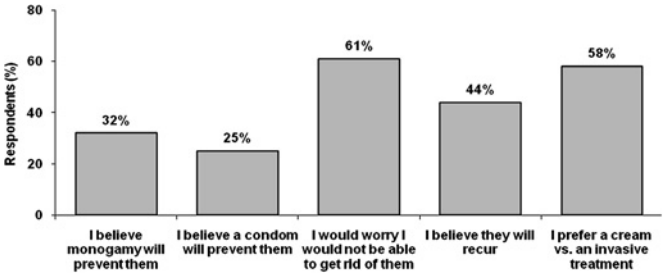
Objectives To study whether the increasing severity of cervical intraepithelial neoplasia (CIN) by LEEP (loop electrosurgical excicion procedure) cone correlates with the risk for preterm birth. We also wanted to study whether the time period from LEEP or repeat LEEP correlates with the risk.
Methods Retrospective register-based study from Finland during 1997–2009. We collected data from the Hospital Discharge Register. We linked the data with data from the Finnish Medical Birth Register. The study population consisted of 20 011 women who had LEEP during 1998–2009 and a subsequent delivery during 1997–2009. Controls were women with no previous LEEP (n=430 975). The main outcome measure was preterm birth (<37 gestational weeks) rate.
Results The risk for preterm birth was increased after LEEP (OR 1.82, CI 1.62 to 2.03). In primiparous women this risk was slightly lower OR 1.61 (CI 1.42 to 1.83). Repeat LEEP was associated with almost threefold risk for preterm birth (OR 2.71, CI 1.98 to 3.69). Increasing severity of CIN did not correlate with the preterm birth rate. LEEP for carcinoma in situ or microinvasive cancer, however, increased the risk threefold (OR 3.25, CI 1.92 to 5.50). The risk was also increased for HPV-related non-CIN lesions (OR 2.55, CI 1.72 to 3.78). Time period since LEEP was not associated with the risk for preterm birth. Adjusting for maternal age, parity, socio-economic status, or marital status, or history of previous preterm birth did not change the results.
Conclusion The risk for preterm birth was increased after LEEP, but was not associated with the severity of CIN. Repeat LEEP had highest risk. Unnecessary LEEP should be avoided especially among young women.

LBP-1.14 GENITAL WARTS: CANADIANS' PERCEPTION AND HEALTH RELATED BEHAVIOURS

doi:10.1136/sextrans-2011-050119.20

[1]M Steben, [2]D Labelle. *[1]Institut national de santé publique du Québec, Montréal, Canada; [2]Graceway pharmaceuticals, Canada*

Background A high level of anxiety is associated with a diagnosis of genital warts but health-related behaviours are less well known.
Objective To gauge the perceptions of Canadians towards genital warts and associated treatments.
Methods A survey supported by an unrestricted grant from Graceway Canada was conducted in February 2011 by Leger Marketing using their online panel (LegerWeb). It included 17 questions (2 multiple-choice, 15 4-point rating from strongly agree to strongly disagree]) relating to genital wart perception plus nine demographic questions.
Results The survey was completed by 1520 Canadian adults aged 18–75+ years, of which 52% were female. Fifty-two per cent of respondents stated that they would monitor an unrecognised spot on their genitals and only seek medical assistance if it did not go away. Only 43% said they would stop having sex until the spots were gone. Concerns of being judged by friends/family were high (44%). Regarding prevention, 32% of respondents believed that monogamy would protect against genital warts, and 25% believed they are not at risk if they use a condom. Treatment preference was in favour of a cream rather than an invasive treatment (58%), particularly among younger (67%) and male respondents (63%). Over 60% would worry that genital warts could not be resolved. Women were less likely to believe that genital warts could be cured (13% vs 23%), and more likely to believe that they would recur (46% vs 42%) see Abstract LBP-1.14 Figure 1.
Conclusion Among Canadians, genital warts were associated with a fair degree of social stigma and worries regarding their resolution, and future recurrences. Non-invasive treatment options were preferred.



Abstract LBP-1.14 Figure 1

LBP-1.15 AN EVALUATION OF THE LONG-TERM EFFECTIVENESS, IMMUNOGENICITY, AND SAFETY OF GARDASIL IN PREVIOUSLY VACCINATED WOMEN

doi:10.1136/sextrans-2011-050119.21

A Saah. *Merck Sharp & Dohme, Whitehouse Station, USA*

Background The GARDASIL long-term follow-up (LTFU) study is an ongoing extension of a pivotal randomised, placebo-controlled,