7–49 days). In 16% of patients time to enter care took over 150 days; those infected by heterosexual contact or injecting drug use were more likely to be in this group. Patients born outside the Netherlands were also more likely to enter care late. 2). From February 2009 until April 2010, 120 participants were included in the study (response 70%). The majority (n=108) were men who have sex with men (MSM). For 78% of participants a date of entry into care was known; median time into care was 8 days (range 0–104 days). Twenty two per cent had not entered care yet of whom 16% had CD4 cell counts below 350. Of participants who were directly referred to an HIV treatment 10% delayed for medical care compared to 45% of participants wanted to make an appointment on their own initiative.

**Conclusions** Specific subpopulations such as heterosexuals and ethnic minorities are at risk for entering care late after being diagnosed HIV positive. Results from the prospective study show that direct referral from STI clinic to an HIV treatment centre leads to less delay. Testing of those at risk is not enough to interrupt HIV transmission chains, entry into care needs to be assured as well.

---

**O5-S2.04 EVALUATION OF SEXUALLY TRANSMITTED INFECTION CLINICAL SERVICES IN GAUTENG PROVINCE, SOUTH AFRICA: KNOWLEDGE, ATTITUDES, AND BELIEFS AMONG HEALTH CARE PROVIDERS**


J Mark, S Hariri, R Ilunga, S Forhan, M Likibi, L Kamb, D Lewis. *Centers for Disease Control and Prevention, Atlanta, USA; *National Institute for Communicable Diseases of the National Health Laboratory Service, Johannesburg, South Africa; 1Gauteng Department of Health, South Africa*

**Background** The STI clinical encounter is an opportunity to identify and prevent new HIV as well as STI infections. We sought to evaluate the STI clinical encounter among public and private clinicians in South Africa to determine opportunities for improved prevention services.

**Methods** From November 2008 to March 2009, we studied the knowledge, beliefs, and attitudes of STI health care providers in rural and urban facilities in Gauteng Province. We selected public and private health facilities reporting >100 patients annually, stratifying among 6 municipalities. We interviewed managers from eligible clinics and all eligible staff to participate in self-administered, computer-assisted surveys. We used STATA 9 for univariate, stratified analysis by χ² and Fisher’s exact test.

**Results** Of 641 eligible clinicians, 613 (96%) completed the survey, including 100% of public and 65% of private providers. Most clinicians were nurses (91%), female (89%), from public clinics (92%), and had formal STI (87%) or HIV (96%) training within 10 years. The median number of STI patients seen daily was 6 and most providers were experienced in STI care (median 9.5 years), although more so in private clinics (11.7 years). Most clinicians recognised most of the common syndromes and correctly identified treatment options, particularly for bacterial genital ulcer syndrome. Most (94%) understood genital herpes recurs, but only 85% agreed herpes could be treated. Nonetheless, misperceptions were common: less than half (48%) agreed with the statement that some STIs cannot be cured with medication, only 5% disagreed that “herpes is curable,” 34% agreed “untreated STIs develop into AIDS,” and 33% agreed that “HIV medications were more dangerous than having AIDS.” STI or HIV testing was either unrelated or inversely related to these misperceptions. While most providers (95%) felt offering HIV testing to STI patients was one of their most important responsibilities, many (27%) believed it permissible to test patients for HIV without consent. Clinicians reporting having STI or HIV training were more likely to agree with HIV testing without consent (50% vs 17%, p=0.001) see Abstract O5-S2.04 table 1.

**Conclusions** Most clinicians understood STI syndromic treatment, however many misunderstood important aspects of HIV/STI clinical care and their implications for prevention. Brief refresher courses on specific aspects of treatment and prevention may benefit HIV/STI clinical care and prevention in Gauteng.
Abstract 05-S2.04 Table 1 Sexually transmitted infections provider knowledge, beliefs and attitudes in Gauteng, South Africa, 2008–2009

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>Agree</th>
<th>Disagree</th>
<th>Do Not Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Some STIs cannot be cured with medication</td>
<td>48.1</td>
<td>294</td>
<td>45.7</td>
</tr>
<tr>
<td>Genital herpes often recurs</td>
<td>93.1</td>
<td>569</td>
<td>3.8</td>
</tr>
<tr>
<td>Genital Herpes often causes urethral discharge in men</td>
<td>25.7</td>
<td>157</td>
<td>87.4</td>
</tr>
<tr>
<td>Genital herpes is curable</td>
<td>42.2</td>
<td>258</td>
<td>4.8</td>
</tr>
<tr>
<td>Untreated STIs can develop into AIDS</td>
<td>84.9</td>
<td>519</td>
<td>10.0</td>
</tr>
<tr>
<td>Genital Herpes sores can be treated with medication(s)</td>
<td>33.9</td>
<td>207</td>
<td>60.6</td>
</tr>
<tr>
<td>Many patients with STIs already have HIV or AIDS</td>
<td>24.2</td>
<td>259</td>
<td>52.2</td>
</tr>
</tbody>
</table>

Beliefs
- I think one of my most important responsibilities is to strongly recommend HIV testing to each of my STI patients
- I think traditional herbal medicine is able to cure some STIs
- I think traditional herbal medicine is able to cure HIV/AIDS
- In the long run, some HIV medication(s) can be more dangerous than having AIDS

Attitudes
- Under certain circumstances, it is OK to test patients for HIV without telling them

05-S2.06 ROLE OF REGIONAL REFERENCE LABORATORIES FOR SEXUALLY TRANSMITTED INFECTIONS IN IMPROVEMENT OF SECOND GENERATION HIV SURVEILLANCE EXPERIENCE FROM THE CENTRAL AMERICA REGION
doi:10.1136/sextrans-2011-050109.161

T Ya, L Steele, S I Juarez, C Y Chen, R C Ballard. Centers for Disease Control and Prevention Atlanta, USA

Background WHO/UNAIDS recommends National HIV/AIDS and Sexually Transmitted Infection (STI) Control Programs to implement integrated HIV, STI and behavioural surveillance to assess the disease burden, and to monitor the temporal trends of HIV/STI prevalence and high-risk sexual behaviours. Despite this recommendation, there is limited STI prevalence data available in many resource-poor countries owing to lack of STI laboratory capacity to detect multiple STIs. The CDC STD lab explored the feasibility of a decentralised laboratory strengthening approach by applying more advanced molecular STI diagnostic methods to support STI laboratory capacity among resource-poor countries owing to lack of STI laboratory capacity in multi-country regions.

Methods CDC STD lab developed a real-time multiplex PCR (MPCR) to detect Neisseria gonorrhoeae, Chlamydia trachomatis, Trichomonas vaginalis, and Mycoplasma genitalium. In collaboration with regional partners, CDC identified and transferred diagnostic technology to a regional STI reference laboratory in 2008. The regional reference laboratory provides MPCR testing on specimens collected for surveillance purpose. This standardised SGS study design was implemented at regular intervals in multiple countries in the region to estimate the disease burden and to monitor temporal STI trends.

Results During 2007–2010, four national integrated sexual behavioural and biomarker surveys were implemented using CDC’s affiliated regional STI reference center. The quality STI prevalence data was made available to the national HIV/STI programs in Honduras, El Salvador, Nicaragua and Colombia. Similar CDC supported surveillance studies are in preparation in Guatemala, Belize, Panama, Honduras (second round) and the Dominican Republic.
O5-S2.04 Evaluation of sexually transmitted infection clinical services in Gauteng Province, South Africa: knowledge, attitudes, and beliefs among health care providers

J Mark, S Hariri, R Ilunga, S Forhan, M Likibi, M L Kamb and D Lewis

*Sex Transm Infect* 2011 87: A92-A93

Updated information and services can be found at:
http://sti.bmj.com/content/87/Suppl_1/A92.2

These include:

**Email alerting service**
Receive free email alerts when new articles cite this article. Sign up in the box at the top right corner of the online article.

**Topic Collections**
Articles on similar topics can be found in the following collections

- Drugs: infectious diseases (3182)
- HIV / AIDS (2514)
- HIV infections (2514)
- HIV/AIDS (2514)
- Genital ulcers (86)
- Herpes simplex virus (229)

**Notes**

To request permissions go to:
http://group.bmj.com/group/rights-licensing/permissions

To order reprints go to:
http://journals.bmj.com/cgi/reprintform

To subscribe to BMJ go to:
http://group.bmj.com/subscribe/