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Background This work was done to study the HIV-TB co-infection at Paul FAURE Republic of Djibouti were tuberculosis is highly endemic. Our objectives was to identify the average profile of individuals concerned by co-infection in PAUL FAURE Hospital and the differences between two period of time. First period: January 2003 to April 2007 and second period: May 2007 to May 2008.
Methods The status of HIV-TB co-infection was studied through the distribution of HIV-TB co-infected patients. These patients were followed at PAUL FAURE Hospital.

This distribution was examined under thirteen parameters that were clinical, sociological and epidemiological over two distinct periods of time. The essential criterion for inclusion in the study was to be HIV-TB co-infected. The study included 104 cases of the 1st period and 85 cases of 2nd period.
Results The average profile of HIV-TB co-infected patient who was monitored at PAUL FAURE Hospital over the 1st period was: a man, between 26–45 years of age, Djiboutian, married, with modest income, moderately educated, weakly informed about HIV-TB diseases, having a TPM+ as a clinical form of TB with 12.50% chance of dying while receiving treatment, with survival rate at 1 year under ART equaling 19.44%.

In the 2nd period, the average profile was: a woman, between 26–40 years of age, Ethiopian, divorced, with modest income, not educated, not informed about HIV-TB diseases, drug users (Khat), a resident of Arhiba or Q4, having a TPM+ as clinical form of TB, being cured or still under treatment, with survival rate at 1 year under ART equaling 97.14%.
Conclusions improving care and better monitoring of patients, as it was the case in second period, with systematic updating of sociological, clinical and epidemiological data can lead to a better management of the co-infection within the country.

P3.339 HPV TYPE-SPECIFIC RISKS FOR HIGH-GRADE LESIONS: LONG-TERM FOLLOW-UP OF THE SWEDESCREEN STUDY

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Background The knowledge on HPV type-specific long-term absolute risks (AR) and population attributable proportions (PAR) for CIN2+ is limited. With the SwedeScreen population-based randomised controlled trial the effect of HPV testing in primary screening was evaluated.
Methods Overall 12,527 women (32–38 years) were randomised 1:1 to the intervention (cytology, HPV testing) and control arm (cytology, no action on HPV tests). Registry-based follow-up for cytological and histological test results was done (1997–2011). Type-specific ARs and PARs of CIN2+ were calculated. Poisson regression estimated the relative risk (RR) of new CIN2+. Multivariate analysis adjusted for co-infections. Women were censored at date of first CIN2+ or last registered cytology.
Results Over the entire follow-up, the joint PAR for 14 HR-HPV types was similar in the intervention and control arms (69.3% versus 68.1%). AR, RR and PAR were highest during the first screening round but risks were high throughout follow-up. HR-HPV+ women developed CIN2+: 1–3 years 13.6%, 3–6 years 6.4%, later 4.5%. RRs: 89.5, 37.9, 12.2 and 9.0 during the first, second, third screening rounds and for > 9 years of follow-up. Different HPV types tended to confer different risks over time: HPV18 increased, HPV16 and HPV31 stable, and others decreased. The HR types clustered in a highest, medium and a low AR groups (HPV16/18/31/33: 31–42%, HPV35/45/52/56/58: 13.8–24.8%, HPV39/51/59/66/68: AR < 11%). HPV16 contributed to the greatest proportion of CIN2+ in the population (first round PAR 38.8%), followed by HPV52 (9.6%), HPV31 (7.0%) HPV18 (5.9%) and HPV45 (5.2%).
Conclusion HPV screening had minimal effect on the proportion of CIN2+ lesions caused by the HPV types screened for. HR-HPV-associated risks for CIN2+ continue to be strongly elevated over long-term (9–14 years) follow-up, particularly for HPV16, 18, 31 and particularly for CIN3+ lesions. The seven HR-HPV types 16/18/31/33/45/52/58 cause 73.9% of CIN2+ lesions. All 14 HR types cause 86.9%.

P3.340 STUDY OF KNOWLEDGE AND ATTITUDES OF MARRIED WOMEN AGED 10 TO 49 REFERRED TO HEALTH CENTRES AFFILIATED TO ISFAHAN UNIVERSITY OF MEDICAL SCIENCES AND HEALTH PROVIDERS EMPLOYED AT THESE CENTRES ABOUT AIDS AND SOME FACTORS RELATED TO –2011

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Background Expanding of AIDS is such an important issue that one of the main goal of WHO is increasing of knowledge about HIV in general population. Thus in forth developing programme of IRAN, prevention programmes for HIV has been mentioned. Education is necessary for changing of high risk behaviours.
Methods This descriptive study was conducted in 1390. The samples were 9207 married women between 10–49 years old who were coming to health centres and selected by systematic method and 2465 health providers were working in these centres.
Results Most of them were housewife (93.4%) 55.5% of women had trained about HIV/AIDS but 86.6% of women don't have complete awareness about HIV/AIDS and just 13.4% of them have complete awareness. The first source for getting information was TV and then health care providers.there was a significant relation between the score of knowledge and their age, educational level and career ($p < 0.001$). the least knowledge was about transmitted and nontransmitted ways. Post counselling was given to 22.4% tested women. The mean score for attitude was 84.3 ± 11.2 and was observed statistical significant between the score of attitude and their age, educational level, addressing, HIV testing and career ($p < 0.001$).for health care provider there wasn't a significant relation between the score of knowledge and their age and career. The mean score for attitude was 91.1 ± 7.5 and there was observed statistical significant between the score of attitude and their educational level and career ($p < 0.001$).
Conclution Findings showed limited knowledge about HIV so we need to improve methods of training and use variety in our awareness programme such as peer groups. It is necessary to train health providers about VCT. In addition we must try for decreasing stigma, keeping the rights of patients and increasing social marketing for VCT, care and treatment of people live with HIV/AIDS

P3.341 SEX AND THE LONDON OLYMPICS 2012 PART 1. IMPACT ON COMMUNITY SEXUAL HEALTH SERVICE PROVISION IN LONDON

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Background Predicting the impact on services is essential for managing large public events.
Objectives To measure the impact of the 2012 Olympics on service use in London
Methods Data were gathered from London sexual health services in London for July-September 2012 relating to contraception, sexual assault, sex worker services and telephone sexual health advice
Results Emergency contraception prescriptions rose by 20% (from 1086 to 1353) over the Olympic and post-Olympic period as compared to the previous month. In the Brook London contraception clinics there was a 9% rise (from 1209 to 1328) in all attendance over the Olympic period as compared with 2011. In the three main sexual assault services, 1–7% of reported incidents were in clients who were visiting the Olympics. In a survey of 102 sex workers, 59% (59/102) reported fewer clients and 46% (46/102) reported more police interference and brothel closures. Sixteen (16%) were new sex workers and 7% (7/102) came to London specifically for the Olympics. Telephone advice line calls about sexual health fell by 19% (from 741 in the previous month to 622 over the Olympics) then rose by 25% (from 622 to 828) in the month after the Olympics. This increase was mainly due to calls by women with vaginal symptoms (from 112 to 184, 61% increase) and urinary tract problems (from 150 to 223, 67% increase).
Conclusions Contraception service use was higher and emergency contraception prescriptions increased following the Olympics. Reported use of sexual assault services, sex workers and telephone advice was low during the Olympics but there was a large rise in requests for sexual health advice afterwards. These data will prove valuable in planning sexual health service provision for cities with large-scale events in the future

P3.342 SEX AND THE 2012 OLYMPICS PART 2. PROSPECTIVE STUDY OF THE IMPACT OF OLYMPIC VISITORS ON SPECIALIST STI SERVICES IN LONDON AND WEYMOUTH AND ON STIS DIAGNOSED

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Background Predicting the impact on services is essential for managing large public events.
Objectives To measure the impact of the Olympics on STI services
Methods Between 20 Jul-16 Sept 2012, new registrants at STI clinics in London and Weymouth were asked to complete a survey to determine if they were visitors to the Olympics from the UK and abroad. Survey responses were linked to the national specialist STI clinic activity dataset (GUMCAD)
Results Provisional data show that 24/35(69%) clinics returned 12347 surveys. Among respondents, 11158(90%) were local residents, 1081(9%) non-Olympic visitors and 108(0.9%) Olympic visitors (OV). Survey participation was 12347/37704(33%). Most OVs were seen in central London clinics (52, 48%) and Weymouth (21, 19%), with the majority (66, 61%) attending during the Olympics (27 Jul-12 Aug). The percentage of new registrants who were OVs reached a maximum of 9% per week in one London clinic and 21% per week in Weymouth

Among OV respondents, 37 (35%) were non-UK residents and 59(55%) were Olympic workers. Compared with locals, OV were more likely to be male (74% vs 59%), in the 15–24 age range (44% vs 36%) and ethnically white (83% vs 68%). There were no differences in sexual orientation but a higher prevalence of acute STIs among OVs (12/108, 11.1%) vs locals (950/11158, 8.5%) was reported. A total of 30 STIs were diagnosed among OVs including NSU (10, 9%), chlamydia (5, 5%), warts (5, 5%), herpes (4.4%), gonorrhoea (3.3%), molluscum (2.2%) and scabies (1.1%)
Conclusions For the first time in the history of the Olympics, the impact of visitor attendance at sexual health clinics has been measured prospectively. OV were seen in substantial numbers only during the Games and had comparable STI rates to locals. These data will prove valuable in planning future sexual health services for cities with large-scale events

P3.343 HOW WELL DO WEB PANEL SURVEYS MEASURE SENSITIVE BEHAVIOURS IN THE GENERAL POPULATION, AND CAN THEY BE IMPROVED? A COMPARISON WITH THE THIRD BRITISH NATIONAL SURVEY OF SEXUAL ATTITUDES & LIFESTYLES (NATSAL3)

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Background Surveys play an important role in providing public health data for researchers and policy-makers. Traditional modes of survey data collection are subject to declining response rates and increasing costs. With the spread of the internet among the population, web surveys potentially provide a cost-effective alternative mode. Volunteer web panels are now widely used for market research/opinion polling, but less for academic/government research due to concerns about their representativeness. Various methods attempt to make web panels more "representative" of the population. We compared results from four UK web panels with a national probability survey.
Methods A shortened Natsal3 questionnaire was included on four web panels: two used standard demographic quotas, and two were 'modified' using variables correlated with key outcomes as additional quotas. After weighting for age and sex, comparisons were made with Natsal3 for demographic characteristics, key behaviours and attitudes, to examine whether modified quotas 'improved' the results.
Results All four web panels gave significantly different results from Natsal3 on a majority of the variables. There were more differences among men than women for all the web panels. There were more differences between the web panels and Natsal3 questions asked face-to-face (CAPI) than in self-completion format (CASI). The web panels also differed significantly from each other. One of the modified quota web panels produced estimates closer to Natsal3 than the standard quota panels, but still differed on three-fifths of the variables. Moreover, meeting the modified quotas proved difficult, and the quotas had to be relaxed in both cases.
Conclusions When measuring sensitive sexual behaviours in the UK population, volunteer web panels provided significantly different estimates than a probability CAPI/CASI survey. Adjusting web panel quotas did not lead to much improvement.

P3.344 HIV AIDS SURVEY IN THE ARMED FORCES IN REPUBLIC OF DJIBOUTI

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Introduction National prevalence of HIV/AIDS in Djibouti is estimated at 3% based on 2002 data moreover the military are considered as at-risk group. An HIV/AIDS seroprevalence survey in 2006 was conducted over a population composed of the Armed Forces to assess the seroprevalence of HIV/AIDS among Djiboutian military forces.