

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.

Patients and Methods 1880 individuals, from the 5 major garrisons of the country, were double tested using two rapid tests. A Knowledge, Attitudes and Practice Survey (KAP) conducted. The results were analysed with STRATA and EPI INFO softwares.

Results Seroprevalence The seroprevalence rate among the whole armed forces was **1.18%** (IC95 0.89%–1.55%)

KAP survey The questioned individuals were 34 years for the average age, 55% were soldiers, 55% were been at Primary school, 97% quoted in first the AIDS like problem of public health in front of tuberculosis, the diabetes and malaria. 97% quoted that in HIV prevention the most significant is fidelity, only 15% have carried out a HIV test in the last 12 months. 75% answered that the STD is contracted after a not protected sexual relation with an infected person. 90% think that the use of the condoms is prohibited by the religion. 90% of questioned people stated to consume Khat at least once per week. 65% think that sexual vagrancy is frequent under the negotiable instrument of Khat.

Conclusion The seroprevalence of the survey has shown a result of 1.18% which is lower than the awaited rate. Nevertheless we estimate that our methodology figuring close to the reality and it will be up to the Health Service of the armed forces to carry out prevention, information and care policy so that this rate does not grow in the future at best decrease in favour on an in-depth work.

P3.345 ATTITUDES AND PRACTICES TOWARD PRE-MARITAL ROMANTIC/SEXUAL ACT AND CONDOM USE: A STUDY AMONG YOUNG INDIANS

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Background The initiation of sexual intercourse early in life is associated with an increased number of sex partners and a greater risk for STDs, HIV/AIDS.

Methods Data were drawn from *Youth in India: Situation and Needs* study. It is conducted by International Institute for Population Sciences, Mumbai and the Population Council, New Delhi and it focused on married and unmarried young women and unmarried young men (50,848) aged 15–24 during 2006–07.

Results There was a clear progression reported in physical intimacy and sexual experience with romantic/and/or other partners among the young in India. It is reported that 19percent of young men and 9percent of women had been involved in a romantic partnership and significant proportion of young men (15percent) and young women (4percent) experienced pre-marital sex within romantic and/or other partnerships. Around 11percent of young men and 5percent of young women had experienced first pre-marital sex before age 20. Young men tended to initiate pre-marital sex earlier than young women, moreover, about 47percent of young men in rural areas, compared to 30percent of those in urban areas, and 32percent and 15percent of young women, respectively, reported pre-marital sex with romantic partners. Around one-fourth of young men and little above one-fifth of young women had pre-marital sex with more than one partner and only 13percent of young men and 3percent of young women used condoms in all pre-marital encounters. Unmarried youth were more likely than the married to report contraceptive use at first sex (30% versus 23% among young men; 17% versus 8% among young women).

Conclusion This study underscore the fact that youth face numerous challenges while making transition to adulthood and these challenges should addressed by programmes/interventions at the youth, family and service delivery levels.

P3.346 EVALUATION OF HIV, HBV, HCV, SYPHILIS AND RELATED RISK BEHAVIOUR PREVALENCE AMONG THE INJECTING DRUG USERS (IDU) IN THE CITY OF BARNAUL, RUSSIA

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Background Different preventive programmes were implemented in Barnaul. Among them: condom and injecting equipment distribution, voluntary counselling and testing, social and medical support of the IDU and safe skills building. We investigated the difference in HIV, HIV, HCV, Syphilis and risk behaviour prevalence among the IDU programme clients (PC) covered by preventive programmes and the IDU who were not covered by preventive programmes (comparison group).

Methods Integrated bio-behavioural survey with the use of "case-control" among the IDU was conducted in Barnaul, in 2011. 300 IDU were surveyed. Socio-behavioural, knowledge, HIV, HCV, HBV and Syphilis prevalence data were calculated with SPSS v.12.

Results The sample was: male (65%), 24–45 years old (52%), single (57%), unemployed (79%).

94.7% of PC answered to knowledge questions correctly (5 key questions on HIV transmission and main preventive measures), in comparison group –79.3%.

90% of PC did not use non-sterile needles and syringes for the last month, in comparison group - 84%. 31.3% of PC bought the syringes with ready-made solution, in comparison group - 48.0%.

25.3% of PC shared paraphernalia, in comparison group - 54.7%.

30.7% of PC used condom at the last sexual contact, in comparison group - 26.0%.

The results of testing: 3 (2%) of PC are HIV positive, in comparison group - 31 (20.7%).

2 (1.3%) of PC have HBV, in comparison group - 6 (4%).

121 (80.7%) of PC have HCV, in comparison group - 130 (86.7%).

7 (4.7%) of PC have Syphilis, in comparison group - 35 (23.3%).

Conclusions The IDU covered by the preventive programmes practise less risk sexual and injecting behaviour and prevalence of HIV, HBV, HCV, Syphilis among them is lower than among the IDU who never participated in preventive programmes.

P3.347 ESTIMATED PREVALENCE OF T. VAGINALIS AND C. TRACHOMATIS AMONG YOUNG ADULTS: A LOCAL PERSPECTIVE

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Background Screening for *C. trachomatis* in the U.S. is recommended among women 25 years of age and younger. *T. vaginalis* (TV) is not a reportable disease, but has been associated with increased risk of other STIs. National prevalence data suggest that TV is common among African American women and increases with increasing age among women (Sutton *et al.* 2007). The local epidemiology of TV is not well understood.

Methods We compare population and subpopulation estimates of Ct and TV infections among a probability sample of 15 to 35-year olds residing in Baltimore, MD, an urban area with high rates of STIs. The Monitoring STIs Survey Program (MSSP) collected survey data and urine specimens for STI testing from 2,120 participants in 2006–09.

Results The overall estimated prevalence of *T. vaginalis* was 7.5% (95% CI 6.0, 9.0); infection was significantly higher among women (11.8%) than men (2.9%, OR = 5.1, 95% CI 2.0, 13.0). Over 75% of infections were asymptomatic. Among Black females, the estimated prevalence was 16.1% (95% CI 12.8, 19.5). Contrary to national estimates, rates of infection were significantly higher among subjects less than 26 years of age (8.8% v 5.9%, $p = 0.04$). In contrast, chlamydial infection was less prevalent overall, 3.9% (95% CI 2.9, 5.2), and higher among men (4.5%, 95% CI 2.8, 6.9) than women (3.4%, 95% CI 2.4, 4.8). Estimates of CT infection decreased with increasing age ($p < 0.001$). Nearly one-quarter of CT infections (23.5%) were also positive for TV.