partner notification interventions in UK general practises (primary care clinics). Practices were paid for recruitment which was managed by clinic staff. Despite training, there were barriers to testing and recruitment: staff experienced competing priorities, were reluctant to mention testing, perceived that STIs were uncommon in their population, and believed that few young people attended the clinic. We aimed to assess the effect of intensive researcher led recruitment on testing rates and compare with prior optimised recruitment by clinic staff.

Methods  
Ten general practises in North and South East England agreed to participate. We trained research staff on recruitment processes and allocated a researcher to each general practise. The researcher approached potentially eligible young people in the waiting room for a three week period and offered Chlamydia testing and trial enrolment. We compared testing and recruitment rates with those achieved by clinic staff over a period of 3 months.

Results  
1145 16–25 years olds were approached in the 10 practises during intensive recruitment periods, of whom 43% consented and tested. Of refusals, 57% had tested elsewhere. Most practises achieved 45–50 tests per 3 week period, compared with 3–4 per month during 3 months of optimised clinic staff recruitment.

Conclusion  
External researcher led intensive recruitment increased testing levels substantially and should be considered as an alternative to clinic staff enrolment in primary care. Even if enrolment targets are met, the impact of sexual health interventions in primary care will be limited unless barriers to engagement in sexual health are overcome.

PREVENTION WITH POSITIVES IN NIGERIA: WHAT HAVE WE LEARNT  
O D Obi Peter, C I T Chinomso. Traffina Foundation for Community Health, Asokoro, Nigeria

Background  
The introduction of care and treatment at the service delivery points at the community and the clinical settings- hospital facilities for prevention with positives have giving the HIV/AIDS, STIs, TB management high quality significant improvement in the first eight months of implementation in Nigeria.

Methods  
Association of Positive youth in Nigeria is a national non governmental organisation in Nigeria, involved in HIV prevention, care and support. APYIN started implementing HIV prevention strategies in 2009 with a focus on involving HIV-positive people in prevention. The strategies included: counselling on prevention of HIV to positive persons this involved discussion of behavioural intervention in medical and counselling visits. Promoting the use and provision of condoms to sexually active HIV-positive individuals, promoting adherence to antiretroviral drugs by counselling, use of pills boxes and medicine companions.

Encouraging HIV-positive persons to disclose HIV status to sex partners either by self or counsellor mediated during targeting partners and children born to all people living with HIV/AIDS.

Results  
Most of the persons living HIV realise that they have a role to play in prevention of HIV. There is 8.5% increase in the uptake of condoms by HIV-positive persons between the year 2008 and 2009. Antiretroviral therapy adherence levels of 92% of the clients on ART with adherence > 95%. In the same period there is an increase of 50% of HIV-positive individuals disclosing HIV status to partners. Community awareness of HIV has increased in the area serviced by the organisation.

Conclusion  
Increase collaboration between the clinical and community base interventions; regular monitoring of the community response for improvement. The capacity building of community staff. HIV positive persons are very important partners in HIV prevention. Therefore their involvement should be prioritised.
P3.386 Prevention with Positives in Nigeria: What Have We Learnt

O D Obi Peter

*Sex Transm Infect* 2013 89: A270

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