Background After 12 years of activity the integrated sexual health service in Glasgow, Scotland begun to plan for the future. The service's evolution from previously separate units improved access to sexual health care, however, maintaining and growing innovative services had become challenging, with restricted resources and staffing, and complex client demand. The service now has 20 sites, 250 clinical, support and management staff and sees 100, 000 clients annually.

When its manager returned from another role, the service started to consider its future delivery model. This paper sets out the methodology based around appreciative inquiry and staff engagement, and includes feedback from staff about its impact on them and the organisation.

Methods The process began in June 2012 with a Planning Day for senior staff which agreed a timetable, identified staff and others to involve; scoped essential areas such as public engagement, consultation, communication, and evidence like population projections and service data, and agreed a shared vision. Personal narratives and goals were shared to shape the vision and to acknowledge the past. A multi-disciplinary Steering Group was then established to participate in planning and decision-making, with a Staff Council arising through staff interest - both now with significant roles. Regular staff communications and large engagement events have also helped strengthen plans and organisational structures.

Results The service's future vision for developing sexual health services acknowledges its history and proposes clear objectives that re-iterate a commitment to addressing inequalities and to proportionate universalism. This has been achieved in an inclusive manner that has empowered staff across the organisation and included their views and ideas.

Summary This paper describes a systematic approach to engaging with a large and diverse staff group through appreciative inquiry and other methods to improve the sexual health services in the Glasgow area of Scotland.

P6.002 EFFICACY OF CHLAMYDIA CONTROL PROGRAMMES: OPTIMAL COMBINATIONS OF PARTNER NOTIFICATION AND SCREENING IN A PAIR APPROXIMATION MODEL

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Background Chlamydia control in England is based on management of positives and their partners (partner notification) and on identifying asymptomatic infections in the community (screening).

Aims To describe the relative contribution of screening and partner notification to control of chlamydia at different stages in the epidemic and evaluate optimal resource allocation to each control.

Methods Using pair approximation equations we investigate the efficacy of control programmes for chlamydia on short time scales that are relevant to policy makers. We estimate prevalence, incidence, and positivity in those screened and in their partners. We combine these measures with a costing tool to estimate the economic impact of different public health strategies.

Results Increasing screening coverage significantly increases the annual programme costs whereas an increase in tracing efficiency initially increases annual costs but over time reduces costs below baseline, with tracing accounting for around 10% of intervention costs. We found that partner positivity is insensitive to changes in population prevalence due to screening, remaining at around 33%.

Conclusions Maintaining efficacy of partner notification is cost-effective at all stages of the epidemic (stable/declining prevalence) but becomes increasingly cost-effective as control measures reduce the population prevalence.

P6.003 GEOGRAPHIC MAPPING OF FEMALE SEX WORKERS AND VENUE PROFILING IN URBAN AND RURAL DISTRICTS OF ZIGONG, SICHUAN, CHINA

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Introduction The purpose of this study is to geographically enumerate the population size of female sex workers (FSWs) and venue profiling of key venues, and to reveal the key elements which are related to the high risk sexual behaviours among FSWs in urban and rural areas of Zigong city in Sichuan, China.

Methods Geographic mapping data were collected through systematically identifying hidden key venues in the rural and urban districts of Zigong. Venue profiling data were collected by interviewing key informants (KI) about the details of sex work operation, such as type of venue, duration of operation, operation days and time, peak days and time, services provided at each venue, number of clients on an average day and a peak day. To avoid social desirability bias of face-to-face interview, Polling Booth Survey was used to gather high risk sexual behaviours among FSWs (N = 60).

Results A total of 324 key venues were mapped in Zigong. The key venues are massage parlours (108), teahouses (74) and small hotels (45), which accounting for 33.3%, 22.8% and 13.9% of total venues mapped. 112 venue KIs were interviewed and confirmed a total of 378 FSWs working in those 112 venues. The average number of FSWs per venue is 4. The age of the majority (80.4%) of FSWs was around 20 to 40 years old. The total estimated number of FSWs in Zigong is 1296. The sexual behaviours and operation patterns of key venues in urban and rural areas are different. Not consistent condom use, STI symptoms, and drug use are some typical high risk behaviours.

Discussion and Conclusion Sex work industry is emerged in general social life in urban and rural China. The scope and operation of sex industry pose a special challenge to public health intervention programmes

P6.004 THE PREVALENCE OF SEXUALLY TRANSMITTED INFECTIONS AMONG CLIENTS OF FEMALE SEX WORKERS IN KARNATAKA, SOUTH INDIA: AN ANALYSIS BY PLACES OF SOLICITATION OF SEX WORKERS

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Background Clients of female sex workers (FSWs) are an important bridging population for HIV/STI transmission. Designing client-specific intervention programming faces several challenges, as clients do not comprise one single identifiable group. This study sought to describe HIV/STI prevalence by places of solicitation, among clients in south India.

Methods Data were from two rounds of cross-sectional biological and behavioural surveys of FSW clients from Karnataka State, India. Where available, the prevalence of HIV, active syphilis, herpes simplex virus type 2 (HSV-2), chlamydia (CT) and gonorrhoea (GC) was examined. Separately for each survey round and infection, multivariable logistic regression models were used to examine differences in infection prevalence by solicitation site, adjusted for clients' district. Solicitation sites were categorised as public place, brothel, home and lodge. Sampling weights and survey methods were utilised in regression models.