

**Introduction** Public administration challenges frustrate the distribution of condoms in PNG. Whereas HIV/AIDS-awareness and condom-use programs can be undertaken as resources permit, realising universal access means distributing condoms in ways more resilient to the vulnerabilities experienced by state agencies.

**Methods** The PNG Companion Product Condom Distribution Project seeks to evaluate the viability of distributing condoms by piggybacking on existing supply-chains. It is funded by the PNG National AIDS Council Secretariat (NACS) and advanced in cooperation with a national distributor of a popular laundry soap.

An initial study evaluated the receptiveness of trade-store proprietors to receiving condoms via companion packaging. The study comprised interviews with 100 storeowners randomly selected from four administrative areas. Cooperating storeowners were provided with 200 free condoms during the first interview, and informed they could either sell or give these away. After 10 days, enumerators returned to conduct follow-up interviews.

**Results** Of the 100 storeowners surveyed, only 2 indicated they had regularly stocked condoms in the past. Ninety-five agreed to distribute the free condoms and 88 later provided valid data indicating that of the 17,600 condoms distributed to these storeowners, 216 had been sold and 6,915 given away by the time enumerators returned. Interest in receiving further free supplies via companion packaging was indicated by 88 storeowners, most referring to the ease of this approach as a means of providing their communities with access to condoms.

**Conclusion** The results suggest that the market for condoms in villages remains immature but that the approach has potential both as a means of distributing condoms and as a means of introducing them to the village-store level. A trial distribution in two provinces is currently underway.

**Disclosure of interest statement** The PNG Companion Product Condom Distribution Project is a Public Private Partnership with coordination, monitoring and evaluation supported by the PNG National AIDS Council Secretariat. A Behavioural Change and Education component is provided by UNFPA. Colgate Palmolive collaborate through making available their supply chain, which reaches from their Lae warehouse to the trade-store level of the national economy.

### P13.02 FEMALE GENITAL COSMETIC SURGERY TOOLKIT FOR GENERAL PRACTITIONERS AND OTHER HEALTH PROFESSIONALS

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**Background** Female Genital Cosmetic Surgery (FGCS) is any procedure not medically indicated which aims to achieve aesthetic or functional aspects a woman's genitalia.<sup>1</sup> Figures from Medicare Australia indicate the number of women undergoing FGCS has increased 140 percent in the past ten years ([www.medicareaustralia.gov.au/statistics/mbs\\_item.shtml](http://www.medicareaustralia.gov.au/statistics/mbs_item.shtml)), with out rise in the incidence of disease conditions that warrant surgery. The fastest increase is in women aged 15–25 years.<sup>2</sup> GPs are increasingly seeing patients presenting with concerns about the appearance of their genitalia and or seeking surgery. RACGP has responded by agreeing to the development of the FGCS Toolkit

for GPs and other health professionals. Reviewers include key international researchers.

**Aims** To inform GPs and health professionals around FGCS, factors influencing demand and provide a set of recommendations on how to manage women who present for referral or expressing concern regarding their genital appearance.

**Method** Medline and PubMed were searched for relevant articles until saturation was achieved in 2015. These were then hand searched. Time frame restrictions were not applied.

**Results** There is paucity of high quality evidence in the area of FGCS therefore all recommendations in this document should be considered at national Health and medical Research Council (NHMRC) practice point level.

**Conclusion** Claiming demand for FGCS in the community has resulted in the urgent need to provide guidance to the profession. There are similarities in the rate of increase for FGCS in the UK, USA and western Europe. As research continues, it will serve to expand and broaden our understanding of the issues raised.

**Disclosure of interest statement** RACGP fellow and National Standing Committee member Quality Care Women's Health Victoria Board member.

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### P13.03 TARGETED PRIMARY HEALTH CARE AND SEXUAL HEALTH SERVICES CAN DELIVER THE HEPATITIS C STRATEGY: ONE YEAR OF FIBROSCANS AT THE KIRKETON ROAD CENTRE (KRC)

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**Introduction** National and NSW Hepatitis C (HCV) strategies identify primary health care and sexual health services as crucial for expanded assessment and treatment of HCV. KRC is a targeted primary health care facility in Sydney's Kings Cross, involved in the prevention, treatment and care of HIV, STIs and viral hepatitis to people who inject drugs. Since April 2014 KRC has used a portable fibroscan on site and at outreach clinics held at The Langton Centre (drug and alcohol service), NSW Users and AIDS Association, the Medically Supervised Injecting Centre, and the Sydney Sexual Health Centre to assess clients for liver disease. The aim of this study was to describe clients receiving a fibroscan during the first year, their fibroscan results and retention in care.

**Methods** All clients who underwent a fibroscan from April 2014 through March 2015 were included. Clients' demographics, fibroscan results, HCV genotype, HIV co-infection and follow-up data were analysed.

**Results** Fibroscans were performed among 161 clients: 106 male, 51 female, 4 transgender. Median age was 43, and 12 (7%) identified as Aboriginal; 146 (91%) reported having injected drugs; 72% (n = 116) were HCV PCR positive (58% genotype 1, 38% genotype 3; 7 were HIV co-infected); 17 were hepatitis B sAg positive (1 HIV co-infected); 28 were of unknown status. Fibroscans showed F0–1 liver fibrosis in 105 (65%), F2 = 28(17%), F3 = 16(10%) and F4 = 12(8%).

Follow-up occurred in 122(76%), clients including 26/28 with F3–4 fibrosis. Thirteen clients were able to access clinical trials of HCV treatment.

**Conclusion** This study demonstrates the utility of delivering a fibroscan service by a health facility that focusses on STIs, HIV and hepatitis. Uptake and retention in care was achieved for this marginalised population. The Hepatitis C strategies' focus on primary health care and sexual health services for HCV care and treatment in an era of interferon-free therapy appears feasible.

**Disclosure of interest statement** No conflicts of interest to declare.

**P13.04 "I DO FEEL LIKE A SCIENTIST AT TIME YEAH..." ACCEPTABILITY OF POINT-OF-CARE TESTING FOR CHLAMYDIA AND GONORRHOEA TO HEALTH SERVICE PROVIDERS IN REMOTE PRIMARY CARE**

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**Introduction** The GeneXpert test system is a molecular test used to diagnose *Chlamydia trachomatis* and *Neisseria gonorrhoeae* at the point-of-care (POC). It is being used in remote Aboriginal health services in Australia as part of the TTANGO (Test, Treat, ANd GO) Trial.

**Methods** In 2014 we interviewed 15 Aboriginal health workers/practitioners and nurses from 6 health services participating in TTANGO. Most were female (53%), 70% had worked >5 years in the remote sector and 40% were Aboriginal. We explored factors known to influence POC test acceptability including perceived ease of use and usefulness, and staff attitudes- which are all mediated by a range of barriers and enablers to POC test use.

**Results** Most staff found the GeneXpert both easy to use and useful in their setting. They indicated that POC testing has improved STI management, resulting in more timely and targeted treatment, earlier commencement of partner notification, and reduced time and effort associated with client recall. Staff expressed confidence in POC test results and in treating patients on this basis. They reported greater job satisfaction- feeling more in control of STI testing and patient health. Access to the GeneXpert appeared to legitimise or create an entry point to discussing STIs with clients, particularly for Aboriginal health workers. As most clients opted to return for test results (after 90 min) POC testing did not impact negatively on client flow. Managing positive test results in a shorter time frame was sometimes challenging. Manual documentation of results was considered to be onerous by some, who suggested that enhanced connectivity between the GeneXpert and patient management system could assist.

**Conclusion** Participants identified the potential for the GeneXpert to strengthen STI control in remote communities. Test acceptability was high, although some challenges remain and will inform future scale up/translation of POC testing in this setting.

**Disclosure of interest statement** No conflicts of interest declared. No financial support was received by Cepheid. Cepheid has provided GeneXpert devices on loan for the duration of TTANGO and test cartridges at a reduced rate.

**P13.05 PREVENTION OF MOTHER-TO-CHILD TRANSMISSION OF SYPHILIS AND HIV IN CHINA: WHAT DRIVES POLITICAL PRIORITISATION AND WHAT CAN THIS TELL US ABOUT PROMOTING DUAL CONTROL?**

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**Introduction** Despite a large and growing burden of mother-to-child transmission (MTCT) of syphilis in China over the past 20 years, the issue received far less attention and fewer resources than prevention of MTCT (PMTCT) of HIV, which has a substantially lower burden. China's Ministry of Health issued the first national plan for syphilis control in 2010, aiming to integrate PMTCT of syphilis and HIV. Our study aimed to identify: 1) why PMTCT of syphilis had a lower political/resource priority than PMTCT of HIV before 2010; and 2) what actions would improve the prospects of successful implementation of dual PMTCT.

**Methods** We undertook a comparative policy analysis, based on informant interviews, documentation review, and nonparticipant observation of relevant meetings/trainings, to investigate priority-setting prior to 2010. We used a nine-factor framework developed by Shiffman *et al.* which assesses political prioritisation across three categories: transnational influence; domestic advocacy; and national political environment.

**Results** We identified several factors contributing to the lower priority accorded to PMTCT of syphilis: 1) relative neglect at a global level; 2) dearth of international financial and technical support; 3) poorly unified national policy community with weak accountability mechanisms; 4) insufficient understanding of the epidemic and policy options; and 5) a prevailing negative framing of syphilis that resulted in significant stigmatisation.

**Conclusion** The goal of dual PMTCT of syphilis and HIV will only be achieved when equal priority is accorded to both infections. This will require stronger cohesion and leadership from the syphilis policy community. The community will also need to reframe the issue so as to overcome stigmatisation against those affected by the illness, organise focusing events to attract political attention, and work more closely with the HIV policy community in order to enhance the recognition of the need to control syphilis on both the national and sub-national agendas.

**Disclosure of interest statement** This study was funded by the Department of Reproductive Health and Research, World Health Organization during the period from September 2011 to August 2012. The views expressed are not necessarily those of UNAIDS.

**P13.06 KNOWLEDGE TRANSLATION: DEVELOPMENT OF A SEXUAL HEALTH CLINICAL AUDIT TOOL TO ENHANCE ADHERENCE TO EVIDENCE-BASED GUIDELINES**

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**Introduction** Sexually transmitted infections remain a significant public health issue for Indigenous Australians. Reasons for the high burden of disease include lack of access to quality care particularly in rural and remote Australia. Commissioned by the