

P5-S5.07 ABSTRACT WITHDRAWN

P5-S5.08 EFFICIENT GONORRHOEA AND CHLAMYDIA CONTROL AND PREVENTION THROUGH PARTNER NOTIFICATION IN HIGH MORBIDITY STD STATES: A LOUISIANA PERSPECTIVE

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Background Case detection through screening and partner notification are the two strategies used by the state Sexually Transmitted Disease (STD) Control Programs in USA for STD control and prevention. Most of the state programs do not use partner notification for Gonorrhoea and Chlamydia cases because of lack of personnel and financial resources. To focus the limited resources in high morbidity STD states, partner notification is solely targeted towards syphilis and HIV cases. However, systematic analysis is needed to understand the effectiveness of partner notification for STDs other than syphilis and HIV cases. The objective of this study is to carryout partner notification via telephone of Gonorrhoea and Chlamydia cases detected in two STD/ Family Planning clinics in Louisiana.

Methods All Gonorrhoea and Chlamydia cases detected at two STD/Family Planning clinics (pilot sites) were selected for telephone interview. Three trained telephone interviewers are provided with the contact information of positive cases. The interviewers made up to seven attempts to interview the index cases. Information regarding sexual partners and contact information was obtained from the interviewed cases. Later the partners were notified for testing and treatment.

Results From July to December 2010, 512 Gonorrhoea and Chlamydia cases were detected at these two pilot sites and 237 cases (46.3%) were interviewed. Missing valid contact numbers and inability to contact the case by the seventh attempt were the main reasons for the relatively low interview rate. A total of 129 partners were elicited from 237 index cases. 87 partners (67.4%) sought medical evaluation, 49 partners (37.9%) were infected and treated, and 38 partners (29.5%) received preventive treatment.

Conclusion Our study shows that partner elicitation and notification for Gonorrhoea and Chlamydia cases via telephone can be an effective mechanism in high morbidity STD areas. In our pilot testing, 100 patients provided information on additional 54 contacts and 100 index cases lead to treatment of additional 21 cases. Treatment of these 21 cases and preventive treatment of additional cases should have significant impact on overall prevalence of the diseases if the program is adopted at the state level, especially in the high morbidity STD states.

Health services and policy poster session 6: services

P5-S6.01 TOWARDS UNIVERSAL ACCESS TO PREVENTION MOTHER TO CHILD HIV-TRANSMISSION (PMTCT) SERVICES LEADING TO ELIMINATION OF MOTHER TO CHILD HIV-TRANSMISSION (MTCT) IN RWANDA

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Background PMTCT related activities in Rwanda began in 1999 with a piloting phase in Kicukiro Health Centre in Kigali City. Subsequently, PMTCT service delivery has been expanded and over 74% of total health facilities are covered in the country.

Objectives In May 2010, Rwanda commissioned the Mid-term review of PMTCT scale up plan in order to document achievements made, best practices, challenges faced and guide a development of MTCT elimination plan.

Methods Mid-term review was a cross-sectional descriptive and analytical study employing rapid participatory assessment techniques. Data collection was undertaken at national level and 15 selected health facilities located in five districts. In-depth interviews with local authorities, providers and HIV-infected mothers were conducted. Key programmatic indicators data were gathered. Data analysis was done using a range of qualitative techniques and secondary quantitative data.

Results In Rwanda, 96% of pregnant women attend antenatal care (ANC) at least once during pregnancy and receive HIV testing and counselling. In 2009, over 74% of pregnant women attended PMTCT sites and 97% of them got tested and received their HIV results. Of the expected HIV infected pregnant mothers, 78% actually received antiretroviral prophylaxis for the PMTCT. Of the expected HIV exposed infants, 64.3% actually received antiretroviral prophylaxis and the rate of MTCT dropped from 10.4% (2007) to 4.1% at 18 months of age in 2009.

Conclusions The review showed that significant progress has been made in achieving national PMTCT targets; however there is a need for interventions to increase the uptake for the PMTCT program in the country to achieve the Millennium development Goals (MDG).

Implications Rwanda is on-track to attain MDGs and the review findings lead to the development plan aiming at elimination of MTCT in Rwanda by 2012.

P5-S6.02 SEXUAL EDUCATION AND CITIZENSHIP CONSTRUCTION: COLOMBIA (2006–2008). WHAT DOES THIS MEAN?

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Background Current Sexual education program in country wide Colombia has been analysed. Conceptual frame of pedagogical approaches used in the program was analysed as well. Other issues including context, background, gender and social class were the main aspects evaluated.

Methods Qualitative research methods were performed for this pedagogical evaluation. Four phases were developed during the evaluation: Data collection (documentary analysis of official documents and 40 in-depth interviews with teachers and government employees) information organisation, analyse/critical evaluation and result dissemination.

Results The results show that Program's main approach is competence-based education. Results of this research suggest that program intends to arrange and to conduct people's sexual life. Values underling program's approach are those of a society looking for order, stability and individual freedom. Narrow analyses of sex-gender duality predominate such as: permanent monogamy, mandatory heterosexuality and marriage keeping an eye on different options for sexual practice. Sexuality presented in the program reflects the moral values of the prevailing group. Current implemented program is clearly the expression of the Colombian government ideological perspective led by the elites. Controlling and oppressive approaches for the vast majority were identified as being an important axis of evaluated program.

Conclusions New citizenship construction in a Latin American country implies abandon of existing racial, sexual, and class-based educational approaches. This requires the implementation of a wide approach underlying elimination of ideological and material conditions driving to different forms of oppression, subjugation or marginalisation. Design of educational programs must consider historical, social, economic and politic context in which people live. States should be able to guaranty human rights.