

genitalium-positive NGU. The purpose of this study was to establish the treatment efficacy of sitafloxacin (STFX), one of the new generation of quinolones, for patients with NGU.

Male patients with NGU were included in this study. Chlamydia trachomatis was detected by TMA assay and *M. genitalium* and *Ureaplasma urealyticum* were detected by real-time PCR. The patients received STFX 100mg twice daily for 7 days orally. The primary outcome was microbiological eradication at 2 to 4 weeks after completion of treatment.

A total of 208 patients were initially included in this study; however, 18 who were *Neisseria gonorrhoeae*-positive, 36 who failed to visit again, 34 who visited within 2 weeks after completion of treatment, 1 who had sexual intercourse with his female partner, and 1 whose data was lost were excluded from further analysis. In the 118 patients who could be analysed, the microbiological eradication rates were 95.7% (45/47) for *C. trachomatis*, 93.8% (15/16) for *M. genitalium*, and 100% (17/17) for *U. urealyticum*.

The results of this study clearly show that STFX has strong activity against *C. trachomatis*, *M. genitalium* and *U. urealyticum*, which are common pathogens of NGU. The regimen with STFX for patients with NGU should be recommended as a standard one.

P2.101 HIV STATUS AND OTHER PREDICTORS OF SUCCESSFUL SYPHILIS TREATMENT

doi:10.1136/sextrans-2013-051184.0365

R P Kohn, K Bernstein, S Cohen, M Chen, S Philip. *San Francisco Department of Public Health, San Francisco, CA, United States*

Background Data addressing the question of whether HIV-positive patients respond as well to the recommended treatment for syphilis as HIV-negative patients are sparse. We examined data from reported early syphilis cases in San Francisco to identify factors related to serologic response to treatment.

Methods San Francisco early syphilis cases diagnosed between 2006 and 2012 were analysed in terms of serologic response to treatment. Cases were excluded if the patient had any prior syphilis diagnosis reported, and only cases with an initial reactive serologic test for syphilis (STS) titer of 1:4 or higher were included. A successful serologic response to treatment was defined by a record of a non-reactive STS or a four-fold titer decrease within 12 months from treatment. Survival analysis and proportional hazards models were used to examine the relationship between demographic and risk factor data, including HIV status, and number of days until successful serologic response was documented.

Results A total of 1664 first-time cases were examined. HIV-positive patients were significantly more likely to have a follow-up STS than other patients ($p < 0.0001$). Of the 1557 cases with any follow-up STS, 9.3 percent did not show evidence of successful serologic response. HIV-negative patients were not found to be less likely to show response to treatment (median of 111 days for HIV-positives versus 124.5 for HIV-negatives, $p < 0.0001$). Stage of disease was also associated with evidence of serologic response (median of 121.0 days for primary, 109.0 days for secondary, and 130.0 for early latent), but race, gender, genders of partners, and treatment provided were not.

Conclusion Analysis of routine interview data found no evidence that HIV-positive patients failed to respond to standard syphilis treatments. However, the limits of surveillance data suggest the need for further research examining the relationship between immune status and response to treatment among HIV-positive patients.

P2.102 THE INFLUENCE OF ANTI RETROVIRAL TREATMENT (ART) ON THE TREATMENT OF TRICHOMONAS VAGINALIS AMONG HIV-INFECTED WOMEN IN THREE SOUTHERN CITIES THE U.S.

doi:10.1136/sextrans-2013-051184.0366

¹P Kissinger, ¹A Adamski, ²R A Clark, ³L Mena, ³H Henderson, ⁴J Levison, ¹N Schmidt, ²D Martin. ¹Tulane University SPHTM, New Orleans, LA, United States; ²Louisiana State University Health Sciences Center, New Orleans, LA, United States; ³University of Mississippi – Department of Medicine, Jackson, MS, United States; ⁴Baylor College of Medicine, Houston, TX, United States

Background *Trichomonas vaginalis* (TV) is the most common non-viral STI and has been linked to premature membrane rupture, preterm birth, and low birth weight in pregnant women. TV has also been shown to increase vaginal shedding of HIV and, thus, may influence HIV sexual and perinatal transmission. Repeat infection rates among HIV+ women are high. We have shown that bacterial vaginosis (BV) is associated with single dose metronidazole (MTZ) treatment failure in HIV+ women. A recent study in Africa has found that nevirapine is also associated with a higher rate of repeat infections. The purpose of this study is to determine if other ART interferes with single dose MTZ treatment of TV.

Methods A secondary data analysis was performed on a cohort of HIV+/TV+ women who had been randomised to single (2gm) dose or 7 day (500mg BID) dose MTZ. Follow-up visit, including culture, occurred 6–12 days after treatment completion. Data on sexual exposure was collected. Repeat TV infection rates were compared for women on ART at baseline versus not on ART, controlling for BV and treatment arm.

Results Of the 230 women included, 65% were receiving ART: NRTI (95%), NNRTI (31%), PI (58%) and other ART (2%). Those on ART had higher repeat infections than women not on ART [25/150 (16.7%) vs. 6/80 (6.3%), p -value = 0.03]. Controlling for BV status and stratifying by treatment arm, the association was found only in the single-dose arm (p -value = 0.05) and not in the multi-dose arm (p -value = 0.39). Only 5% of the women were sexually re-exposed during follow-up.

Conclusions ART in general is associated with a higher TV repeat infection rate following single dose MTZ treatment but not for multi-dose. These data further support the recommendation that single dose MTZ not be used in HIV+ women.

P2.103 DIFFERENTIAL EFFECT OF STANDARD THERAPIES FOR NON-GONOCOCCAL URETHRITIS AGAINST UREAPLASMA SPECIES

doi:10.1136/sextrans-2013-051184.0367

¹C M Khosropour, ¹L E Manhart, ²C W Gillespie, ³M Lowens, ^{1,3}M R Golden, ¹P A Totten. ¹University of Washington, Seattle, WA, United States; ²Children's National Medical Center, Washington, DC, United States; ³STD Program, Public Health - Seattle and King County, Seattle, WA, United States

Background *U. urealyticum* (UU) but not *U. parvum* (UP) is associated with non-gonococcal urethritis (NGU), while UP may be associated with adverse pregnancy outcomes. Treatment failure may differ by species; therefore, we examined the efficacy of CDC-recommended therapies for NGU against UU and UP separately.

Methods From May 2007 to July 2011, men aged ≥ 16 years attending an STD clinic in Seattle, Washington with NGU (urethral discharge or urethral symptoms plus ≥ 5 PMNs/HPF) were enrolled in a randomised treatment trial. Participants received active azithromycin (1g) and placebo doxycycline or active doxycycline (100mg bid \times 7d) and placebo azithromycin. *Ureaplasma* species were detected in broth urine culture followed by species-specific PCR. Microbiologic failure (detected by PCR) was determined at 3, 6, and 9 weeks. At 3 weeks, men who failed initial treatment received the alternate therapy (active doxycycline if they first received active azithromycin and vice versa). Persistent failures received moxifloxacin at 6 weeks.

Results Of 479 enrolled men, 107 (22.3%) and 59 (12.3%) were infected with UU and UP, respectively, and returned at 3 weeks. Among men who received azithromycin, microbiologic failure at 3 weeks occurred in 46.7% (14/30) of UP-infected men and 25.0%

(13/52) of UU-infected men ($P = 0.04$). Among doxycycline-treated men, failure occurred in 24.1% (7/29) and 30.9% (17/55), respectively ($P = 0.64$). At 6 weeks, 80% (4/5) of UP and 58% (7/12) of UU-infected men originally treated with doxycycline and re-treated with azithromycin were failures; failure among men originally treated with azithromycin and re-treated with doxycycline was 57% (8/14) and 55% (6/11), respectively. At 9 weeks, failure after treatment with moxifloxacin occurred in 27.3% (3/11) of UP and 36.4% (4/11) of UU-infected men.

Conclusion Azithromycin was less effective against UP than UU. Failure after re-treatment with alternate therapy and moxifloxacin was common for both UU and UP.

P2.104 ACCEPTABILITY OF CARRAGUARD VAGINAL GEL USE AMONG UGANDAN COUPLES (VIRGINAL MICROBICIDE ACCEPTABILITY)

doi:10.1136/sextrans-2013-051184.0368

P Kimbowa. *Center for HIV/STD and TB prevention, Kampala, Uganda*

Objectives To evaluate the acceptability of candidate microbicide Carraguard among couples participating in a safety trial.

Study Design A 6-month randomised, placebo - controlled trial was conducted in active, low-risk couples in Uganda.

Methods Couples who were monogamous, HIV uninfected, and not regular condom users were enrolled. Acceptability data were collected through structured question at repeated intervals. At the closing study visit, participants were asked questions about hypothetical product characteristics and future use. Compliance with gel use was assessed by questionnaires, coital diaries, and tracking of used and unused applicators.

Results Among 55 enrolled couples, follow up and adherence with gel use were high and sustained, with 80% of women using gel in over 95% of vaginal sex acts. Because acceptability results from Carraguard and placebo arms were similar, they were combined for this analysis. Overall, 92% of women and 83% of men liked the gel somewhat or very much; 66% of women and 72% of men reported increased sexual pleasure with gel use; and 55% of women and 62% of men reported increased frequency of intercourse. Only 15% of women but 43% of men thought that gel could be used without the man knowing. Although men and women had similar views overall, concordance within couples was low, with no kappa coefficients above 0.31.

Conclusion Carraguard gel use was acceptable to low-risk couples in western Uganda. Reported associations between gel use and increased sexual pleasure and frequency suggest a potential to market microbicide products for both disease prevention and enhancement of pleasure.

P2.105 PUBLIC HEALTH PROVIDERS' PERCEPTIONS OF PARTNER NOTIFICATION FOR CHLAMYDIA TRACHOMATIS: BARRIERS AND FACILITATORS

doi:10.1136/sextrans-2013-051184.0369

K A T M Theunissen, ¹P Schipper, ^{1,2}C J P A Hoebe, ³R Crutzen, ^{1,2}N H T M Dukers-Muijers. ¹*Dept. of Sexual Health, Infectious Diseases and Environmental Health. Public Health Service South Limburg, Geleen, The Netherlands;* ²*Department of Medical Microbiology Maastricht Infection Centre (MINC), School for Public Health and Primary Care (CAPHRI), Maastricht University Medical Centre (MUMC+), Maastricht, The Netherlands;* ³*Department of Health Promotion, School for Public Health and Primary Care (CAPHRI), Maastricht University Medical Centre (MUMC+), Maastricht, The Netherlands*

Background In practise partner notification (PN) is suboptimal, because of several barriers such as time pressure, lack of financial reimbursement and provider discomfort. Perceptions of PN have mostly been studied in the field of medicine (i.e., among general practitioners (GPs) and medical specialists). This study assesses the

barriers and facilitators of the application of PN among public health care providers (i.e., STI clinics), which is where the majority of PN occurs.

Methods Between March and June 2012, semi-structured interviews were conducted with 22 public health care providers from 6 of the 8 national STI clinics in The Netherlands.

Results All public health care providers reported feeling comfortable discussing PN and preferred patient referral (even though it is less effective than provider referral). Facilitators of PN included time, one-on-one consultations and motivational interviewing techniques. Important barriers to PN were the lack of feedback regarding its effectiveness and regarding the motivational strategies that were used. Furthermore, an emphasis on individuals and their autonomy leads to reduced feelings of responsibility towards the at risk-community (the scope of public health care).

Conclusion Because of existing barriers in the PN process, public health STI clinics do not reach their potential to protect the vulnerable community. Our results provide insight into the challenges at the patient, provider and organisational levels and can be used to optimise the PN process.

P2.106 UTILIZATION OF SEXUALLY TRANSMITTED INFECTION SERVICES BY MALE PARTNERS OF ANTENATAL CARE ATTENDEES IN JINJA DISTRICT-UGANDA: A CASE CONTROL STUDY

doi:10.1136/sextrans-2013-051184.0370

R Kisa, A Mukose, F Makumbi. *Makerere University, Kampala, Uganda*

Background Although men are key players in reproductive health services, their health seeking behaviours are poor. Sexually transmitted infections (STIs) are associated with increased spontaneous abortions, Human Immunodeficiency virus infection and infertility in pregnant women but men hardly utilise STI services when their partners seek antenatal care (ANC). In 2009/2010, men constituted 20% of patients who received treatment for STIs in Jinja district. Only 3.9% of ANC attendees in Jinja hospital went with their male partners and utilised STI services between February and August 2011.

Objective To determine factors associated with utilisation of STI services by male partners of ANC attendees in Jinja district, Uganda.

Methods A Case control study was conducted in 2012 on a consecutive sample of; 151 cases (Male partners of ANC attendees who utilised STI services at the health facility with their pregnant partners) and 151 controls (Male partners of ANC attendees who did not utilise STI services at the health facility with their pregnant partners) from 13 health facilities. Quantitative data was collected using semi-structured standardised questionnaires, entered in EPI INFO and analysed in stata/SE 10.0 using odds ratios from logistic regression models to assess associations. Qualitative data was collected by in-depth interviews and analysed using manifest content analysis.

Results Cases had higher odds of; prior STI testing (AOR 4.03, CI 2.22, 7.32), receipt of STI information (AOR 4.94, CI 2.50, 9.75) and being satisfied with the level of confidentiality at the health facilities (AOR 4.51, CI 2.16, 9.42). Fear of STI tests, lack of trust for their female pregnant partners, inadequate staff and busy schedules bar men from utilising STI services.

Conclusion Knowledge about STIs through prior STIs testing or Information Education and Communication materials as well as patients' satisfaction with health providers' handling of confidential information are important determinants of STI service utilisation.

P2.107 ATOPIC DERMATITIS IN A HIV-POSITIVE COHORT AT RUHR UNIVERSITY BOCHUM

doi:10.1136/sextrans-2013-051184.0371

¹C Tigges, ²W Fuchs, ²A V Potthoff, ²N H Brockmeyer. ¹*Helios Klinik, Oberhausen, Germany;* ²*St. Josef Hospital, Bochum, Germany*