

(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)

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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

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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

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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

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Background In HIV-positive individuals clinicians observe a broad range of skin conditions like xerosis, tumours, rash and drug-induced exanthema as well as common skin infections caused by bacteria, fungi and viruses. Beyond this, some reports point out a higher incidence on atopic conditions like atopic dermatitis (AD), sinusitis, asthma and laboratory findings like hyper eosinophilia and Hyper IgE. **Methods** Between May and November 2006, 196 patients of the HIV outpatient department of the Clinic for Dermatology, Venerology and Allergology at the Ruhr University Bochum underwent a dermatological examination. Skin conditions focusing on AD were measured by SCORAD (SCORing Atopic Dermatitis) and Erlanger atopy score.

Results In general, 36 patients (18.4%) out of 196 participants suffered from clinically from AD. Median count at "Erlanger Atopy Score" was 12.8 (median 11.5). Verification by SCORAD showed 55.6% (20/36) with mild, 36.1% (13/36) with moderate and 8.3% (3/36) with severe AD. Neither with pruritus and viral load nor with CDC Category a correlation was found. Exclusively CD4 counts were negative correlated with higher Visual analogue scale for pruritus ($p = 0.0306$). Xerosis was diagnosed in more than 53.6% of the 196 patients and thus was the leading diagnosis, although there was no correlation with the CD4 count, viral load or CDC Category. Furthermore, a negative correlation was found ($p = 0.0214$) between IgE and CD4 and a p -value of 0.0111 between IgE and the CDC Category (higher IgE, higher CDC Category) was demonstrated as well.

Conclusion In our sample xerosis cutis was the leading diagnosis. Furthermore, compared to pre-existing literature for the first time standardised diagnostic tools for AD, the SCORAD and the Erlanger Atopy Score, were used to examine HIV-positive individuals. Diagnostic tools help to identify the origin of dry skin in HIV-infected patients and to initiate adequate treatment.

P2.108 AZITHROMYCIN PHARMACOKINETICS AFTER INTRAVENOUS INFUSION IN WOMEN WITH AND WITHOUT PELVIC INFLAMMATORY DISEASES

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Patients With acute PID are usually treated in hospital, and antibiotics are used intravenously to get the result as soon as possible. *Chlamydia trachomatis* is a major PID-causing pathogen, and azithromycin is one of the most active antibiotics against this microorganism.

Aim of the study To evaluate azithromycin concentrations after intravenous infusions in tubal tissues from women with and without PID.

Patients and Methods To prevent possible complications after future surgery azithromycin was infused intravenously (500 mg twice with 24-hours interval prior surgery, total dose 1.0 g) into 70 patients with PID (before surgery to prepare them for IVF), and into 28 patients without PID (before surgical sterilisation). Azithromycin pharmacokinetics was studied in tubal tissues incised at surgery 0.5, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 14, 16 and 18 days after the second infusion.

Results In patients without PID maximal azithromycin concentration ($4.30 \pm 0.30 \mu\text{g/g}$) was achieved 24 hours after infusion and remained constant for 24 hours more, with a steady drop thereafter. In women with PID maximal azithromycin concentration was achieved in tubal tissues 72 hours after the second infusion, and was lower than in women without PID ($3.38 \pm 0.10 \mu\text{g/g}$). But on 6th day after infusion azithromycin concentration in inflamed tissues

from women with PID was significantly higher than in non-inflamed tissues from women without PID ($1.50 \pm 0.10 \mu\text{g/g}$ and $0.95 \pm 0.15 \mu\text{g/g}$, respectively). In both groups azithromycin tissue concentration exceeded *C. trachomatis* MIC ($0.125 \mu\text{g/g}$) even 18 days after the second infusion.

Conclusion Azithromycin tubal tissue concentration even 18 days after infusion of 1 g (500 mg twice with 24 hours interval) exceeds MIC to *C. trachomatis* both in inflamed and non-inflamed tubes. Maximal azithromycin concentration is higher and achieved faster in women without PID, but it is higher in women with PID one week after infusion.

P2.109 SEXUAL TRANSMISSION OF BACTERIAL VAGINOSIS WITHOUT EXPOSURE TO SEMINAL FLUID

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Background The pathogenesis of BV is poorly characterised although there is considerable evidence that it is sexually transmitted. Some have suggested that the alkalinity of semen may be a factor. We report a case of suspected sexual transmission of BV from a prostatectomized male to a female.

Methods Case report from a prospective study of behavioural factors influencing the vaginal flora wherein women collect daily self-obtained vaginal slides and behavioural data. Slides are Gram stained and interpreted according to Nugent criteria. Women are encouraged to present for evaluation if symptoms occur.

Results A 51 year old female complained of new onset vaginal irritation for one day. She denied discharge, pruritus, or odour and had not recently douched. She was sexually active with one partner, a male who had undergone a radical prostatectomy. Her last unprotected intercourse occurred 3 days prior to onset of symptoms and prior to that she had been abstinent for 6 weeks. A slide obtained the day before her sexual exposure had a Nugent score of 0. Repeat gramme stain revealed BV with a Nugent score of 8. Her male partner admitted to unprotected sex 6 days prior to their encounter with another female. A vaginal slide obtained from that partner revealed BV with a Nugent score of 8.

Conclusion To our knowledge, this is the first report documenting sexual transmission of BV from a male to a female in the absence of semen. The onset of symptoms and her sexual history indicates that the incubation period for BV was 72 hours. It is likely that the patient's male partner became colonised in his distal urethral or coronal sulcus with BV organism(s) after he had unprotected sexual intercourse with his other female partner and transferred those organism(s) on desquamated epithelial cells to our patient during unprotected sex.

P2.110 RISK FACTORS FOR BACTERIAL VAGINOSIS AMONG SYMPTOMATIC WOMEN ATTENDING STI CLINIC IN TEL AVIV, ISRAEL

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Background Bacterial vaginosis (BV) is a common cause for vaginal symptoms and is associated with an increased risk of acquisition of STI/HIV, and with adverse pregnancy outcomes. This study aimed to describe demographic, behavioural and clinical characteristics of symptomatic women diagnosed with BV among those who attended the municipal STI clinic in Tel-Aviv, Israel, and identify risk factors for the disease.