

¹S M Filemban, ²F Majdy, ³A Rao, ⁴R Al Hakim, ^{5,6,7}A Memish, ⁸Y Awadallah. ¹Director, National AIDS Programme, Ministry of Health, KSA, Riyadh, Saudi Arabia; ²Infectious Disease Consultant and STI unit Coordinator, National AIDS Programme, Ministry of Health, Riyadh, Saudi Arabia; ³Technical Advisor, National AIDS Programme, Ministry of Health, Riyadh, Saudi Arabia; ⁴Director General, General Directorate of Prevention of Infectious Disease, Ministry of Health, Riyadh, Saudi Arabia; ⁵Deputy Minister of Public Health, Ministry of Health, KSA, Riyadh, Saudi Arabia; ⁶Director, WHO Collaborating Center for Mass Gathering Medicine, Ministry of Health, KSA, Riyadh, Saudi Arabia; ⁷Professor, College of Medicine, Alfaisal University, Riyadh, Saudi Arabia; ⁸Training Coordinator, National AIDS Programme, Ministry of Health, KSA, Riyadh, Saudi Arabia

Background Sexually Transmitted Infections (STI) are treated and managed in approximately 445 hospitals and 2170 Primary Health Care (PHC) centres in Saudi Arabia. Syndromic approach to STI treatment was introduced in 2010 at all PHCs for strengthening the national HIV programme STI unit.

Methodology STI case reporting from PHC and hospitals are to their respective administrative Sectors, then to the Regional Centre, from where it is sent to the STI unit of the National AIDS Program at Riyadh, MOH. The National AIDS Program (STI unit) holds the central registry of all STI cases reported in the Kingdom. Analysis of STI data collected over 3 years (2010–2012) has been carried out.

Results

1. A total of 116,293 cases have been treated by clinical and syndromic approach at PHC and hospitals in the last 3 years, 85.5% being Saudi nationals. Majority of the STI cases treated are amongst females (85.65%). To a large extent the clinical cases at hospitals are backed by laboratory etiological diagnosis. The incidence of STI is 150 per 100,000 population (0.15%).
2. The total number of STI cases treated has increased since the introduction of syndromic case approach, comprising 68.3% of the total STI cases.
3. The urethral discharges and non-vesicular genital ulcers comprise 29.1% of the total STI (45,260 numbers) cases treated in 2012.

Conclusion Urethral discharge and non-vesicular genital ulcers indicate recent infection. Presence of STI is well known to increase the risk of HIV acquisition and transmission by a factor of ten. Treatment of urethral discharge and non-vesicular genital ulcers has thus averted HIV transmission in approximately a third of STI clinic attendees. Introduction of Syndromic approach to STI treatment since 2010 as a national strategy has strengthened STI treatment services even in remote PHCs.

P3.248 THE EVOLUTION OF SEXUALLY TRANSMITTED INFECTION IN ROMANIA

doi:10.1136/sextrans-2013-051184.0704

¹V Benea, ¹S R Georgescu, ¹M Tampa, ¹M A Malin-Benea, ²V Gheorghiu, ³E O Benea. ¹Victor Babes Clinical Hospital for Infectious Diseases, Department of Dermatology, Bucharest, Romania; ²Public Health Institute, Bucharest, Romania; ³Matei Bals Institute for Infectious Diseases, Bucharest, Romania

Objective to analyse the evolution of incidence of some sexually transmitted infections (STI) in Romania in the transition period.

Methods The study is based on data recorded at Dermato-venereological Center Bucharest. We had in view to evaluate the evolution of incidence of syphilis, gonorrhoea, *Chl. trachomatis* genitally infections and HIV infection/AIDS and to identify the main factors implicated in this evolution.

Results In 2011 were recorded 2.209 new cases of syphilis. The incidence of syphilis has risen steadily from 7.1‰ in 1986 to 19.8‰ in 1989 and to 58.5‰ in 2002 and decreased to 10.34‰ in 2011. The incidence of congenital syphilis was also increasing, from no cases in 1986 to 423 cases in 2001 and (after introduction of new criteria in 2004) decreased to 10 cases in 2011. Paradoxically, the incidence of gonorrhoea is decreasing, from 57.4‰ in 1986 to 35.7‰ in 1989 and to 2.46‰ in 2011 (546 cases). In 2011 133

new cases of *Chl. trachomatis* genitally infections were reported (0.62‰). Since the outset of epidemic were registered 17.435 cases with HIV infection/AIDS; the prevalence of HIV infection in patients with STI tested at Dermato-venereological Centre Bucharest is around 0.51% (1.59% in 2011).

Those at greatest risk for STD are the young, economically deprived, residents of the inner city. **Comments:** STI are a public health problem of major significance in Romania. Between mains factors that promote the increasing of STI (the incidence of gonorrhoea and *Chl. trachomatis* genitally infections is underestimated due the unreferrence of all cases) are the modification of sexual behaviour, prostitution, degradation of socioeconomic condition, and deficiencies in health behaviour.

P3.249 FACTORS ASSOCIATED TO SYPHILIS IN PREGNANT WOMEN IN VENTANILLA-CALLAO, PERU

doi:10.1136/sextrans-2013-051184.0705

¹J E Perez-Lu, ¹C P Cárcamo, ¹P J García. Universidad Peruana Cayetano Heredia, Lima, Peru

Background One of the main pregnancy complications in Peru is syphilis, a disease with severe complications that can be prevented through early diagnosis and treatment. The objective of this study was to estimate the factors associated with syphilis infection among pregnant women in the district of Ventanilla – Peru in 2012.

Methods The Project WawaRed “Getting connected for a better maternal and child health” involved the implementation of an electronic health record (EHR) for maternal health, linked to SMS messages sent to pregnant women and tailored to their health profile and gestational age. A crossover study was performed using data collected via the EHR on 2012. Clinical and laboratory data from pregnant women attending one of 16 different health centres in Ventanilla were analysed. These included test results for a rapid syphilis test carried out in their first antenatal care visit.

Results A total of 4915 pregnant women were included. The mean of age and age at first intercourse were 26.0 (95% CI: 25.8–26.2) and 17.3 (95% CI: 17.2–17.4) respectively. The prevalence for syphilis was 1.4 (95% CI: 1.1–1.7) and for HIV was 3.0 (95% CI: 1.4–4.6). There were 2 patients co-infected with HIV and syphilis. The factors analysed were: age, level of education, marital status, number of pregnancies, history of abortion, age at first sexual intercourse and contraceptive methods used. This study showed that pregnant women who use an intrauterine device (PR:4.9, p = 0.02) as a contraceptive method as opposed to condom were at higher risk for syphilis, while older age at sexual debut was associated to a lower risk for syphilis (PR:0.88, p < 0.01).

Conclusion Delayed sexual debut and condom use are once again identified as forms of preventing STI, and should be important components of family planning programmes.

P3.250 EARLY DIAGNOSIS OF ACUTE HIV INFECTION IN STI CLINIC PATIENTS AND PATIENTS WITH POSITIVE SYPHILIS SEROLOGY

doi:10.1136/sextrans-2013-051184.0706

¹A E Singh, ²J Fenton, ³S Plitt, ⁴J Preiksaitis, ¹J Gratrix, ³C Archibald, ³T Wong, ⁴B E Lee. ¹Alberta Health Services, Edmonton, AB, Canada; ²Provincial Laboratory for Public Health, Edmonton, AB, Canada; ³Public Health Agency of Canada, Ottawa, ON, Canada; ⁴University of Alberta, Edmonton, AB, Canada

Background We sought to determine if pooled nucleic acid testing (pNAT) for HIV RNA would identify early HIV infections in stored samples collected in 2008 from Edmonton (Canada) patients who were: (1) Seronegative for HIV antibody (HIVAb-) at the STI clinic, and (2) Seropositive for syphilis (syphAb+) with no history of a positive HIV test.