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 STU 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 STU unit of the National AIDS Program at Riyadh, MOH. The National AIDS Program (STU 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 116,296 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 (85.6%). To a large extent the clinical cases at hospitals are backed by laboratory etiological diagnosis. The incidence of STI is 150 per100,000 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. Introductions of Syndromic approach to STI treatment since 2010 as a national strategy has strengthened STI treatment services even in remote PHCs.

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


J E Perez-Lu, C P Cárceano, J G Garcia. 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 trough 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


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