Methods We systematically reviewed English-language studies reporting on CT screening programmes in educational settings (school/college/university) published between 2005 and 2011. We classified programmes into groups on the basis of screening strategies and report the median testing rate (number invited/screened) and CT positivity from studies where data were available.

Results We identified 28 studies describing 32 screening programmes in America/Canada (n = 13), Europe (n = 8), Australia/New Zealand (n = 7) and Asia (n = 4). Most targeted both male and female students (71%). Programmes were in secondary schools (n = 14), post-secondary schools (n = 16) and both secondary and post-secondary schools (n = 2). Across all programmes, 55569 tests were conducted. The highest testing rates were in programmes involving screening students in class rooms (four programmes), opportunistic screening of students undergoing routine health examinations (six programmes), and opportunistic screening of students visiting school-based health centres for other reasons (six programmes), with median testing rates of 66%, 54% and 46% respectively. Lower testing rates were found in programmes involving screening in other school locations e.g. canteen/study stall (four programmes), with a median testing rate of 30%. The median CT positivity was 4.7% (range:1.3–18.1%); 4.1% in males, 5.8% females.

Conclusion The review demonstrated that education facilities can be used for CT screening. Testing programmes were established in a range of educational facilities, in a variety of countries, and accessed large numbers of males and females. The CT positivity supports educational institutions as a setting to conduct screening. Targeting students in classrooms and opportunistic screening at school clinics and routine health examinations appears to achieve high testing rates in the school setting.

Poster presentations

P3.367 SERO-PREVALENCE OF SEXUALLY TRANSMITTED DISEASE (HIV, SYPHILIS, HEPATITIS-B AND HEPATITIS-C) IN VOLUNTEER DONORS OF GAOL INMATES AND STUDENT COMMUNITY IN PUNJAB PROVINCE OF PAKISTAN

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Objective Cohort studies of prisoner and student community volunteer blood donors recruited in 2007–2012 in 30 gaols and 30 educational institutes of Punjab province. In Punjab, there are 32 prisons gaol that are nearly three times overcrowded with 62500 prisoners (undertrial, convict and condemned prisoners). A number of studies indicate that even in prisons of developed countries prevalence of transmission of sexually transmitted infections and HIV is high.

Methods Ten thousand-5000 each from jail and educational institutes apparently healthy donors were assessed for the sero-prevalence of human immunodeficiency virus (HIV), hepatitis B virus (HBV), hepatitis C virus (HCV) and syphilis (RPR) using a commercially available Enzyme Linked Immunosorbent Assay (ELISA)-based kit. Information was obtained for risk factors using structured questionnaire.

Results Out of the 5,000 samples screened in each community, 337 (6.74%) in student community and 1424 (28.48%) in prisoner community were sero-positive. Subjects aged 15–45 years recorded 2.20% HBV, 4.12% HCV, 0.42% RPR and no HIV positivity in students while in prisons 5.28% HBV, 12.32% HCV, 0.18% HIV and 10.70% RPR positivity was recorded. Subjects aged 15–25 years are more HBV positive (2.51%) and (7.94%) while subjects aged 25–35 years were more HCV positive (4.88%) and (14.18%) in student and prisoner community respectively. Unfortunately, sero-prevalence rate is high in prisoner community as compared to student community.

Conclusion Overcrowding, poor hygienic and close living conditions stake prisoners at a very high risk for acquisition of sexually transmitted infections as compared to student community. Public awareness and vaccination programme should be improved in the community on urgent basis.

P3.368 STD CLINIC PATIENTS’ PREFERENCES FOR HIV PREVENTION STRATEGIES


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Background More information is needed to understand how the newer HIV prevention methods should be positioned and which mix of prevention methods should be offered and promoted within the at risk populations. This study sought to obtain data about the preferences for effective biomedical interventions by individuals from the diverse ethnic and racial backgrounds that comprise the STD clinic populations in Miami.

Methods A cross sectional survey was used to assess knowledge and preference of traditional (condoms) and new biomedical methods to prevent HIV (Circumcision-C-, Pre-exposure prophylaxis -PreP and microbicides -M) in STD clinic patients. After an initial assessment, the study coordinator provided basic simple descriptions of three new methods of HIV prevention by pamphlets and/or recorded video. The relative preference for each of the all prevention strategies was re-assessed information was provided.

Results Thirty five participants are reported in this interim analysis; 55% were female; 58% were African American; 25% were Hispanic and 12% were Haitians. Most of the participants were not aware of the efficacy of C (68%), PreP (77%) or M (79%) in decreasing the risk of acquiring HIV infection. At baseline, participants described as their preferred method to prevent HIV the use of male condoms (77%) and had marginal preference for the newer methods C (3%), M (6%) and PreP (3%). After the information about the new methods was provided, most of the participants reported to be aware of these methods (80%) and although male condoms was still the first choice for most of the participants (46%) a higher percentage of participants preferred M (20%) and PreP (14%).

Conclusions STD clinic patients who participated in this study had very limited knowledge about the new biomedical strategies to prevent HIV infection. A brief informational session can increase their willingness to use the newer HIV preventive strategies.

P3.369 ACCEPTABILITY OF HPV TETRAVALENT VACCINE AMONG MALES ATTENDING THE STD CLINIC OF MILAN - THE IMPORTANCE OF THE COSTS FOR PATIENTS


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Background HPV infection is usually transmitted by sexual contact and represent the most prevalent sexually transmitted infection all over the world. The clinical spectrum of HPV infection varies from the asymptomatic status to benign genital lesions to the development of virus associated tumours. There is no direct antiviral drug for HPV and all available therapies are aimed to the destruction of lesions or to the enhancement of the immune response. In recent year a vaccine for prevention of infection has been developed and used for the vaccination of young adolescent girls and later of young women. The quadrivalent vaccine directed against HPV types 6, 11, 16 and 18 has shown efficacy on the incidence of genital warts not only in the vaccinated population but also in the male population of comparable age. Further researches...
have demonstrated the efficacy of HPV quadrivalent vaccine also for
men in preventing external genital warts.

The situation of availability and reimbursability of HPV vaccine
is different among countries. In Italy vaccination is free of charge
for girls aged 12–14 years and is available at a special prize (about
50€ per shot) for women up to 45. Men should pay the whole some
of about 200€ per shot.

Methods We present the result of a questionnaire on the accept-
ability of Tetravalent vaccine among male population attending the
STD Centre of Milan, particularly focused on the price patient
could afford for the vaccine

Conclusion Our study demonstrated that the price of the vaccine
greatly affect the acceptability. At a social price of 50€ per shot only
a low percentage of patient would undergo the vaccination.

Background Human papillomavirus (HPV) vaccination was intro-
duced into the adolescent immunisation schedule in the United
States in mid 2006. Vaccination is recommended for females at age
11 or 12 years and through age 26 if not previously vaccinated. Esti-
imated 3-dose coverage was 52% among 15–17 year-olds in 2010.

Objectives To compare HPV prevalence among females in the first
4 years of the vaccine era (2007–2010) with the prevaccine era
(2003–2006), and to determine vaccine effectiveness (VE).

Methods The National Health and Nutrition Examination Sur-
veys (NHANES) are a series of cross sectional surveys, designed
to be nationally representative of the civilian, non-institutionalised US
population. HPV prevalence was determined in self-collected cervi-
covaginal swabs from females aged 14–59 years; 4150 in 2003–2006
and 4253 in 2007–2010. Type-specific HPV prevalence was deter-
mined by the Linear Array HPV Genotyping Assay. VE was esti-

Results Among females aged 14–19 years, vaccine type (VT) HPV
prevalence decreased from 11.5% (95% CI = 9.2, 14.4) in 2003–2006
and 5.1% (95% CI = 3.8, 6.6) in 2007–2010; a 56% (95% CI = 37%,
69%) decline.

Prevalence did not differ between the two time periods in other
age groups. History of vaccination was associated with lower VT
HPV prevalence among sexually active 14–19 years-olds, 3.5% vs.
12.6% (aRR = 0.18; 95% CI, 0.7–0.48, estimated VE = 82%) and
among 20–26 year-olds, 12.4% vs 21.3% (aRR = 0.46; 95% CI, 0.22–
0.99, estimated VE = 54%). Our sample size was too small to evalu-
ate effectiveness by number of doses.

Conclusions Within 4 years of vaccine introduction, there was a
decrease in VT HPV prevalence in a nationally representative sam-
ple of females aged 14–19 years. As expected, VE was lower among
those vaccinated at older ages. Ongoing monitoring will allow
assessment of vaccine impact on prevalence, possible cross protec-
tion or type replacement.

Background It is unclear whether L1-VLP-based human papillo-
mavirus (HPV) vaccines are efficacious in preventing anogenital pre-
cancer in women with prior vaccine-type HPV exposure. Participants
in the phase III efficacy trials were not excluded if infected at base-
line (HPV-DNA and serology were performed in retrospect); the
Vaccine effectiveness by number of doses.

Conclusions Among African heterosexual men and women, daily
oral FTC/TDF PrEp modestly reduced the risk of HSV-2 infection in
the context of a study population with high adherence and for
whom high efficacy against HIV-1 acquisition was demonstrated.
Potential protection against HSV-2 in addition to HIV-1 could
increase the public health benefits of PrEp.

Background Human papillomavirus (HPV) vaccination was intro-
duced into the adolescent immunisation schedule in the United
States in mid 2006. Vaccination is recommended for females at age
11 or 12 years and through age 26 if not previously vaccinated. Esti-
imated 3-dose coverage was 52% among 15–17 year-olds in 2010.

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