P3.376 MULTIDISCIPLINARY APPROACH TO CONTAIN HIV-1 AND OTHER STIS IN CHINA: MULTIPURPOSE PREVENTION TECHNOLOGIES

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¹Z Wu, ²B Young Holt, ³J Manning, ⁴J Romano, ⁵M Lusti-Narasimhan, ⁶A Stone, ⁷C Deal, ⁸B Wang. ¹Nanjing University, Nanjing, China; ²CAMI/IMPT, Folsom, CA, United States; ³USAID, Washington, DC, United States; ⁴NWJ Group, Wayne, PA, United States; ⁵WHO, Geneva, Switzerland; ⁶MEDSA LTD, London, UK; ⁷NIH/DMID, Washington, DC, United States; ⁸Chinese Academy of Medical Sciences, Nanjing, China

Background In China, the HIV prevalence continues to rise despite increasing efforts to contain the epidemic, and other sexually transmitted infections (STIs) are also on the increase. Furthermore, antibiotic-resistant STI pathogens are on the increase and many STIs facilitate the acquisition and/or transmission of HIV-1. Multipurpose prevention technologies (MPTs), including drugs, devices and vaccines that simultaneously prevent unintended pregnancies, HIV and other STIs, would provide effective approaches to meet these public health challenges.

Methods The Initiative for MPTs developed Target Product Profiles (TPPs) to define key product attributes appropriate for those regions of the world hardest hit by unintended pregnancy, HIV, and other STIs. The TPP considered priority combinations of indications, mechanisms of action, dosing and administration, and formulation and delivery. Current and historic data from China were reviewed to determine which product attributes in an MPT would best meet the needs in China.

Results Sexual transmission of HIV-1 has become the major route for new infection in China, and other STIs have increased more than 40 times from 1985. The increase in STI rates is associated with population mobility, and the geographic distribution of STIs overlaps with that of HIV, suggesting the possibility of co-infection. The rate of unintended pregnancy is low in China, given the "one child" policy. After analysing the current and historic data, we propose that MPTs specifically addressing HIV and STIs would best meet the public health challenges in China, and the preferred dosing form would be long-acting implant or IUD-based delivery.

Conclusion The continuing rise in prevalence and rates of STIs, including HIV poses serious public health challenges to China, where sustained economic development has resulted in social transformation and unprecedented population mobility. MPTs that specifically target HIV and other STIs could provide an effective approach to meeting these public health challenges in China.

P3.377 "MACH'S MIT - WISSEN UND KONDOM" ("JOIN IN - KNOWLEDGE AND CONDOM") - THE COMMUNICATION STRATEGY OF THE BZGA'S INTEGRATED HIV AND STI PREVENTION CAMPAIGN

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V Lulei. Bundeszentrale für gesundheitliche Aufklärung (BZgA), Cologne, Germany

Background The Federal Centre for Health Education (BZgA), acting on behalf of the Federal Ministry of Health (BMG), has been implementing the central campaign GIB AIDS KEINE CHANCE (DON'T GIVE AIDS A CHANCE) in Germany since 1987. In recent years the number of STI cases has increased. The BZgA reacted to that by reorienting the central GIB AIDS KEINE CHANCE campaign and turning it into an integrated HIV/STI prevention campaign. In 2012 the protection campaign "mach's mit - Wissen und Kondom", was launched as the first integrated HIV/STI campaign in Germany.

Problem description At the time of this reorientation the campaign faced the challenge of communicating basic knowledge about STIs to the German public, while at the same time maintaining the high level of information relating to HIV. Neither people's motivation to protect themselves by using condoms, nor the strong

brands "GIB AIDS KEINE CHANCE" and "mach's mit", were to be weakened in the process.

Method and Conclusion The concept of the "mach's mit - Wissen und Kondom" campaign meets these challenges by dividing the communication strategy into two phases. The prevention message of the first phase builds on the HIV message "condoms protect" and introduces the concept of STIs. Since the offline media are linked to the campaign website via QR codes, the public can directly access basic information on HIV and other STIs. In the second, more detailed phase starting in 2014, the mass media will for the first time be used to communicate not only HIV messages, but also messages relating to protection against STIs.

Like its predecessors, the HIV/STI campaign is designed on a cross-media basis, using billboards, City-Lights, advertisements and ambient media. Accompanying activities in social media supplement the media mix.

P3.378 STI TESTING IN NULLIPAROUS WOMEN DURING INTRAUTERINE DEVICE OR SYSTEM INITIATION IN CASH CLINICS (RETROSPECTIVE AUDIT)

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E Valarche, R Browne. St Ann's Hospital, CASH service, London, UK

Background Nulliparous women are not always offered intrauterine (IU) method of contraception due to the traditional perception from health care providers that there will be an increased rate of complications (particularly, PID). We sought to evaluate the clinical practise and STI testing during the initiation of IU method in nulliparous women in Contraceptive and Sexual Health (CASH) clinics.

Study Design Electronic patient records were analysed for nulliparous women who had an IUD/IUS inserted between April 2011 and March 2012. The clinical practise was evaluated against local, FSRH and BASHH standards of care.

Results

- 423 women initiated intrauterine contraception
- 107 (25%) nulliparous.
- Majority (60%) were white UK ethnicity;
- Median aged 27 (range 15–49) years
- 32% aged < 25 years
- 24% had previous TOPs
- 21% done by clinical nurse specialist
- 73% Nova T380 inserted, 4%–Mirena IUS
- Only 7 patients had minimal side effects after procedure (abdominal discomfort)
- No uterine perforations occurred
- Follow up data available for 50% of patients
- Only 9 removals were recorded during study
- STI testing (Chlamydia and gonorrhoea, NAAT) done for 75 (70%) patients, and 2 Chlamydia positive patients were identified (treated within 2 weeks of diagnosis, both were asymptomatic).

Conclusion Our study demonstrated a successful practise of the use of the intrauterine contraception method in nulliparous women in an integrated CASH service. The prevalence of STI was 2.5% and screening prior or at the time of IU procedure should be one of many methods of prevention of STIs and health promotion in young population and also way of "pick up" of asymptomatic STIs. Our data did not show increased risk of pelvic infection in nulliparous women with initiation of IU contraception which prove to be safe and effective method of preventing of unplanned pregnancies.

P3.379 COMPARISON IN 2004 AND 2011 ON THE EFFICACY OF PARTNER NOTIFICATION FOR CHLAMYDIA TRACHOMATIS AMONG YOUNG ADULTS IN YOUTH HEALTH CENTRES IN UPPSALA COUNTY, SWEDEN

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S P Sylvan, ²J Hedlund. ¹Department of Medical Sciences, Uppsala Academic Hospital, Uppsala, Sweden; ²Department of Communicable Disease Control and Prevention, Uppsala County Council, Uppsala, Sweden

The study was conducted in 2004 and repeated in 2011 to compare the contact-tracing success rate of the partner notification services routinely provided by the community-based youth health centres in Uppsala County, Sweden.

Objective The study had two goals, (i) to compare the number of sexual partners routinely reported by each diagnosed index case with CT and the success rate in tracing and testing these partners for CT infection in 2004 and 2011 (ii) To compare the notification practises in reporting the number of cases of unsuccessful contact tracing to the CMO in 2004 and 2011.

Successful contact-tracing is defined as the confirmed attendance of a sexual contact within 12 months of the contact with the index case.

Results The number of CT cases diagnosed by the youth health centres during 2004 was 463 (299 females/164 males) and 529 (339/190) during 2011. The females reported 660 male sexual contacts 2004 and 861 in 2011 and the males reported 386 female contacts in 2004 and 494 in 2011. Successful partner notification was achieved for 73% of all sexual contacts in 2004 but only 64% in 2011. 164 (74 females and 90 males) unsuccessful partner notifications were reported to the CMO in 2004 and the corresponding numbers for 2011 were 288 (105 females and 183 males).

Conclusions Between 2004 and 2011 there has been an increase in the mean number of sexual contacts among young adults in Uppsala County. Successful partner notification was significantly reduced. When asymptomatic, genital CT infection spreads among sexually active young adults with multiple, unidentified sexual partners, appropriate methods of partner notification are not sufficient to achieve its aims at the population level. Novel strategies are needed.

P3.380 BASELINE RESULTS OF A CLUSTER-RANDOMISED TRIAL ASSESSING THE EFFECTIVENESS OF SPORT-BASED HIV PREVENTION IN SOUTH AFRICAN SCHOOLS

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^{1,2}Z A Kaufman, ¹E B Kaufman, ¹S Dringus, ¹H A Weiss, ²S Delany-Moretlwe, ¹D A Ross. ¹London School of Hygiene and Tropical Medicine, London, UK; ²Wits Reproductive Health and HIV Institute, Johannesburg, South Africa

Background HIV prevalence among 15–24 year-olds in South Africa is amongst the highest in the world. A cluster-randomised trial began in 2012, assessing the effectiveness of a sport-based HIV prevention intervention in reducing age-disparate partnerships, multiple partnerships, and perpetration of gender-based violence.

Methods Forty-six schools in Cape Town and Port Elizabeth were randomised to either receive sessions led by trained Grassroot Soccer Coaches or standard Life-Orientation classes led by teachers. At baseline, 4485 grade-nine students (median age 15) used touch-screen mobile phones to complete a self-administered questionnaire assessing demographic/socio-economic, psychosocial, lifestyle, behavioural and relationship factors. Answers were confidential, with no personal identifying information captured. Chi-squares were used to assess crude differences by group, followed by multivariate linear and logistic regressions adjusting for age and school-level clustering.

Results The control group was slightly older than the intervention group (mean age 15.8 vs 15.5 years, $p = 0.071$). At baseline, more control than intervention participants reported not living with both parents (67.8% vs 64.1%, $p = 0.009$), ever having had sex (55.9% vs 52.6%, $p = 0.032$), having an age-disparate partner (5+ years difference) in the last year (14.5% vs 12.1%, $p = 0.097$), depressive symptoms (28.7% vs 25.7%, $p = 0.024$), and HIV stigma (27.4% vs

23.8%, $p = 0.007$). More males in the control group reported ever having perpetrated intimate-partner violence (37.6% vs 33.4%, $p = 0.051$) and rape (29.1% vs 23.7%, $p = 0.029$). These differences between trial arms lost statistical significance after adjusting for age and clustering. No differences between groups were observed for sex, socio-economic status, HIV knowledge, self-efficacy, or number of sexual partners.

Conclusions There was a small age imbalance between study groups, which appears to explain other observed baseline imbalances. Outcome analyses for the main trial should be adjusted for age. High levels of reported intimate-partner violence and rape perpetration were observed, suggesting this is a crucial area for intervention.

P3.381 KNOWLEDGE AND ATTITUDE TOWARDS HIV/AIDS AMONG POST-SECONDARY SCHOOL MALAYSIAN URBAN YOUTHS

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¹K Shamsuddin, ²M Ghafari, ¹R Mohd Amin, ¹R Sutan, ¹S E Wan Puteh, ¹S A Shah, ³Z A Mahdy, ³S Ahmad. ¹Dept of Community Health, Universiti Kebangsaan Malaysia Medical Centre, Kuala Lumpur, Malaysia; ²Dept of Public Health, Faculty of Health, Shahre Kord University of Medical Science, Shahre Kord, Iran; ³Dept of Obstetrics and Gynaecology, Universiti Kebangsaan Malaysia Medical Centre, Kuala Lumpur, Malaysia

Background Post secondary school, young people may continue to study or will seek work opportunities. They are exposed to a different environment which may influence their knowledge and attitude towards HIV/AIDS. The aim of this paper is to compare the knowledge and attitude of post-secondary school urban youths towards HIV/AIDS.

Methods This was a cross-sectional survey using self administered questionnaire of young urban Malaysians age 18–24 years who were either enrolled in randomly selected private or public colleges and universities, or formally employed in private or public workplaces in the Klang Valley.

Results Compared to the 973 students, the 615 workers who participated in this study were significantly older (22.6 + 1.5 years versus 20.4 + 1.7 years), 12.2% versus 0.8% were married, and 88.5% versus 80.1% were Muslims. Both groups had fairly good knowledge of HIV/AIDS and its prevention and did not show significant difference in their mean knowledge of HIV/AIDS. However, misconception on transmission of the disease persist when 35–40% thought sitting on toilet seats and 50% thought HIV can be transmitted through mosquito bites; and 47.5% of workers and 51.3% of students had negative attitudes towards HIV and people with HIV/AIDS. Only 48.1% of workers and 41.7% of students were sure that condom is an effective way of protecting against HIV/AIDS while both, about 20%, reported peers, and 18.0% students and 9.8% workers reported teachers/school counsellors as important sources of information on HIV/AIDS.

Conclusion Knowledge and attitude of the two groups of youths did not show significant differences although working youths seems to be slightly more open about HIV/AIDS and the use of condom for prevention of STDs. Workplace or college-based health promotion for prevention of HIV/STDs should be developed and maintained since misconception remains and negative attitude is still prevalent in these post-secondary school youths.

P3.382 POST-NEONATAL PEDIATRIC CIRCUMCISION IN THE UNITED STATES, 2010

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¹G D Hart-Cooper, ¹G Tao, ²J Stock, ¹K Hoover. ¹Centers for Disease Control and Prevention, Atlanta, GA, United States, ²Mount Sinai School of Medicine, New York, NY, United States