

**P5.040** INTEGRATION OF GONORRHOEA AND CHLAMYDIA SELF-COLLECTION SERVICE WITHIN AN EXISTING REPRODUCTIVE HEALTH PROGRAMME IN KAMPALA, UGANDA

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**Background** Sub-Saharan Africa has the highest rates of curable sexually transmitted infections (STIs) globally with the greatest morbidity due to *Neisseria gonorrhoea* and *Chlamydia trachomatis* falling on women. In response to a demand for comprehensive reproductive health screening, we proposed that providing additional *N. gonorrhoea* and *C. trachomatis* testing within a cervical cancer screening programme involving self swabbing for HPV, would be acceptable and effective.

**Methods** As part of a cervical cancer screening project in Kisenyi, a densely populated urban community in Kampala, Uganda with low socio-economic-indicators, women aged 30 to 69 were offered *N. gonorrhoea* and *C. trachomatis* testing using self-collected swabs. Women were recruited in each sub-division by local health workers, after informed consent, a brief demographic and attitudes survey was completed and the method of swab collection was explained. Specimens were transported for PCR analysis within Kampala. Participants were contacted by mobile phone and asked to attend the local health clinic to receive appropriate treatment if found to be positive.

**Results** Out of 206 women approached, 203 provided a self collected swab for analysis. Twenty-six women (13%) were found to have *C. trachomatis*, 2 (<1%) were positive for *N. gonorrhoea* and one participant was co-infected. Of the women infected, 76% were successfully contacted and of these 62% attended follow-up to receive appropriate treatment. Women reporting no condom use in the last month accounted for 93% of those with *C. trachomatis* while use of the oral contraceptive pill was not associated with higher rates of either infection. The self-reported HIV positivity rate was 9.5%.

**Discussion** The acceptance and uptake of testing for common STIs in this urban sub-Saharan environment was very positive. Due to the high burden of disease inferred by these easily treated infections, further integration of appropriate screening should be incorporated into existing reproductive health programmes.

**P5.041** TB TREATMENT FOR HIV POSITIVE PREGNANT WOMEN: CHALLENGES TO SCREENING AND DIAGNOSIS

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**Background** According to Kenya's PMTCT guidelines, all HIV positive women who present for antenatal care should be tested for TB.

**Methods** HIV-positive, pregnant women were recruited from two maternity hospitals in Nairobi, Kenya. The results presented here are based on surveys completed at baseline as well as 48 hour follow up. This data was collected from 505 women as part of a study on the use of mobile technology in PMTCT programmes. Questionnaires included questions on socio-economic characteristics, history of current and previous pregnancies, knowledge of PMTCT, TB screening and treatment and the use of Nevirapine. Chi-square tests and multivariable logistic regression were used to assess statistically significant associations between variables of interest and TB screening.

**Results** Overall screening for TB in our sample was 10.3% with no significant difference between the two hospitals (11.4% versus

8.4%). Analysis also revealed no significant difference between groups based on sociodemographic status (including age, education, marital status and income) or based on the number of antenatal visits or gestational age at first presentation.

**Conclusion** Reportedly, 80% of TB patients are given access to HIV testing and a further 27% of those who test positive are placed on ART. TB screening for pregnant women seem to be offered less regularly, however, with only 10% of women screened. In our sample, the lack of significant difference in screening between facility, by sociodemographic characteristics or by when they access services seems to suggest suboptimal TB screening in pregnant women is a systemic issue.

**P5.042** QUALITY ASSURANCE IN VISUAL INSPECTION OF THE CERVIX - THE SOUTH AFRICAN EXPERIENCE

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**Background** Invasive cervical cancer is the most common cancer in Sub-Saharan Africa partly due to lack of effective screening programmes and the HIV epidemic. The baseline analysis of a South Africa study comparing three cervical cancer screening methods, i.e. cytology, visual inspection with acetic acid (VIA) and HPV testing in HIV-infected women, has been completed and quality assurance of VIA interpretation was evaluated.

**Methods** HIV-infected women, aged 18–65, were recruited from Johannesburg, South Africa and VIA performed with 5% acetic acid. Nurses received a two-week training on the VIA procedure. VIA interpretation by the nurse and recording of a digital image was performed in real time. The study physician reviewed weekly the digital imaging and recorded their own interpretation of the VIA appearance. Women with a positive VIA and 25% of women with a negative VIA had confirmatory colposcopic biopsy. Sensitivity and specificity for VIA interpretation for cervical intraepithelial neoplasia (CIN)-2 + for both the nurse and the doctor were compared retrospectively.

**Results** 1202 HIV infected women with a median age of 37 years and CD4 of 394 cells/mm<sup>3</sup> participated. 45% of the women had a positive VIA result. Sensitivity and specificity for VIA to determine CIN 2+, as performed by the nurse and doctor, was 65.4% (59.7–71.1)/68.5% (65.3–71.7) and 75.5% (70.5–80.4)/68.1(65.0–71.3) respectively. There was no statistical difference in the VIA readings comparing the first 600 VIA interpretation to the final 593 VIA readings [nurse (p = 0.613) or doctors (p = 0.624)]. Evaluating the first 300 VIA to the final 300 results was also similar (p = 0.505 for nurse; p = 0.802 for doctors).

**Conclusion** Throughout the study there was no statistical difference in the sensitivity in interpreting VIA. These results show that after two weeks of training, nurses were consistent in their VIA readings and could accurately predict 65.4% of CIN 2+.

**P5.043** EARLY EVALUATION OF THE ISEAN HIVOS PROGRAM'S HIV-AIDS BCC ONLINE INITIATIVE FOR MSM AND TG COMMUNITIES IN SOUTH EAST ASIA

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Online BCC Outreach Intervention was developed by the ISEAN Hivos Program to reach the hidden MSMs and TGs populations in Indonesia, Malaysia, Philippines and Timor Leste. The initiative

features a specially-designed website that provides videos, text information and learning evaluations in both English and selected local languages. The website's programme has the capacity to generate unified identification codes for the site's visitors based on a registry system linked to his/her email address, facebook account or twitter. After viewing the videos or reading the texts, a short quiz is provided with "successful reach" defined as getting four out of six questions correctly.

Within the initial launch of the website, inputs and feedback were gathered from local partners and end-users through email exchanges.

The early implementation of the online BCC outreach is effective in reaching local MSM and TG populations that are often difficult to reach using offline outreach. Initial observations include;

1. The online videos are sometimes difficult to access due to limited internet bandwidth;
2. Users are reluctant to log in since registration by email or by social media account is needed;
3. Concerns about the accent of the video voice-overs as well as the appropriateness of images used in the videos.

**Recommendations** by end-users include 1. Providing localised websites for better access, 2. Uploading the videos in youtube to allow access without registration; 3. Creation of a promotional video; 4. Coming up with electronic raffles and other rewards to promote access.

The ISEAN Hivos Program's BCC online intervention for HIV-AIDS targeting MSM and TGs in South East Asia showed initial positive results. Areas for improvement were identified which will guide the site's continuous re-development. This experience provides lessons on how effective HIV-AIDS-related messages can spread en-masse to otherwise "hidden" but "most-at-risk populations" at a regional Asian context, by the use of ICT.

**P5.044 A PROACTIVE APPROACH TO ONLINE CHLAMYDIA SCREENING: QUALITATIVE EXPLORATION OF YOUNG MEN'S PERSPECTIVES OF THE BARRIERS AND FACILITATORS**

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**Background** Increasing access to sexually transmitted infection (STI) testing among young, heterosexual men is advocated as a means of reducing STI rates in the UK. New mobile, social media platforms, such as 'smart-phones', give unprecedented mobile access to the Internet, and the proliferation of Internet forums and social networking sites offer potential mediums for sexual health promotion. Here, we assess the acceptability and potential barriers and facilitators of these for STI testing among young men in Scotland.

**Methods** Qualitative study including 15 focus group discussions with 60 heterosexual young men (aged 16–24 years) across central Scotland to explore an online approach to proactive screening for Chlamydia trachomatis. Transcripts from audio recordings were analysed with Framework Analysis.

**Results** Participants were favourable of an online approach for accessing postal Chlamydia tests, even if they felt it was not suitable for them. However, some spoke more favourably of attending specialist sexual health clinics for testing, particularly those from areas of higher deprivation, of younger age, and who had previously attended such clinics. We found differing levels of exposure to and practises of (particularly mobile) Internet use by deprivation and age. Despite reporting Internet access, younger men (aged 16–19 years) largely used mobile/cell phones to place and receive calls and to send SMS text messages and they reported fears over the costs, risks of 'smart-phones' being stolen or broken, and a general

disinterest due to a perceived lack of fit with their identities. Conversely, Facebook use was universal.

**Conclusion** Increasing mobile access to the Internet provides opportunities for re-evaluating how we deliver sexual health promotion and engage young men in STI testing and screening. However, our study suggests that such an approach could potentially widen inequalities by age and socio-economic background and future interventions using such technology should consider how best to counter this.

**P5.045 THE FAMILY IN THE HEALTH-DISEASE PROCESS IN AGING WITH HIV/AIDS**

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Thirty-two years ago society knew of a new sexually-transmitted disease spread by a human immunodeficiency virus, which causes alterations in a person's life as well as in the lives of family members aware of the seropositivity. With the increase in the number of elderly seropositives, this study aims to analyse their family life starting from the disclosure of HIV<sup>+</sup> diagnosis. Both the extended and the nuclear families were considered. The research was held at the Clinic of Infectious and Parasitic Diseases of the Federal University of São Paulo - SP. 24 men and 13 women participated - ranging from 60 to 82 years of age. All patients signed the consent forms, answered questions about family relations, self-care, health, illness background and treatment adherence, having submitted two genograms - family of origin and current one -, specifying relatives aware of their HIV status and also informing whom they live with and the status of their relationship. The results show that the established family relationships as well as the style and behaviour of each family member are responsible for the choice of diagnosis disclosure of the HIV infection: three elderly seropositive participants live isolated from their family; for 26 families, this knowledge is restricted to some members, forming a nucleus of trust within the extended family; in eight families, all members know about the seniors living with HIV. Finally, it is clear that family life with HIV seropositivity can affect dynamics both positively and negatively. The positive changes refer to a greater extent of love and care, whereas the negative ones are related to absenteeism and discrimination. Health care is mostly carried out independently, with no family interference, and includes practises of no smoking and no drinking, eating properly and a good treatment adherence; nevertheless, few people practise physical activities.

**P5.046 HEALTH AND RELIGION: CANDOMBLE PLACES OF WORSHIP (TERREIROS) AS SPACES FOR PROMOTING HEALTH AND STD/AIDS PREVENTION**

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**Background** Demand for producing video materials for Afro-Brazilian religious communities on STD/AIDS prevention actions. For centuries, Afro-Brazilian religious temples have been spaces for inclusion, welcoming hospitality and counselling for historically excluded groups. The ancestry, ritual practises and interpersonal relationships that are constructed in these spaces make possible affective exchange and the production of knowledge, health promotion and disease prevention.

**Methods** Bibliographic Search. A technical meeting with the organisers of the National Afro-Brazilian Religion and Health