

sought from these key stakeholders, along with others, to gain consensus and build support for the new Coalition. This iterative process resulted in a Coalition mission, goals, values, expected member roles, and priority areas of focus which represented the breadth of key stakeholder concerns and priorities. These foundational principles will be presented in depth. Within fourteen months of project start-up, 25 organisations have joined the NCSH and are actively participating in its Action Groups. This participatory, consensus-building approach could hold promise for other coalition-building efforts.

**P5.056 MISSION IS POSSIBLE! THE GERMAN STI-SOCIETY (DSTIG) AS A PACEMAKER FOR SEXUAL HEALTH AND STI-RESEARCH IN GERMANY**

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**Background** For the last 111 years the “German STI Society - Society for the Promotion of Sexual Health” (DSTIG) has been the biggest medical and social society focusing on sexually transmitted infections (STI), which brings clinicians, therapists, people working in the sexual health sector or in STI counselling together. This interdisciplinary approach makes it unique in the German landscape of medical societies.

Through its history the DSTIG achieved a lot, even though a peak-number of 10,000 members in the 1920s is not reached yet again: The transformation through the years has been from a mainly clinically-pathologically oriented Dermato-Venerological expert group to an open society, which focuses on the whole range of STI-research and sciences, including sexual health.

**Organization & Projects:** The members of the DSTIG do work on specific topics in six sections for example in the field of sexual health, medical guidelines, STI-research and/or the development of STI-training material. Amongst other projects and publications, the DSTIG-sections developed prevention standards and indicators to measure sexual health, and treatment guidelines on gonorrhoea. Comprehensive recommendations for counselling, diagnosis and treatment of STI patients are being developed; guidelines for Chlamydia and Syphilis are under progress.

**Goals** Between 2010–2012 the number of members increased by 51%, which is an obvious indicator that the interdisciplinary way of the DSTIG is the right direction. Taking over responsibility by focusing on the people living at the “edges” of our society like sex-workers, immigrants, homosexuals etc. is one of the goals of the DSTIG. As well the DSTIG is on the way to become an important player in the development of STI-guidelines, and this not only on national level but Europe-wide. Therefore the expertise of physicians from different medical disciplines and the close cooperation between professionals on different levels of the German health system are necessary for success.

**P5.057 DO YOU GYT? EVALUATION OF THE FIRST TWO YEARS OF THE UNITED STATES' NATIONAL GET YOURSELF TESTED CAMPAIGN**

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**Background** The National *Get Yourself Tested* (GYT) Campaign was launched in 2009 to promote STD communication and testing among youth ( $\leq 25$  years) through multimedia platforms, on-the-ground outreach, and linking youth to free/low-cost STD testing. It is a public-private partnership effort between the U.S. Centers for Disease Control and Prevention (CDC), MTV Networks (MTV), the Henry J. Kaiser Family Foundation, and Planned Parenthood Federation of America, among other partners. This effort sought to evaluate campaign exposure and associations with STD testing and communication among youth during the first two years of implementation.

**Methods** Media metrics tracked campaign-related television, web and social-media programmes in 2009–10; a national mail-panel consumer survey of youth assessed campaign recall and self-reported changes in STD testing and discussions in 2010; and STD patient data from partner health centres ( $n = 9$  affiliate health centres) tracked STD testing in April 2008 (pre-campaign), 2009 and 2010.

**Results** In its first two years, GYT received > 18 hours of airtime on MTV; its website received > 1.5 million views, and its testing locator made nearly 145,000 clinic referrals. Awareness of GYT among teenage respondents ( $n = 766$ ) on a national survey was 18.3%, among whom roughly 1/5 reported having talked about STDs/testing with a family member (17.5%) or friend (21.2%). Among participating affiliates, there was a 71.0% increase in patients receiving STD testing in April 2010, compared to April 2008 (at a period when chlamydia testing rates nationally rose by < 10%). Increases were most notable among young, low income and minority patients.

**Conclusion** This data offers encouraging evidence that GYT is reaching and mobilising youth most in need of testing. Reported testing increases in GYT-partner health centres were greater than national-level trends which varied minimally from 2008–2010. Efforts are underway to conduct a national evaluation of the campaign.

**P5.058 A REVIEW OF THE LANDSCAPE OF MOBILE-PHONE APPLICATIONS FOR INFORMATION, EDUCATION, DIAGNOSIS, CARE AND SELF-MANAGEMENT OF SEXUALLY TRANSMITTED INFECTIONS (STIS)**

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**Background** Mobile phone applications (apps), which offer a paradigm shift in healthcare, have potential to transform sexually transmitted infection (STI) prevention and management. Currently, few sexual health related apps exist for young people. We reviewed existing sexual health mobile apps to inform the design of apps that could be used in eSTI2: STI self-testing, diagnosis, and self-management linked to internet-based clinical management and support.

**Methods** Major online app stores for sexual health-related mobile apps were searched, excluding apps without STI-related content, intended exclusively for health care professionals or those not available in English. Eligible apps were downloaded and assessed for user ratings, download rates, interactivity as well as examined for salient content features.

**Results** Of 1504 matches from the initial search, 40 unique individual apps met the selection criteria (10 for iPhone, 14 for Android, three for Blackberry, three for Windows, 10 multi platform). The three most prevalent features of eligible apps were sexual health and STI awareness information (60%), testing information (30%), and risk calculator features (30%). 11 of the eligible apps (27%) featured an interactive component and 8 included information for a range of sexual orientations. Sexual health apps were infrequently downloaded (median 100–500 downloads); not highly rated (average

rating of 3.5/5); 47% of them received no ratings. There was no relationship between download frequency and rating; the most downloaded app (10k-50k downloads) received 20 reviews.

**Conclusion** Our study indicates that as yet, there are no fully functional apps that support the user throughout the entire pathway of STI awareness, testing, diagnosis management, prescription, partner notification and health promotion. There is a pressing need for sexual health apps which are validated and certified based on reliable content and meet high operability, privacy and security standards to appropriately exploit the potential health care benefits of mobile sexual health.

**P5.059 DEVELOPMENT OF A SMALL-MEDIA INTERVENTION TO BOOST HEALTHCARE PROVIDERS' KNOWLEDGE AND AWARENESS OF SYPHILIS IN AN URBAN US COMMUNITY**

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**Background** St. Louis, Missouri remains a high-morbidity syphilis community. Implementation of a small-media intervention in 2005 to improve provider knowledge and awareness of syphilis led to transient declines in infectious syphilis, but rates have increased in recent years. We describe a formative collaborative project between university, health department, and community service organisation workers to develop a pocket-sized visual aid for boosting healthcare providers' awareness and understanding of syphilis epidemiology, clinical presentation, and treatment recommendations.

**Methods** In 2012, physician and nurse-practitioner key informants (N = 18) provided foundational data on essential areas of provider knowledge deficit, including (1) clinical aspects of syphilis management such as lesion characteristics, diagnostic tests, and treatment approaches; (2) epidemiological aspects such as populations affected and distribution by age, race/ethnicity, and gender; and (3) health department linkages for partner referral and evaluation. Best practices for reaching providers were also considered, including mail-based and internet-based modalities.

**Results** Several important aspects of current syphilis clinical presentation and epidemiological patterns were underappreciated by local healthcare providers, including high rates of syphilis among men who have sex with men (MSM), as well as high rates of syphilis-HIV co-infection. Rectal and oropharyngeal infection were also underrecognized. All of these were new developments since the previous version of small-media intervention. Informant recommendations led to the development of a high-contrast pocket-size small-media pamphlet containing text as well as visual prompts to boost provider knowledge and awareness of syphilis. The booster intervention is currently being rolled out city-wide through direct-mail and in-person distribution to primary healthcare providers.

**Conclusion** Changing syphilis epidemiology requires continued vigilance among provider groups tasked with early identification, treatment, and referral of populations at risk. Small-media visual aids to boost provider awareness and knowledge of syphilis transmission patterns are an important component of larger community-level syphilis prevention agendas.

**P5.060 COMPARISON OF THE APTIMA HIV-1 QUANT ASSAY TO THE COBAS AMPLIPREP/COBAS TAQMAN HIV-1 TEST, V2.0**

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**Background** The APTIMA HIV-1 Quant Assay is a fully automated quantitative assay being developed on the PANTHER system and based on real-time Transcription-Mediated Amplification technology. This assay is intended for monitoring HIV-1 viral load in plasma specimens using a 0.5 mL sample.

**Methods** A cohort of 245 clinical specimens from University of Athens Medical School was tested using the COBAS AmpliPrep/COBAS TaqMan HIV-1 Test, v2.0 (Roche Assay) and the APTIMA HIV-1 Quant Assay (APTIMA Assay). The specimens included subtypes A, B, C and G as well as circulating recombinant forms of HIV-1.

**Results** Using a lower limit of quantitation for the APTIMA Assay of 30 copies/mL, 175 specimens gave results quantifiable for both assays. The correlation between the two assays was excellent (0.98), with a slope of 1.06 and an intercept of -0.13. Sixty-nine specimens gave results that were either detectable but not quantifiable or not detectable in at least one assay. Thirty were not detectable in both assays and 14 were detectable in both assays. The APTIMA Assay detected 13 specimens that were undetectable with the Roche Assay. There were 12 specimens that were detectable with the Roche Assay and undetectable with the APTIMA Assay. One specimen was above the upper limit of quantitation (10,000,000 copies/mL).

**Conclusion** The APTIMA HIV-1 Quant Assay gave comparable viral load results when compared to the Roche COBAS AmpliPrep/COBAS TaqMan HIV-1 Test, v2.0. The sensitivity of the APTIMA HIV-1 Quant Assay is similar to that of the Roche COBAS AmpliPrep/COBAS TaqMan HIV-1 Test, v2.0.

**P5.061 MICROWAVE-ACCELERATED METAL-ENHANCED FLUORESCENCE (MAMEF) POINT-OF-CARE TEST FOR THE DETECTION OF CHLAMYDIA TRACHOMATIS**

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**Background** *Chlamydia trachomatis* (CT) is the most prevalent bacterial sexually transmitted infection (STI) reported worldwide. Accurate point-of-care diagnostic tests are urgently needed for the rapid treatment of patients. To address this need, we have previously developed a 16S rRNA-based Microwave-Accelerated Metal-Enhanced Fluorescence (MAMEF) assay for the detection of CT. Here we report the development of an additional CT cryptic plasmid-based MAMEF assay, the use of the assays on clinical samples and the implication of MAMEF as a point-of-care test.

**Methods** The cryptic plasmid-based assay was investigated with cultured, titrated CT and vaginal specimens. Following the optimization of the assay, we tested a blinded cohort of dry-shipped vaginal swabs using both the 16S rRNA- and cryptic plasmid-based MAMEF assays, and compared the results to nucleic acid amplification tests (NAATs).

**Results** The MAMEF assays detected as few as 10 IFU/mL of CT in less than 10 minutes including DNA extraction and detection. A total of 257 vaginal swabs from 245 adolescent women (ages 14-22) were analysed by MAMEF. The overall prevalence of CT by NAAT was 17.5%. Of the 45 NAAT CT-positive samples and 212 CT-negative samples, 33/45 and 197/212 were correctly identified by both MAMEF assays (sens 73.3%, spec 92.9%). Using the plasmid-based assay alone, 37/45 CT+ and 197/212 CT- were detected (sens 82.2%; spec 92.9%). Using the 16S rRNA assay alone, 34/45 CT+ and 197/212 CT- (sens 75.5%; spec 92.9). For the overall % agreement with NAAT, the individual 16S rRNA and cryptic plasmid were 89.8% and 91%, respectively.