

supports the validity of option B+ as the national PMTCT standard in Ethiopia.

P6.064 INTEGRATING SIMULTANEOUS TRIPLE POINT-OF-CARE SCREENING FOR SYPHILIS, HEPATITIS B AND HIV IN ANTENATAL SERVICES THROUGH RURAL OUTREACH TEAMS IN GUATEMALA

doi:10.1136/sextrans-2013-051184.1217

¹A Smith, ²M Sabidó, ¹E Camey, ³A Batres, ²J Casabona. ¹Fundacion Sida i Societat, Escuintla, Guatemala; ²Fundacion Sida i Societat, Barcelona, Spain; ³Escuintla Health Department, MSPAS, Escuintla, Guatemala

Background In May 2012, a simultaneous triple point-of-care screening programme for syphilis, hepatitis B (HBV) and HIV was integrated in antenatal services in rural Guatemala. The programme included screening for pregnant women with mobile outreach teams, promotion through community networks, partner notification, and linkage to care. Our aim was to evaluate its feasibility and effectiveness in increasing testing uptake, case detection and referrals for positive cases.

Methods A network of over 200 midwives and community volunteers promoted testing and recruited pregnant women through community IEC campaigns. Nurses from three mobile outreach teams, two health posts, and the district health centre offered counselling and triple screening by fingerprick. Syphilis cases were treated on-site. HIV and HBV were referred with accompaniment to the tertiary hospital for care and prevention of mother to child transmission. Testing uptake was compared with the 8-month period prior to implementation of the programme.

Results In 8 months, 978 women sought prenatal services; 65% were screened for HIV and syphilis and 62% for HBV. Testing uptake increased 209%/30% from baseline for HIV/syphilis ($p < 0.001$). 29% were screened during the first trimester. Six cases of syphilis were detected and treated (0.95%); two cases of HIV (0.32%) were detected and initiated prophylaxis/treatment; and 0 cases of HBV. All of these cases were identified by the rural outreach teams or health posts. Seven women notified their partners (5 for syphilis, 2 for HIV) yet only 1 partner was tested, resulting positive. Three children were born with suspected congenital syphilis and all three died.

Conclusions This outreach programme shows the feasibility of simultaneous screening for three infections in rural Guatemala and its effectiveness in increasing screening coverage, case detection, and access to treatment services. Further efforts should work to improve earlier detection, results of partner notification, and adverse outcomes due to congenital syphilis.

P6.065 SEXUAL HEALTH IN GERMANY - USING INDICATORS AS AN INSTRUMENT TO DESCRIBE, PLAN AND EVALUATE. A CATALOGUE OF INDICATORS OF THE GERMAN STI SOCIETY

doi:10.1136/sextrans-2013-051184.1218

^{1,2}K Jansen, ^{1,2}V Bremer, ^{3,2}U von Räden, ^{4,2}E Steffan, ^{5,2}H Nitschke. ¹Robert Koch-Institute, Berlin, Germany; ²German STI Society, Bochum, Germany; ³Federal Centre for Health Education, Cologne, Germany; ⁴SPI Research, Berlin, Germany; ⁵HIV and STI Counseling and Testing Centre of the Cologne Health Department, Cologne, Germany

Background Sexual health is an integral part of the personal well-being of human beings, as defined by the WHO. Thus, instruments to measure the respective needs, to design appropriate and effective interventions, and to evaluate their impact and success are of high importance. These tools should be adopted on a local, regional and national level. There have been no such instruments available to specify the situation of sexual health in Germany to date. The "Sexual Health" section of the German STI Society has now adopted a

set of indicators in order to depict the sexual health status of people in Germany, as well as to plan and evaluate activities for the improvement of sexual health as a whole.

Methods Basis for defining indicators consisted of draught submissions of WHO and EU. All indicators described were considered as to their explanatory power and applicability for the specific German situation in terms of political structures, medical care, and epidemiology, and were partly adopted, revised or complemented by new indicators. Every indicator was operationalised in terms of appropriate variables, type of documentation, administration level, data source, availability, and assessed by its specific importance.

Results 39 indicators on policy and social determinants, 28 on access (availability, information, demand, and quality), 24 on the use of services, and 33 outcome/impact indicators were defined. To allow for flexibility, these categories were grouped by the following subdivisions: general, family planning, maternal and prenatal health, STI/RTI/reproductive morbidities, promotion of sexual health, adolescent sexual education and health, and sexual violence.

Conclusion A logical, convincingly conclusive and yet manageable list of indicators for Germany has been compiled. The selected indicators display the German situation and are at the same time highly comparable internationally. Potential users of the document are health experts, policy developers, researchers and other health care professionals.

P6.066 WHERE ARE WE NOW AND WHERE ARE WE GOING?: A META-ANALYSIS OF 10 YEARS OF SEXUAL HEALTH SERVICE INTEGRATION IN GLASGOW, SCOTLAND, UK

doi:10.1136/sextrans-2013-051184.1219

^{1,2}R Ilett. ¹Sandyford Sexual Health Services, NHS Greater Glasgow and Clyde, Glasgow, UK; ²University of Glasgow, Glasgow, UK

Background In 2000, family planning and reproductive health, genitourinary medicine, and women's health converged to form integrated sexual health services in Glasgow and Clyde, Scotland - the first large-scale UK example. The service now supports 100,000 people annually via 250 multi-skilled staff in 20 sites across a large post-industrial area with major deprivation, and 1+ million population. Its services include contraception, termination, HIV and STI testing, young people's and gay men's services, counselling and a public library. After ten years, the service commissioned three external evaluations to assess success and potential developments. This paper describes a meta-analysis of these.

Methods The evaluations used qualitative and quantitative methods including reviewing activity; undertaking staff surveys, user engagement, stakeholder interviews, population research and feedback from doctors and health professionals. The meta-analysis systematically reviewed the evaluations to triangulate main themes, patterns and disconnects.

Results The meta-analysis revealed significant themes. For example, only 5% of local young people knew the service at its start and 61% a decade later, whereas people in their 40s did not think it relevant. Strategically, the service was felt to have developed an innovative resource for professionals and policy-makers and to be leading sexual health developments and training nationally, but not engaging with local health care enough.

Conclusion The meta-analysis reveals a service that has demystified sexual health care and influenced nationally and more widely. The paper concludes with recommendations that the service should remain integrated, with inequalities-sensitive practise central, and continue inclusive approaches to staff involvement. The service should better utilise social media; engage more with other health staff; better understand older people's motivations to use services; focus more on men, especially young men, and young people from