

**P317 IMPLEMENTATION OF CONTINUOUS QUALITY INITIATIVE FOR IMPROVING KEY INDICATORS IN HIV TREATMENT CASCADE IN WESTERN NIGERIA**

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**Background** Continuous Quality Improvement (CQI) is a quality management process that encourages all health care team members to continuously ask critical questions especially using CQI initiative that employs a Plan-Do-Study-Act (PDSA) cycle to test a proposed change or initiative. Granular Site Management (GSM) was established to enhance identification of innovations or best practices and scale across facilities and ensuring resources application efficiency. The aim of the study was thus to improve key indicators in HIV program treatment cascade in Western Nigeria.

**Methods** The CQI implementation was in four selected (secondary & tertiary) facilities where a cumulative 6000 patients living with HIV (PLHIV) in care. The major drivers of poor performance on key program indicators were identified with underlying causes, in-depth analysis & review of performance done then using CQI approach to implement change strategies for improvement, monitor and periodically evaluate change ideas for improved outcomes.

**Results** A total of four facilities were included in this study. Escort service was implemented for all newly identified HIV positive patients which made linkage to care improve from 50% to 95% within a space of six months. Task shifting & sharing, improved health education for clients, introduction of biometrics capturing for all clients and creation of additional hub for sample logging to viral load reference laboratory all helped to improve viral load uptake & suppression from < 30% & < 80% to 79% & > 80% respectively. Other CQI initiatives also greatly improved the positivity rate, total number of positives placed on treatment and retention in care.

**Conclusion** This CQI initiative using GSM approach has been used to achieve peer learning and cross fertilization of change ideas among facilities thus encouraging them to innovate and have a problem solving approach to achieve programmatic best practices thus ensuring program & resources application efficiency.

**Disclosure** No significant relationships.

**P318 THE IMPLICATIONS OF EFFECTIVE SCHOOL-BASED PREVENTION FOR RISK OF STD ACQUISITION**

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**Background** Effective school-based HIV and STD prevention improves health education, access to health services, parent engagement, and increases school connectedness (SC). SC – the degree to which students believe that adults and peers in the school care about them and their success – has long term-implications for sexual behavior, experience of sexual violence, and STD acquisition into adulthood. The current analyses examine the associations of activities to increase school

connectedness and health-related experiences and behaviors among high school students in 347 schools from 17 school districts funded by CDC's Division of Adolescent and School Health (DASH) from 2013 to 2018 to implement HIV and STD prevention.

**Methods** We used data from DASH's Program Evaluation Reporting System (PERS) and School Health Profiles survey (Profiles) to assess implementation of four school connectedness activities and data from the Youth Risk Behavior Survey (YRBS) to assess youth behaviors and experiences. We examine whether level of implementation of SC in Year 3 of the program was related to STD risk at the end of Year 4.

**Results** SC, as measured by PERS, was significantly related to decreased forced sex (OR=0.99, CI=0.99-1.0, p<0.001), sexual initiation (OR=0.99, CI=0.98-0.99, p<0.001), current sexual activity (OR=0.99, CI=0.98-0.99, p<0.001), and increased dual protection (OR=1.02, CI=1.00-1.04, p<0.05). SC as assessed by Profiles was related to lower levels of sexual dating violence (OR=0.98, CI=0.97-0.99, p<0.001), initiation (OR=0.98, CI=0.98-0.99, p<0.001), current sexual activity (OR=0.99, CI=0.98-0.99, p<0.001), and increased condom use (OR=1.01, CI=1.00-1.02, p<0.01).

**Conclusion** The DASH approach to primary prevention of HIV and STD is effective in improving sexual risk behaviors at a population level in schools. The current analyses demonstrate that increased implementation of school-connectedness specific activities are associated with reduced behaviors and experiences tied to STD acquisition, with significant implications for those experiences into adulthood.

**Disclosure** No significant relationships.

**P319 RANDOMIZED CONTROLLED TRIAL OF 1% AND 5% 5-FLUOROURACIL COMPARED TO 90% TRICHLOROACETIC ACID FOR ANOGENITAL WART TREATMENT**

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**Background** Anogenital wart is one of the most common sexual transmitted infection with varying number of cure rate. Currently self applied therapy is not widely available in Indonesia, except 5-Fluorouracil (5-FU) which could be obtained from 5-FU solution and had been tested for the drug stability. Standard topical therapy in Indonesia is 90% trichloroacetic acid solution (TCA), need 4–6 times until lesion improved. Since TCA requires weekly visit, so it could decrease the treatment compliance. Therefore the self applied therapy may become more favourable. We aim to know the effectivity and safety of 1% 5-FU and 5% 5-FU cream compared to 90% TCA solution in the treatment of anogenital wart.

**Methods** A randomised control study with intention to treat analysis conducted on January-Mei 2018 in 72 subjects. Allocated to three group 1% 5-FU, 90% TCA, and 5% 5-FU. Response of therapy and side effect (subjective and objective) were evaluated each week, up to seven weeks.

**Results** Evaluation at week 7 demonstrated that there was no significant difference on the effectivity between 1% 5-FU and 90% TCA (p=0,763), as well as on the effectivity between

5% 5-FU and 90% TCA ( $p=0,274$ ). Subjective side effect in 1% 5-FU was significantly milder than 90% TCA ( $p=0,004$ ), but the significant milder objective side effect only found at week 2,6, and 7 ( $p<0,05$ ). Meanwhile subjective side effect in 5% 5-FU was also significantly milder than 90% TCA ( $p=0,001$ ), but the significant milder objective side effect only found at week 2 ( $p=0,000$ ).

**Conclusion** 1% 5-FU and 5% 5-FU cream have no difference effectivity compared to 90% TCA. Regarding the side effect, 1% 5-FU has significantly milder than 90% TCA. We concluded that 5-FU may become alternative topical therapy with self-application as the benefit and 1% 5-FU cream is more recommended due to milder side effect.

**Disclosure** No significant relationships.

### P320 INCENTIVE TESTING AND TREATMENT FOR STBBI IN HARD TO REACH POPULATIONS IN EDMONTON, ALBERTA, CANADA

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**Background** Since 2014, Edmonton, Alberta, Canada has seen an alarming rise in infectious syphilis and gonorrhea infections. Individuals from vulnerable communities with substance use, involvement with corrections, transactional sex, and inadequately housed are overrepresented among cases. The aim of this project was to increase access to sexually transmitted and blood borne infections (STBBI) testing and treatment among hard to reach populations in Edmonton.

**Methods** Outreach teams from the Edmonton STI clinic consisting of a registered nurse and community health representative or licensed practical nurse offered STBBI testing at subsidized housing locations, community based organizations, and through street outreach. Clients were offered testing and treatment for chlamydia (CT), gonorrhea (NG), syphilis, HIV, Hepatitis C. Clients received a \$10 gift card for testing and a \$10 gift card when returning for results and/or treatment.

**Results** From October 2018 to February 2019, 393 testing visits were completed among 342 individuals. Nearly two-thirds (61%;  $n=207$ ) of individuals were men with a median age of 32 years. Women were younger with a median age of 20.4 years. Nearly 60% (57.9%;  $n=198$ ) of individuals reported substance use with 19.0% ( $n=65$ ) reporting injection drug use. Six percent ( $n=20$ ) of individuals were involved in transactional sex. The positivity rate for CT was 9.5% ( $n=26$ ) and 4.0% ( $n=11$ ) for NG (273 tested). The positivity rate for HCV was 5.4% ( $n=15$ ; 278 tested). The syphilis seropositivity rate was 10.8% ( $n=34$ ; 315 tested). No new HIV cases were found. Eight-percent ( $n=31$ ) of visits involved treatment for an ST

**Conclusion** Offering STBBI incentivized testing was effective in improving access to testing and treatment for hard to reach clients resulting in high positivity rates for STBBI. By offering testing and treatment to individuals linked to high transmission activities, we aim to reduce the burden of STBBI among vulnerable groups

**Disclosure** No significant relationships.

### P321 THE SEXUAL AND REPRODUCTIVE HEALTH NEEDS OF THE HARD TO REACH POPULATIONS IN UGANDA

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**Background** Despite efforts by Ministry of Health (MOH) and implementing partners (IPs) to implement programs that are complementary to static services, some communities remain hard to reach and sustain low access to existing SRH services. Majority live in places where there are inadequate health services or are hard to reach within the general public and are underserved by the existing SRH services (de paz et al, 2014). Majority of these groups were displaced from their indigenous habitats in the 20<sup>th</sup> century but remain hard to reach due to factors like; geographical location, cultural beliefs, nomadic life style and biological factors. Majority suffer from attacks from neighbors, are isolated and continue to be underserved by existing service structures. As a result, there's been minimal change in SRH indicators over the past ten years despite growing focus by IPs.

**Methods** Qualitative design utilizing case study approach to qualitative inquiry

**Results** The SRHR needs of the hard to reach groups are similar though with varying levels of severity among the different groups but of greater impact in these marginalized communities compared to the general public. The key SRHR needs include; STIs, SGBV, family planning, Female Genital Mutilation, Health facility deliveries, low ANC attendance and the role of TBAs. The most significant barriers include; high levels of extreme poverty, poor cultural beliefs and practices, low literacy levels, alcohol abuse, language barriers, early marriages, poor health systems and distance between the clients and available health services

**Conclusion** Majority of the SRH needs are known in the existing literature and not unique to hard to reach groups. These needs have greater impacts among the hard to reach groups compared to the general public. The key barriers to SRHR services are; language barrier with neighbouring societies, poor cultural beliefs and practices, poverty and long distance to existing health services

**Disclosure** No significant relationships.

### P322 A BRIEF CLINIC-BASED PEER-TO-PEER EDUCATION INTERVENTION TO IMPROVE PREVENTION PRACTICES AMONG SEXUAL MINORITY MALES

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**Background** Gay, bisexual, and other men who have sex with men (GBM) are disproportionately affected by STIs and HIV. Originally efficacious with young Black GBM, Focus on the Future (FoF) is a clinic-based, single session intervention aimed at improving prevention practices. We examined the efficacy of the program when adapted for Vancouver's ethnoracially diverse GBM communities.