

**P12.11 REACH OF STI CLINICS BY HIGH-RISK ETHNIC GROUPS IN THE NETHERLANDS**

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**Background** In the Netherlands, ethnic minorities from STI endemic countries are considered to be a high-risk group qualifying for STI clinic care free of charge. It is unknown to what extent they reach STI clinics.

**Objectives** To investigate the difference in STI clinic consultation- and positivity rate between ethnic minority groups and ethnic Dutch, and compare findings between the 4 largest cities.

**Methods** Between 2011 and 2013, all STI clinic consultations in Amsterdam, Rotterdam, The Hague and Utrecht of persons aged 15 to 44 years in their place of living were selected from the national STI surveillance database. These were combined with numbers of inhabitants per ethnic group (in the same age range) to calculate consultation rate as a proxy for coverage of the STI clinics in each city. Negative binomial regression (adjusted for age and sex) was used to compare the STI consultation- and positivity rate between ethnic Dutch and ethnic minorities, and between ethnic groups living in Amsterdam, Rotterdam, The Hague and Utrecht.

**Results** Ethnic minorities from Eastern Europe, Sub-Saharan Africa, Suriname, Netherlands Antilles/Aruba and Latin America have a higher consultation rate (range RR 1.26–2.21) than ethnic Dutch, whereas ethnic minorities from other European countries, Turkey, North Africa and Asia have a lower consultation rate (range RR 0.29–0.83). All ethnic minority groups have a higher positivity rate than ethnic Dutch (range RR 1.22–1.71). When comparing cities, among all ethnic groups consultation rate is markedly highest in Amsterdam, and lowest in Utrecht (RR Amsterdam vs. Utrecht (range): 4.30–10.71). Positivity rate is more similar between cities.

**Conclusion** There are substantial differences in the coverage of ethnic minorities by metropolitan STI clinics in the Netherlands. Although high positivity rates among ethnic minorities suggests that persons at higher risk reach STI clinics, focusing on ethnic groups with low consultation rates remains important.

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**P12.12 BACTERIA AETIOLOGY OF SEXUALLY TRANSMITTED INFECTIONS AT SEXUALLY TRANSMITTED INFECTION CLINIC IN KUMASI, GHANA; USE OF MULTIPLEX REAL TIME POLYMERASE CHAIN REACTION**

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**Introduction** Most sexually transmitted infection (STI) management efforts focus on the syndrome approach to diagnose and treat patients who are symptomatic. However, most women with STIs are known to be entirely asymptomatic or if symptoms exist are often unrecognised either clinically or bacteriologically. We determine the true prevalence and aetiology of STIs among these women in Ghana.

**Methods** This cross sectional study conducted between February and April 2014 employed a sensitive multiplex real time Polymerase chain reaction (PCR) assay that simultaneously detects seven STI bacteria pathogens in 200 women attending a Specialist STI clinic at Suntreso Government Hospital in Kumasi, Ghana. Data was captured and analysed using Stata version 12.

**Results** A total 156 (78.00%) of the women were asymptomatic. Overall, 175 (87.5%) of the women tested positive for at least one bacteria STI pathogen of which 50 (25.0%) had single infections, 76 (38.0%) and 39 (19.5%) had double and triple infections respectively. *Mycoplasma hominis* was the most commonly detectable pathogen present in 135 (67.5%) women. Altogether, 135 (86.54%) and 40 (90.91%) of the symptomatic and asymptomatic women tested positive for at least one pathogen ( $p < 0.05$ ). There were no significant associations ( $p < 0.05$ ) between the clinical manifestations as presented by the symptomatic women and the pathogens detected in their samples.

**Conclusion** Our study confirmed the importance of complementing the syndromic approach with pathogen detection and most importantly recognise that STIs in women are asymptomatic and regular empirical testing even for both symptomatic and asymptomatic patients is.

**Disclosure of interest statement** No conflict of interest.

**P12.13 INTEGRATING SEXUALLY TRANSMITTED INFECTIONS (STI) INTERVENTION PROJECT FOR FEMALE SEX WORKERS (FSW) INTO PRIMARY LEVEL OF CARE IN GHANA: ASSESSING THE IMPACT A DECADE AFTER PROJECT IMPLEMENTATION**

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**Introduction** Ghana benefited from the Canadian International Development Agency funded STI project for FSW involving 9 West African countries between 1996 and 2006. The project was geared towards ensuring strong community mobilisation coupled with the integration of STI prevention, treatment, care and support into the primary level of care with the view of promoting higher coverage, local ownership and ensuring sustainability. We determine the impact of the intervention a decade after the end of the project.

**Methods** This descriptive cross-sectional study assessed all the 21 former project clinics from 10 administrative regions in Ghana from September 20<sup>th</sup> to October 20<sup>th</sup>, 2014. Data was collected through site visitation, key informants interviews using structured questionnaire, survey of clinical staff and documentary review. Areas assessed were ownership, coverage, clinical and community activities and patronage.

**Results** 19 out of the 21 clinics were found to be operational and fully part of the Ghana Health Services health delivery system. 12 out of the 19 have been upgraded into chronic care clinics for the provision of services to patients reporting with