

cofactors. In addition, for Johannesburg the impact of PPT on HIV incidence increases and then plateaus with increasing client frequency per FSW or reductions in the underlying STI treatment. For Cotonou, the model projections broadly coincide with Johannesburg, whereas the projections for Laos suggest that greater impact can be achieved in early HIV epidemics amongst FSWs with lower sexual activity. Lastly, unless condom use or STI treatment increases during the intervention, the impact of PPT quickly rebounds when the intervention is stopped.

Conclusions: Only if sufficient coverage is achieved, and intervention follow-up is for over two years, can a PPT intervention substantially decrease the HIV incidence in settings where existing STI treatment activities are insufficient. However, to maintain the impact resulting from PPT, it is important that the underlying level of STI treatment and/or condom use is increased. Lastly, more impact will be achieved if STIs with a higher cofactor than Ng/Ct are targeted.

Figure 1: Projected 2-year impact of PPT on the relative decrease in Ng prevalence amongst all FSWs in Johannesburg for different frequencies and coverages of PPT.

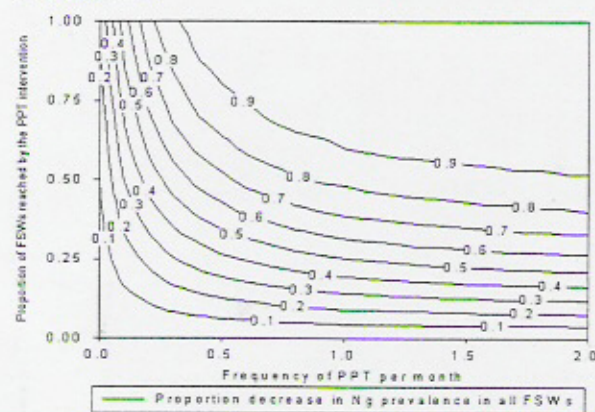
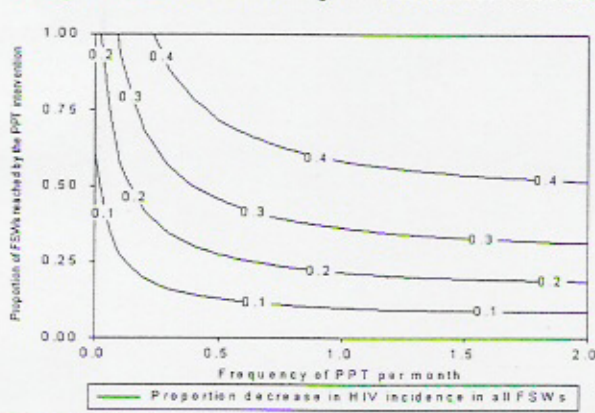


Figure 2: Projected 2-year impact of PPT on the relative decrease in HIV incidence amongst all FSWs in Johannesburg for different frequencies and coverages of PPT. The cofactors for Ng and Ct are assumed to be 3 and 2.



0-106 INFORMATION AND COMMUNICATION TECHNOLOGIES FOR HIV/STI

A.E. Kurth¹, W.H. Curioso², M.M. Blas¹

¹University of Washington, SEATTLE, WA, United States of America

²Universidad Peruana Cayetano Heredia, LIMA, Peru

Objectives: Review the literature on the use of information and communication technologies (ICT) for HIV/STI surveillance, screening, diagnosis, partner notification, prevention, treatment adherence, clinical management, provider training, and research support in both developed and resource-constrained settings.

Methods: We conducted a systematic literature review of English-, Spanish-, and Portuguese-language publications and conference proceedings in databases such as MEDLINE (from 1966 - June 2006), the Cochrane Library Database (up to Issue 2, 2006), LILACS (the Latin American and Caribbean Health Science Literature Database) (1982 to June 2006), as well as the Google search engine. Additional articles were identified from references of relevant articles, reviews, and from experts in the field.

Results: The largest body of literature is for audio computer-assisted self-interviews (ACASI); a 2004 systematic literature review showed only 3/24 studies outside US. More recent literature, however, reports ACASI use in a number of developing countries. ACASI advantages include more complete though not always less socially desirable-biased data, and lower costs than paper data entry. The Internet is used by at-risk populations for sex and HIV/STI information seeking as well as by health departments/researchers/NGOs to solicit HIV/STI screening (e.g., iwant-the-kit.org), partner-notification (e.g., InSPOT), encourage serosorting/strategic positioning (e.g., Manhunt.com), provide online counseling sessions and behavioral/social support interventions (e.g., CHES, blogs) and education/advocacy (e.g., The Body). In developing country settings the Internet has been used to collect risk behavior information among men who have sex with men (e.g., in China and Peru) and to assess interest in Web-based risk reduction interventions. HIV treatment adherence using cell phone reminders, electronic pillboxes, PDAs, and other computerized counseling tools are being tested in Africa (e.g., Phones for Health, a 10-nation PEPFAR initiative with Voxiva); several phone counseling studies in the US have had mixed results. In resource-constrained settings, cell phones increasingly are being used to collect surveillance/other data (e.g., Cell-PREVEN) and deliver treatment adherence/other interventions. Advantages of this device include existing delivery infrastructure in many countries and decreasing price in phone/usage costs, thereby increasing availability even in low-income countries. Electronic health records for HIV management are used in the US (e.g., C-NICS) and developing countries (e.g., AMRS, OpenMRS). Inclusion of computerized clinical reminders in these systems has been shown to improve provider adherence with recommended practice guidelines. Provider training is facilitated by e-learning approaches such as teleconsultation, self-study continuing education modules, and webconferencing; and for disseminating intervention models (e.g., Kelly et al. '04). Ensuring security and confidentiality of patient data when using ICT approaches for HIV/STI must continuously be addressed before and during implementation. Costs of ICT development, implementation, and sustainability also are key issues to consider, especially when weighing scarce resource allocation.

Conclusion(s): While a variety of ICT tools are in various stages of use for HIV/STI, relatively few areas have accumulated a critical mass of evidence-based data about the most effective approaches. Nonetheless, some of that evidence is compelling, and the potential for future uses appears to be large. Appropriately utilized technologies may improve HIV/STI screening, prevention, treatment adherence, surveillance, and care.

0-107 RESULTS OF A RANDOMIZED CONTROLLED TRIAL OF A SITE-BASED HIV PREVENTION PROGRAM IN KINGSTON, JAMAICA

S.S. Weir¹, J.P. Figueroa², L. Byfield², M.S. Cummings¹, A. Hall², M. Wedderburn², B. Bloomfield², S. Whorms², D. Bourne²

¹University of North Carolina, CHAPEL HILL, United States of America

²Ministry of Health, KINGSTON, Jamaica

³Hope Enterprises, KINGSTON, Jamaica

Objectives: In 2003, A Priorities for Local AIDS Control Efforts (PLACE) survey identified over 400 public sites in Kingston where persons meet new sexual partners. People attending these sites had higher rates of new and concurrent sexual partnerships than persons in the general population. The Ministry of Health developed and piloted a site-based prevention program that could be tailored for use at sites