0-106 INFORMATION AND COMMUNICATION TECHNOLOGIES FOR HIV/STI
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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 (ACAS), a 2004 systematic literature review showed only 3/24 studies outside US. More recent literature, however, reports ACAS use in a number of developing countries. ACASI advantages include more complete though not always less socially desirable-based 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., wanttheit.org), partner-notification (e.g., InSPOT), encourage serosorting/strategic positioning (e.g., Mamhunt.com), provide online counseling sessions and behavioral/social support interventions (e.g., CRESS, biogs) 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 Oxford); several phone counseling studies in the US have had mixed results. In resource-constrained settings, cell phones increasingly are being used to collect surveillance/data (e.g., Cell-PREVEN) and deliver treatment adherence/other intervention. 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., ANRS, 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
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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