during the study period. 708 (26.1%) cases of diseases frequently associated with HIV were carried out. Suspected and treated pathologies were among other simple malaria in 262 cases (37%), 177 cases of pulmonary diseases (25%) including 03 cases of tuberculosis, 109 cases of gastroenteritis acute (15.4%), 29 oral candidiasis and 29 sexual transmitted infections (4.1% each) and 4 cases of Herpes Zoster (0.6%). For these diseases, the treatment success rate was 95.5%. 16 hospitalizations have been made and 16 cases of consultations have been referred to physicians.

Conclusion The nurse can be a resource used to deal with the lack of physicians in management of PLHA especially if he received a specific training. This management training should be a key point in its basic studies curriculum in developing countries.

P2.157 THE EXPERIENCE OF IMPLEMENTING POINT-OF-CARE HIV TESTING IN GP PRACTICES IN THE UNITED KINGDOM

doi:10.1136/sextrans-2013-051184.0421

[1]**S K Brooks**, [2]W Hachmoller. *[1]College of Agricultural Sciences and Education, Port Antonio, Portland, Jamaica; [2]NHS North East London and the City, Newham Public Health Directorate, London, UK*

Background NHS Newham implemented a General Practitioner (GP) rapid Point-of-care (PoCT) pilot for the testing of HIV in 2010. This was in response to recommendations made by the UK Chief Medical Officer and the British HIV Association for the expansion of routine HIV testing in all health care settings.

Methods Under the 12 month pilot, ten GP practises in Newham were recruited and trained to conduct rapid HIV testing, using the INSTI HIV-1/HIV-2 rapid testing kit. An HIV test was opportunistically offered to existing and new patients as routine. Accepting patients were tested following a pre-test discussion. Reactive antibody tests were referred to HIV clinical services.

Results During the pilot, a total of 698 tests were conducted in the participating GP practises. Of those tested, 58% were female and 37% were male. Eighteen percent (18%) of clients tested were Black African. Greater up-take of HIV testing took place in the 25–34 year old age group. There were 11 reactive test results and 5 indeterminate results.

Conclusions Point-of-care (PoCT) testing of HIV is compatible in GP practises and acceptable to patients. Strategies are required for sustaining and expanding Point-of-care HIV testing in GP practises in London.

P2.158 ONE-STOP SHOP SERVICE DELIVERY MODEL: INTEGRATING PREVENTION INTERVENTIONS WITH HIV CARE/ TREATMENT SERVICES IN A COMMUNITY-BASED MEDICAL HOME SETTING

doi:10.1136/sextrans-2013-051184.0422

L Kudryashova Hernandez. *Neighborhood Health Services Corporation, Plainfield, NJ, United States*

Background Neighborhood Health Services Corporation (NHSC), an urban community-based not-for-profit ambulatory health centre in Plainfield, New Jersey, USA, provides services to over 350 persons living with HIV/AIDS. Presently 75% of NHSC HIV patients have history of substance abuse, 62% have mental health issues and/or depression and 30% are at risk for homelessness. For these patient populations long-term health and quality of life outcomes can not be achieved and sustained without aggressive intervention around substance use, mental health and other contributing factors.

Methods NHSC incorporates a coordinated, patient-centred approach to integrating multiple prevention services and interventions with HIV primary care and treatment in a welcoming, non-threatening environment of a patient-centred medical home. Substance abuse and mental health screenings are done by clinicians upon patient enrollment and every six months thereafter. Referrals for in-depth substance abuse and mental health assessments are generated as needed or at a minimum annually per clinical protocols. Patients in need of these services receive on-going counselling and appropriate interventions on-site. Referrals are also made to off-site facilities for crisis intervention and inpatient services. Psychosocial, financial and lifestyle assessments are conducted every six months to assess patients' risk for homelessness, substance use and unsafe lifestyle practises.

Results Resulting from an integrated, patient-centred approach to providing HIV services NHSC demonstrated the following: 95% of HIV patients received substance abuse and mental health screening; 100% received medical case management assessments. Furthermore, 57 patients receive on-going substance abuse counselling; 36 patients receive mental health counselling; 16 persons are in shelter/ transitional housing; 2 persons were hospitalised for suicide prevention.

Conclusions Integration of prevention interventions with HIV care/treatment under the umbrella of Early Intervention Services allowed to: achieve improved understanding of the reality of substance abuse/mental health; establish a seamless one-stop shop service delivery model and improve patients' access to community prevention/treatment resources.

P2.159 KNOWLEDGE AND PRACTICE OF NURSES IN THE PREVENTION OF VERTICAL TRANSMISSION OF HIV IN SELECTED HOSPITAL OF EASTERN REGION OF NEPAL

doi:10.1136/sextrans-2013-051184.0423

N Pokharel. *B.P. Koirala institute of health sciences Dharan,Nepal, Dharan, Nepal*

Vertical transmission remains the main mode of acquisition of HIV infection in children. A total of 700,000 children were newly infected in 2003, mainly through mother-to-child transmission of HIV. [1] Mother to child transmission is also the largest source of HIV infection in children in Nepal. Nurses having the knowledge of HIV can bring positive changes in behaviour. Knowledge, training and experience in every aspect of one's profession are very important.

Objective The objective of this study is to assess knowledge and practise of Nurses in the Prevention of vertical transmission of HIV.

Methods & Materials:

Study Design A cross sectional study was done including 112 nurses drawn from the three selected hospital (BPKIHS Dharan, Koshi Zonal hospital Biratnagar and Mechi Zonal Hospital, Bhadrapur,) through population enumeration method.

Results The study show that half (50.8%) of the respondents had adequate knowledge and near half (49.1%) had inadequate level of knowledge, where total mean score ± SD 28.3 ± 5.5. Only 16.1% of the respondents had good practise for prevention of vertical transmission of HIV. Qualification and place of working area are associated with knowledge of HIV/AIDS and PMTCT, where P value is 0.006, 0.001 respectively.

Conclusion In General, adequate knowledge was found half (50.8%) of the respondents. Thus, more educational programmes should be focused on increasing their knowledge about vertical transmission, hoping to overcome the misconceptions that may be help to behaviour change toward safer practises.

P2.160 UNDERAGE SEX - WHO CARES?

doi:10.1136/sextrans-2013-051184.0424

A Delamere, A King, F Mulcahy. *GUIDE Clinis, St James's Hospital, Dublin, Ireland*

Background The Young Persons Clinic (YPC) was set up within the GUIDE Clinic as a dedicated clinic for young people aged

18 years and under, offering them quality time to address risk behaviour, sexual activity, detection, treatment and prevention of sexually transmitted infections (STI's). The legal age of consent in Ireland is 17 years, however many attendees are under this age or report prior sexual activity under the age of consent. As a result healthcare providers often find themselves operating in a legislative vacuum. This prospective study, performed between January and April 2012 examines presentations to the YPC, including age of coitarche, number of partners, prevalence of STI's and satifaction of parents.

Results A total of 110 patients attended the YPC, 71% (N78) female, 29% (N = 32) male. Clinical details were analysed. 45% (N = 50) were asymptomatic. A total of 98% (N108) underwent HIV testing of whom were HIV negative. 16.36% (N = 18) were diagnosed with Chlamydia Trachomatis, 17% (N = 19) with Genital Warts, 3.6% (N = 4) with primary Herpes Simples.

18% (N = 20) had sex for the first time at 14 years of age, 5.5% (N = 6) admitted to having had at least 20 partners.

A total of 30% (N = 33) were unaccompanied. Of those accompanied 31.1% (N = 24) were accompanied by mother, 5.1% (N = 4) father, 16.8% (N = 13) careworker and other relatives 5.1% (N = 4). The remaining 49.1% (N = 55) by either partner or friends.

A total of 45 parent satisfaction surveys were completed. While 6% (N = 3) expressed concerns about their child attending the service without their knowledge, overall they were very impressed and 100% stated they would recommend the service to others.

Conclusion This study demonstrates that within our YPC cohort there was a high prevalence of sexual activity below the age of consent. With several having multiple partners, risky sexual behaviours and consequently a wide spectrum of STI's

P2.161 EXPLORING THE ACCEPTABILITY OF ONLINE STI TESTING FOR RURAL YOUNG PEOPLE IN VICTORIA

doi:10.1136/sextrans-2013-051184.0425

[1]**J E Tomnay**, [2]L Bourke, [3]C K Fairley. *[1]Centre for Excellence in Rural Sexual Health, The Univerisity of Melbourne, Shepparton, Australia; [2]Rural Health Academic Centre, The Univerisity of Melbourne, Shepparton, Australia; [3]Melbourne Sexual Health Centre, Melbourne School of Population and Global Health, The University of Melbourne, Australia*

Background Rural young people living in Australia experience disadvantage in service access for STI testing and treatment. As such, innovative programmes using telemedicine have been developed but results show relatively low usage. Websites offering free online STI testing address issues of access; however acceptability of these services to rural young people is unknown.

Method Participants were recruited from small country towns in Victoria and grouped by gender and age. During focus groups participants were asked to discuss their access to local sexual health services (what services they used, when, why and how) and then shown a website and asked to provide feedback about online STI testing.

Results Fifty participants from two small rural towns in Victoria were interviewed via seven focus groups. Both towns have GP services but no specialist sexual health services. Six main themes emerged in relation to acceptability of online STI testing. These were (1) readiness to seek sexual health services (2) credibility of the website, (3) using the mail during online STI testing, (4) getting the test results, (5) cost of the online service and (6) using the local GP versus using online testing. The participants identified a number of factors that may influence the use online services including the availability and acceptability of existing local services and whether the website looks credible, is confidential and free. In general the participants described some concerns about accessing sexual health services locally. This was less discussion about availability of services and more about privacy, trust, reliability and using generalist health care providers for sexual health needs.

Conclusion Free online testing services address issues of access for rural young people. While barriers external to rural sexual health services may remain, free online STI testing services are acceptable to these rural young people.

P2.162 HEALTH-RELATED QUALITY OF LIFE AND BIOLOGICAL TEST RESULTS AS PREDICTORS OF ADVERSE ADOLESCENT PELVIC INFLAMMATORY DISEASE OUTCOMES

doi:10.1136/sextrans-2013-051184.0426

[1]**M E Trent**, [2]R B Ness, [3]D Bass, [3]C L Haggerty. *[1]Johns Hopkins School of Medicine, Baltimore, MD, United States; [2]University of Texas School of Public Health, Houston, TX, United States; [3]University of Pittsburgh Graduate School of Public Health, Pittsburgh, PA, United States*

Background Adolescents who experience pelvic inflammatory disease (PID) are highly likely to experience adverse reproductive health outcomes. Some adolescents might benefit from intensive clinical services to prevent recurrent disease and/or associated sequelae such as chronic pelvic pain (CPP). The objective of this study is to explore the relationship between health-related quality of life (HRQL) and baseline biological outcomes with subsequent reproductive health outcomes.

Methods We conducted secondary analysis of longitudinal data from the 386 young women ≤ 21 years of age enrolled in the Pelvic Inflammatory Disease Clinical Evaluation and Health (PEACH) Trial. Demographic and reproductive health histories, SF-12 HRQL assessments, and biological samples for sexually transmitted infection (STI) testing (Chlamydia trachomatis (CT) and Neisseria gonorrhoeae (GC)) were provided at baseline and follow-up research visits. Stepwise linear regression analyses were conducted to assess differences in HRQL over time, baseline HRQL and reproductive health outcomes, and baseline STI status and 32-month HRQL outcomes.

Results There were significant improvements in mean physical health (PH) and mental health (MH) HRQL scores from 5-days to 32 months (PH: 61.7 vs. 79.4, MH: 58.3 vs. 68.6, $p < 0.001$). While the 5-day HRQL was not predictive of CPP at 32 months, women who had recurrent STI/PID over 32 months had lower 5-day mental health composite and physical functioning subscale scores. Women with non-GC/CT PID at baseline had lower 32-month HRQL composite scores for physical and mental functioning than those with GC/CT positivity at baseline.

Conclusions Lower baseline HRQL scores are associated with recurrent STI/PID and non-GC/CT PID is associated with lower HRQL at 32 months. Additional work exploring the potential use of baseline biological STI outcomes and HRQL to enhance risk delineation during service delivery for vulnerable young women with mild-moderate PID is warranted.

P2.163 DO "IN-CLINIC" MOLECULAR AND NON-MOLECULAR RAPID TESTS IMPROVE PATIENT MANAGEMENT?

doi:10.1136/sextrans-2013-051184.0427

[1]**E M Harding-Esch**, [2]A Hegazi, [2]O Okolo, [3]M J Pond, [2]A V Nori, [1]A Nardone, [4]P Baraitser, [5]L Campbell, [2]P Hay, [3]S T Sadiq. *[1]Health Protection Agency, London, UK; [2]Courtyard Clinic, St George's Healthcare NHS Trust, London, UK; [3]St George's University of London, Centre for Infection & Immunity, Division of Clinical Sciences, London, UK; [4]Camberwell Sexual Health Centre, King's College Hospital NHS Foundation Trust, London, UK; [5]Academic department HIV/GUM, Guy's, King's and St Thomas' School of Medicine Weston Education Centre, London, UK*

Background Excluding HIV testing, point-of-care tests (POCTs) for STIs are not routinely available in UK sexual health clinics, apart from microscopy which has limited sensitivity, is observer dependent and often only allows for imprecise syndromic treatment. From sample-to-result for routine *Chlamydia trachomatis* (CT) and *Neisseria gonorrhoeae* (NG) molecular tests usually takes several