common in HIV patients. Because TB and HIV have long treatment durations and are both vulnerable to drug resistance, Operation ASHA's adherence model has demonstrated that it is capable of fighting drug resistant TB, HIV/AIDS, and TB-HIV co-infections.

Methods To fight the rise of MDR-TB, Operation ASHA developed eCompliance with Microsoft Research and Innovators in Health. eCompliance is a biometric terminal that allows health programmes to track patient adherence to medicines over long periods of time. The system updates a central online database on a daily basis through SMS. This combination of biometric and mobile technology has digitised attendance logs and has reduced the response time for counsellors to address defaulting patients.

Results The system has been proven to dramatically improve patient adherence to tuberculosis treatment, and the concept is being utilised to directly address the problem MDR-TB and HIV.

Conclusion This presentation discusses the effectiveness of eCompliance to dispense second-line MDR-TB medicines and ARVs.

P2.170 OUTCOMES OF ISONIAZID PROPHYLAXIS AMONG HIV-INFECTED CHILDREN IN ROUTINE CLINICAL SETTINGS IN KENYA

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Background In 2011, the TB and HIV control programmes commenced a phased isoniazid prophylaxis therapy (IPT) implementation in selected public hospitals in Kenya. We report outcomes from the first three public health facilities' HIV care clinics to provide this service. We established rates of treatment completion, loss-to-follow up, mortality, adverse drug reactions and TB disease among HIV-infected children during 6 months of IPT.

Methods A retrospective records review of all HIV-infected children (1–14 years) enrolled on IPT from 1st september 2011 and had completed by 30th november 2012. They were screened for TB using a standardised symptom tool developed by the Division of Leprosy, TB and Lung Disease, Kenya.

Results We reviewed 606 children, 93.7% were on HAART. IPT successfully completed by 556 (92%) children. Four (0.7%) were lost-to-follow up and treatment interruptions of 5–33 days reported in 24 children (4%). Twenty four children (4%) had treatment interruption of 5–33 days; twenty of them were assigned an equivalent number of days to cover for the interruption while the rest (4) were among those discontinued. Adverse drug reactions and deaths were reported in 2 children (0.3%) respectively. Prophylaxis was discontinued in 24 (4%) children for various reasons. This includes 18 children (3%) diagnosed with TB in a median time of 3 weeks post IPT initiation. 77.8% of all the children who developed TB while on IPT had advanced HIV disease at baseline. Isoniazid resistance was not detected in the four culture confirmed tuberculosis cases.

Conclusion The findings of high treatment completion, low loss-to-follow up rate and few adverse drug reactions affirm the feasibility and safety of IPT provision to HIV-infected children in routine settings, but incident TB during the first weeks suggests inadequacy of the symptom screening tool in severely immune-compromised children.

P2.171 VIRTUAL ELIMINATION OF PAEDIATRIC HIV

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Background HIV disease continues to advance in way that it infects nine people every other minute. It is also estimated that it will claim 3.1 million this year, and 570,000 are children (UN aid, and WHO report 2011).If no effort done, at least 67children will be exposed to HIV every day. As a measure of prevention TASO adopted the strategy of early infant diagnosis.

Description The introduction of a PMTCT clinic day with trained staffs, to offer a specialised care to pregnant women, post natal mothers and exposed infants. 299 exposed infants were done DNA-PCR at 6weeks of age. This was done between November 2010 to May 2012. Mothers were counselled on infant feeding options, those on ART continued, both pregnant women and infants received ARV prophylaxis, follow up visit were done. This was all done in the PMTCT clinic. Both A and B options of PMTCT were used.

Results Out of the 299 infants who were done DNA-PCR, 283(93%) were DNA-PCR negative, 18 (6%) were DNA-PCR positive. Those infected were started on HAART. Lesson learned Easy monitoring, virtual elimination is possible, minimal lost to follow up, easy follow up, collective effort is needed, and many exposed infants are saved from the infection.

Conclusion The way to go is set a PMTCT clinic day, and do early infant diagnosis.

P2.172 AUDIT OF MANAGING SAFEGUARDING RISKS IN YOUNG PEOPLE PRESENTING TO OUR CONTRACEPTION AND SEXUAL HEALTH SERVICES

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Background There is concern about the increasing risk of young people to sexual exploitation and it is essential that services which young people may self refer to have systems in place to ensure that if vulnerable young people attend these risks are detected and acted on.

Aim We aimed to evaluate whether young people accessing our services are being adequately assessed for safeguarding risks and whether these are being addressed appropriately within our services.

Method We identified all patients aged < 16 years who attended our clinics over a 6 month period (February - August 2012). Date was collected from electronic patient records (EPR) and analysed using an Excel spreadsheet.

There were 336 attendees of which 78 were new patients and these were audited. The median age was 15 years (range 13–15 years). 77 were heterosexual. There was clear full documentation in 65 patients. The main reason for attendance were contraception, STI screening, pregnancy tests and termination of pregnancy referrals. 79% (62) were sexually active and the median number of partners in the preceding 3 months was 1 (range 0–7). The median partner's age was 15 (range 14–22) years. The median age differential was 1 year (range 3–8 years). 74% (58) had documented Fraser competency assessment and this increased to 100% (56/56) where a young person proforma was used. 57 were Fraser competent.

54 were in school and 13 reported involvement of social services. 13 cases had safeguarding concerns and their management will be discussed.

Recommendations Were to ensure all < 16 year olds are managed using the clinic's young person's proforma, all have a documented assessment of Fraser competency and safeguarding risks, patients with risks are highlighted in EPR and monthly supervision is done to share best practise.

P2.173 PREGNANCY AND CONTRACEPTION: THE PERSPECTIVE OF HIV-POSITIVE AND NEGATIVE WOMEN

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Objective To understand pregnancy intentions and contraception knowledge and use among HIV-positive and negative women in the