prevalences were reported among 16–19 year olds for CT 13% (95% CI; 10.8–16.4), NG, 12% (95% CI; 9.7–15.1) and TV, 17%(95% CI; 13.7–21.1). There were 17,848 STI tests conducted in 2010 and among females aged 16–34; 33.3% had ≥ 1 STI (highest in 16–19 year olds: 48.9%) and 21.3% of males had ≥ 1 STI (highest in 16–19 year olds:33.4%). The most frequent co-infection was CT and NG which was found in 3.4% of females (highest in 16–19 year olds: 8.6%) and 3.9% of males (highest in 16–19 year olds:10.1%).

**Discussion** STRIVE has provided information not previously available in regard to a comprehensive epidemiological picture of STI morbidity and health service responses in remote Aboriginal communities and highlights work required especially among young people. The results of STRIVE may be of relevance to other areas globally with STI endemic rates.

## P6.008 EXTERNAL QUALITY ASSURANCE WITH DRIED TUBE SPECIMENS (DTS) FOR POINT OF CARE SYPHILIS AND HIV TESTS: EXPERIENCE IN AN INDIGENOUS POPULATIONS SCREENING PROGRAMME IN THE BRAZILIAN AMAZON

doi:10.1136/sextrans-2013-051184.1162

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**Background** The availability of point of care(POC) tests for infectious diseases has revolutionised the provision of health care for remote rural populations without access to laboratories. However, little attention has been given to quality assurance for POC tests. In a screening project that tested 45,226 adults of both sexes by 268 Health Care Workers(HCWs), in remote indigenous populations in the Amazon region of Brazil, where the overall prevalence of syphilis was 1.6%, and of HIV 0.1%, we evaluated the use of Dry Tube Specimens(DTS) for External Quality Assurance(EQA) for POC HIV and Syphilis tests.

**Methods** The EQA programme was implemented from March 2010 to March 2011 using DTS panels developed by a reference laboratory, containing samples with negative and positive results at different antibody concentrations, for HIV and Syphilis infection. These were re-suspended and tested in the communities by each HCW. We also conducted stability tests for the panels at the reference laboratory.

**Results** Results from 268 HCWs, responsible for implementing the POC tests at six Indigenous District(DSEI) participated in the EQA programme, showed a concordance rate of 90% for syphilis and 93% for HIV (Kappa coefficients of 0.74 and 0.78 respectively) with reference laboratories for a total of 1,608 determinations. The highest rate of inaccurate diagnoses occurred in positive samples of very low antibody concentration (40% for syphilis and 11.9% for HIV). The stability tests showed that titers were stable for up to one week at 30°C in dry conditions.

**Conclusion** The results show that errors in the interpretation of POC test results were identified by the EQA programme using DTS. The use of POC tests for syphilis and HIV is now recommended as a policy by the Brazilian government. EQA/using DTS can help to improve the quality of these screening programmes and is already being implemented nationally.

## P6.009 IMPROVED TIMELY DIAGNOSIS OF HIV RELATED TO THE POLICY OF EXPANDING ACCESS TO DIAGNOSIS IN BRAZIL

doi:10.1136/sextrans-2013-051184.1163

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Improved timely diagnosis of HIV related to the policy of expanding access to diagnosis in Brazil.

**Background** In the last years the Brazilian Ministry of Health expanded the use of rapid tests (RT) for HIV. RT is especially useful for pregnant women, vulnerable populations, people with limited access to health services and at national testing campaigns. This policy aims to ensure timely diagnosis and treatment, what will impact directly on morbimortality of people living with HIV/aids (PLWHA).

**Methods** National network consists of 90 national public laboratories responsible for performing CD4 count for the public health system. Between 2005 and 2012, 3.7 million tests were registered in its database. Based on the first CD4 count registered, diagnosis was classified as very late (< 200 cells/mm$^3$), late (between 200 and 350 cells/mm$^3$) and timely (> 350 cells/mm$^3$).

**Results** Our database was comprised of 321 thousand PLWHA > 18 y.o. who started on follow up in the public health system between 2005 and 2012. In 2005, 30.6%, 21.6% and 47.7% of PLWHA were diagnosed very late, late and timely, respectively. In 2012 there was a significant decrease in very late and late diagnosis and an increase in timely diagnosis: 29%, 18% and 53% respectively.

**Conclusion** The policy of expanded access to rapid test certainly contributed to these results. Indeed, there was an increase in rapid tests supply: from 509,180 in 2005 to 3,750,000 in 2012, facilitating that PLWHA are diagnosed with higher CD4 counts, what is confirmed by the increase of median first CD4 count from 335 in 2005 to 365 cells/mm$^3$ in 2012.

## P6.010 IMPLEMENTATION OF VIA FOR CERVICAL CANCER SCREENING IN A SEXUALLY TRANSMITTED INFECTION CLINIC IN LILONGWE, MALAWI

doi:10.1136/sextrans-2013-051184.1164

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**Background** Cervical cancer is the most common female cancer in Malawi with high mortality. Cervical cancer can be averted if precancerous lesions are detected early and treated. Visual Inspection with Acetic Acid (VIA) is an effective screening method for resource-limited settings. In an STI Clinic in Lilongwe, Malawi, VIA screening implementation was assessed through the NIH-funded Medical Education Partnership Initiative. In this setting, 20% of women have reactive VIA results.

**Methods** Females attending the Kamuzu Central Hospital STI Clinic from October 2012 to January 2013 were included. Screening was recommended for women 25–45 years and women < 25 years at clinician discretion. We explored the proportion of women who were screened, characterised write-in reasons for non-screening, and conducted binomial regression to explore screening predictors.

**Results** During this 3.5 month period, 956 women presented for 1240 STI clinic visits. Four percent of women < 25 and 19% of women 25–45 received VIA screening. Among women 25–45, common reasons for not screening included postponement (19%) (often due to STI treatment or cervical pain), recent screening (14%), menses (8%), and pregnancy (3%). Few refused (3%). Many did not have reasons recorded (44%). Screening was less common among women presenting through partner-referral (0.3; CI 0.1, 1.1) and among women who did not receive pelvic exams as part of STI assessment (0.6, CI: 0.3, 0.9).

**Conclusions** In this high risk setting, VIA implementation was feasible and acceptable. On the day of presentation, many women were not screened due to cervical pain, STI treatment, menses, or pregnancy. Ensuring that these women return for screening is important. Offering VIA to all women is essential, even those not otherwise receiving a pelvic exam. Clear guidelines on whether and