

only. Women who reported 1–5 (AOR 11.0, 95% CI 4.3–28.3) or 6–9 recent coital acts (AOR 3.8, 95% CI 1.7–8.8) with other partners were more likely to report consistent condom use with those partners than were women who reported  $\geq 10$  acts. Having a recent partner delay payment was inversely associated with consistent condom use with helping, other, or all partners.

**Conclusion** Correlates of consistent condom use differed by partner type. By using a case-crossover design, we were able to identify potentially modifiable factors associated with consistent condom use by FSWs who used condoms consistently with a given partner type during some periods but not others.

#### P6.15 SHORT-TERM MOBILITY AND THE RISK OF HIV INFECTION AMONG MARRIED COUPLES IN THE FISHING COMMUNITIES ALONG LAKE VICTORIA, KENYA

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**Introduction** Mobility has long been associated with high HIV prevalence. We sought to assess sex differences in the relationship between mobility and risk for HIV infection among married couples in the fishing communities.

**Methods** We conducted 1090 gender-matched interviews and rapid HIV testing with 545 couples proportionally representing all the different sizes of the fish-landing beaches in Kisumu County. We contacted a random sample of fishermen as our index participants and asked them to enrol in the study together with their spouses. The consenting couples were separated into different private rooms for concurrent interviews and thereafter reunited for couple rapid HIV counselling and testing. In addition to socio-economic and behavioural data, we collected information on overnight travels and divided couples in 4 groups as follows both partners not mobile, both partners mobile, only woman mobile, and only man mobile. Other than descriptive statistics, we used  $X^2$  and U tests to compare groups of variables and multivariate logistic regression to measure association between mobility and HIV infection.

**Results** We found significant differences in the number of trips women travelled in the preceding month (mean 4.6, SD 7.1) compared to men (mean 3.3, SD 4.9;  $p < 0.01$ ) and when the women did travel, they were more likely to spend more days away from home than their male partners (mean 5.2 [SD 7.2] versus 3.4 SD 5.6;  $p = 0.01$ ). With an HIV prevalence of 22.7% in women compared to 20.9% among men, mobile women who had non-mobile spouses had 2.1 times the likelihood of HIV infection compared to individuals in couples where both partners were non-mobile.

**Conclusion** The mobility of fishermen's spouses is associated with HIV infection that is not evident among fishermen themselves. Therefore, interventions in this community could be a combination of sex-specific programming that targets women and combined programming for couples.

#### P6.16 EVALUATION OF LAY HCT COUNSELLORS EXPERIENCES OF THEIR SERVICES AT REGION E FACILITIES IN THE CITY OF JOHANNESBURG

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**Introduction** HIV/AIDS Health Program implemented the Early Warning Indicators Revised SA WHO 90-90-90 Strategy in September 2015 at Region E facilities. This Health Services Research therefore, seeks to assess Lay HIV Counselling and Testing (HCT) Counsellors' experiences of their services. This knowledge is crucial for the HCT Program because Lay HCT Counsellors' role as promoters of behaviour modification in the communities. Research findings would inform service design and allocation of resources for quality improvement and management of the HIV/AIDS Health Program run by Lay HCT Counsellors.

**Methods** Forty-six Counsellors' were interviewed using a mixed methods approach to collect data. Trained field staff administered a semi-structured questionnaire. The participants were asked to indicate their experiences at Region E health facilities. The study was conducted in March 2016. Double data entry method of data capturing used followed by data coding and analysis using EPI.INFO. Thematic analysis and was conducted.

**Results** A total of 7 participants were permanently employed. Most (54%) Counsellors worked 6 hours daily and 36 counselled 5–15 clients daily. A total 30% of counsellors were debriefed, 37% appropriately mentored and 59% attended in-service training in HIV/AIDS related issues. There is only one mentor allocated for the whole region. Lay HCT Counsellors also indicated that they would like their stipend to be increased and they would like to be integrated into government structures. They would also like to receive regular debriefing sessions, mentoring session and in-services training. Workload is not evenly distributed and also exceeds what is expected according to their job description, due to shortage of professional nurses.

**Conclusion** Lay HCT Counsellors challenges should be addressed to enable Region E meet the 90-90-90 set targets together with the provider initiated counselling and testing. Need to increase mentors and Lay HCT Counsellors to focus on HIV/AIDS-related duties.

#### P6.17 SYPHILIS RAPID TEST EXTERNAL QUALITY ASSESSMENT: BRAZIL'S EXPERIENCE

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**Introduction** Policies promoting access to syphilis diagnosis have led to the widespread use of rapid tests (RT) in health facilities of different complexities throughout Brazil. To monitor the quality of the testing procedures, the Ministry of Health introduced the National Program of External Quality Assessment for RT (EQA-RT). This involves healthcare

professionals registering on an online platform to receive a panel with four dried tube specimens with unknown reactivity for syphilis. The respondents test the samples as if they were from their own patients and submit the results online for subsequent analysis.

**Methods** We analysed reports from eight EQA-RT rounds conducted in 2014–2016. The quality of the professionals' performance was assessed by examining the degree of concordance between the results from the panel samples that were expected and those actually reported. A certificate of approval is issued in the event of 70% accuracy. Any professional receiving less than 70% approval rating is sent a report suggesting possible causes and solutions for issues that might have been responsible to prevent the quality of testing.

**Results** The average number of participants per round was 843 (545 in 2014, 909 in 2015 and 1.075 in 2016) distributed in 347 mainly primary healthcare units. It was interesting to note that many higher complexity services, despite registering in the program, failed to report the results (e.g. a 55% abstention rate in one of the rounds). Regarding the performance on EQA-RT, an average of 93% of respondents were approved per round, with 88% achieving 100% accuracy. The most common failures identified so far have been incorrect pipetted sample volumes and result reading times.

**Conclusion** The majority of healthcare professionals currently participating in Brazil's EQA-RT program are maintaining a high level of RT quality. While the number of participants doubled in 2014–2016, there is still a need for education work to encourage more adherence to the Program aimed at ensuring the reliability and credibility of the TR results.

#### P6.18 DISTANCE LEARNING COURSE ABOUT RAPID TEST FOR HEALTHCARE PROFESSIONALS AS AN IMPORTANT STRATEGY TO INCREASE THE ACCESS TO SYPHILIS DIAGNOSIS

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**Introduction** Since 2015, Brazil has had a worrying epidemic of syphilis. From 2014 to 2015 there was a growth of 21% of congenital syphilis, reaching 19 228 cases in 2015. The reduction of mother-to-child transmission in 2017 is a priority goal of the government. Increasing access to diagnosis through rapid testing (RT) is one of the key strategies established to achieve this goal. Only in 2016, more than 6 million RT were distributed by the Ministry of Health (MoH) to healthcare facilities in the country. In addition, it is also necessary to increase the number of healthcare professionals capable to perform the RT. Considering the continental dimension of the country and the need for an alternative to on-site trainings, MoH offers a free distance learning course called TELELAB. We present the extent of the coverage of this education strategy.

**Methods** TELELAB provides online courses about diagnostic of sexually transmitted infection with video lessons and instruction manuals. After the course is completed,

professionals are awarded a certificate once they pass an exam with 70% or higher. We analysed TELELAB's database regarding the number of healthcare professionals who obtained certification in "Syphilis diagnose course" during 2016, their professions and city of residence.

**Results** In 2016, 7064 healthcare professionals were certified. Nursing is the profession with the highest number of certification (i.e. 72% of the total). 842 different municipalities were observed. Out of this, 4811 healthcare professionals (i.e. 68% of the total) reside out of capital, and many of them in remote and rural areas with no access to laboratory services.

**Conclusion** TELELAB is an important strategy to ensure greater access to syphilis diagnosis, since it better qualifies healthcare professionals, especially nurses, that are present in major basic care services and usually diagnoses and treat the patient. Considering that Brazil has 5561 municipalities, there is still need to widespread this modality of distance learning course and incentive for higher adherence.

#### P6.19 KNOWLEDGE, ATTITUDE AND PRACTICE ABOUT SEXUALLY TRANSMITTED DISEASES AMONG UNIVERSITY STUDENTS IN GHANA

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**Introduction** Sexually transmitted diseases (STDs) remain an important cause of morbidity and mortality among women in the child-bearing age. In order to institute appropriate preventive measures there is need to establish the profile of knowledge of the predisposing factors and causation of STDs, attitude to sexual practice and sexual patterns among the susceptible young people, such as university students.

**Method** A detailed questionnaire identifying socio-demographic characteristics, sexual patterns, knowledge of STDs as well as attitudes towards prevention of STDs was administered to 400 non-medical students of University Of Cape Coast, Ghana.

**Results** Knowledge of the clinical features of gonorrhoea and AIDS was high; most knew the predisposing factors for STDs (multiple sexual partners 90%; unprotected sexual intercourse 93%; rape 81%; sex outside marriage 78%, and sex under the influence of alcohol 73%) but not so for syphilis. Males were three times more likely to contract STDs (27%) than their female (9%) counterparts. Whereas knowledge on methods of prevention was high (>90%) it was not followed by appropriate behavioural patterns. More female (33.5%) students had heard about *Trichomonas vaginalis* than males (23%); ( $X^2=17.1$ ;  $p<0.0001$ ). This study has shown that more female than male students got information from their parents ( $X^2=25.3$ ;  $p<0.001$ ) while more male students had their information from previous sexual intercourse ( $X^2=12.9$ ;  $p=0.001$ ).

**Conclusion** The level of knowledge about STDs and their prevention is not matched by sexual behavioural patterns, and male students undertake more risky sexual behaviour. Sexual education should be introduced at the university as a means of increasing students' awareness about the problem and prevention of sexually transmitted diseases including HIV/AIDS.