7–49 days). In 16% of patients time to enter care took over 150 days; those infected by heterosexual contact or injecting drug use were more likely to be in this group. Patients born outside the Netherlands were also more likely to enter care late. 2). From February 2009 until April 2010, 120 participants were included in the study (response 70%). The majority (n=108) were men who have sex with men (MSM). For 76% of participants a date of entry into care was known; median time into care was 8 days (range 0–104 days). Twenty two per cent had not entered care yet of whom 16% had CD4 cell counts below 350. Of participants who were directly referred to an HIV treatment 10% delayed for medical care compared to 45% of participants wanted to make an appointment on their own initiative.

**Conclusions** Specific subpopulations such as homosexuals and ethnic minorities are at risk for entering care late after being diagnosed HIV positive. Results from the prospective study show that direct referral from STI clinic to an HIV treatment centre leads to less delay. Testing of those at risk is not enough to interrupt HIV transmission chains, entry into care needs to be assured as well.

**EFFECT OF IMPROVING THE STI SERVICES IN SEVEN PROVINCES OF CHINA**

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**Background** The STI services can reduce HIV transmission and have been an important component of HIV control programmes. In China, the STI services remain weak. Under the framework of AIDS control programme of the Global Funds Round 4, we conducted the sub-programme to improve STI services in 21 counties of 7 provinces in China from 2007 to 2009, including one-week training workshops for all STI care providers, two-month field training for key STI clinicians at STD Clinic of National Center for STD Control, STI drug assurance, and quality services offering for STI patients. Annually the effect of STI services was assessed according to the guideline of WHO/UNAIDS in the 21 counties.

**Methods** The assessment of STI services was through health facility survey, including three indicators: (1) STI service indicator 1 (SSI) is defined as the per cent of patients with STIs at observed health care facilities who are appropriately diagnosed and treated according to the national guidelines on STI treatment in China; (2) STI service indicator 2 (SI2) is defined as the per cent of patients with STIs that are given advice on condom use and partner notification and referral for HIV testing in term of national standards; (3) Standardised STI service indicator (SSI) means the comprehensive case management including SII and SI2. The sample size of STI patients between 2007 and 2009 was 397/860 (95% CI 42.83% to 49.49%), 62.94% (605/958) (95% CI 59.83% to 66.00%), 81.96% (686/837) (95% CI 79.35% to 84.57%) on average in 21 counties, respectively, and there was significantly increased trends (χ² = 234.30, p=0.000); the SI2 was 28.32% (243/858) (95% CI 25.31% to 31.33%), 40.02% (383/957) (95% CI 36.92% to 43.12%), 67.26% (563/857) (95% CI 64.08% to 70.44%), respectively in 2007–2009, and there was significantly increased trends (χ² = 570.81, p=0.000).

**Results** The SI1 and SI2 were directly referred to an HIV treatment 10% delayed for medical care compared to 45% of participants wanted to make an appointment on their own initiative. The SI1 and SI2 quality, SSI was 20.98% (180/858) (95% CI 18.26% to 23.70%), 40.02% (383/957) (95% CI 36.92% to 43.12%), 67.26% (563/857) (95% CI 64.08% to 70.44%), respectively in 2007–2009, and there was significantly increased trends (χ² = 570.81, p=0.000). The STI service indicators in rich areas were higher than in poor counties.

**Conclusions** The quality of STI services was significantly improved through the Global Funds Round 4 in 21 counties of seven provinces in China, and should be scaled up to other areas in the country.