Methods An inner-city ED implemented an opt-in rapid oral-fluid HIV screening programme since 2005; during the summer of 2007, HIV testing facilitators offered 24/7 bedside rapid testing to patients aged 18–64 years. During the same period, an HIV seroprevalence study enrolled adult patients who gave consent for use of their blood samples. Known HIV positivity was determined by either chart review or self-report. Serum samples were tested for HIV by EIA and all positives were confirmed by Western blot followed by RNA viral load testing.

Results There were 3,884 samples, including 153 from known HIV positives for the seroprevalence study. Among the remaining 3,731 visits, 1,286(34%) were offered bedside HIV testing; 2,445(66%) were not. Among those offered, 693 declined, and 561 were tested (32 accepted but were never tested). Seroprevalence data revealed the following rates of undiagnosed HIV infections: 2.0% in those offered versus 5.3% in those not offered($p < 0.001$); 2.5% in those who declined, 0.6% in those tested, and 15.6% in those accepted but not tested($p < 0.001$). Mean viral load was significantly higher in those not offered the screening as compared to those offered (difference: 63,441, 95%: 3,310–123,572).

Conclusion There was a disporportinately high prevalence of undiagnosed HIV infection in ED patients who were not offered HIV screening and in those who declined screening, versus those who accepted testing. This indicates that even with an intensive established opt-in counsellor-based rapid HIV screening model, significant missed opportunities remain with regard to identifying undiagnosed HIV-infected individuals in the ED.

P5.028 SWAB2KNOW: PROVIDE AN ORAL FLUID SAMPLE ON SITE, CHECK YOUR HIV TEST RESULT ONLINE

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Background Despite the high testing rate in Belgium a considerable number of individuals remain undiagnosed. Outreach and minimally invasive strategies might increase the uptake of HIV-testing. Swab2know aims at evaluating the feasibility of a non-invasive and confidential HIV test strategy among groups with a high risk of acquiring HIV infection (Subsaharan African migrants; SAM, and men who have sex with men; MSM) in community settings.

Methods Swab2know is using oral fluid samples for HIV-testing. Oral fluid is collected on a validated device (Oracol®). Serologic HIV testing (Genscreen®HIV-1/2 v2) and quality control (IgG determination) are performed at the Institute of Tropical Medicine's (ITM) AIDS Reference Lab.

Participants can choose to receive their result either through a secured website (www.swab2know.be) or personal counselling. Reactive results are disclosed as indicative for HIV-infection, needing confirmation on blood using the gold standard tests. These participants are contacted by phone after they checked their result, offering confirmation tests or referral to a local HIV-treatment centre. In case of a non-reactive test, participants are offered repeated testing after four months by ordering an oral fluid sampling device kit online. Data on age, sex, origin, HIV-testing behaviour, and sexual activity are collected using a survey.

Results After 2.5 months, 166 participants were tested in 11 settings. Fifty-three were SAM (31.9%), 111 MSM (68.1%). Twenty-two SAM (41.5%), and all MSM (100%) chose to receive their result through the website. Nine participants tested positive for HIV: three SAM (5.7%), and 6 MSM (5.4%).

Preliminary experiences show a high uptake, and good acceptance of sampling method, and online communication of test results.

Conclusion Preliminary experiences with this low-threshold method are promising, showing high acceptance and satisfaction with the online tool. Increasing uptake by ordering sampling devices online, is studied.

Up-to-date results and more specific conclusions will be presented at the conference.

P5.029 HIV SCREENING SERVICES: IMPROVING UPTAKE IN RURAL AND HARD TO REACH POPULATION GROUPS

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Background Despite significant advances in HIV programme implementation, uptake of HIV screening services remains notably low in rural areas. Most HIV screening centres are concentrated in urban areas resulting in low coverage of HIV testing services in rural communities. This paper analyses the outcome of community and facility based interventions to increase access and uptake of HIV screening services in rural and hard to reach population groups with limited access in Nigeria.

Methods In order to increase uptake of HIV screening services in rural communities, the MSH PrO-ACT project in collaboration with Kwara state ministry of health implemented the following interventions

1. Community awareness campaigns to increase knowledge about HIV transmission and prevention.
2. Community mobile HIV testing programmes which utilised existing community structures such as churches, empty school rooms and other community buildings were established to provide temporary HIV screening services.
3. Capacity of selected community members was built on HIV counselling and testing in order to increase the number of HIV screening workers.
4. HIV screening services were offered on communal market days to increase accessibility and uptake.
5. Referral linkages from HIV testing points to HIV clinics was strengthened to ensure that every client who tests positive accesses care and treatment services.
6. HIV screening services were integrated into maternity, family planning and sexually transmitted infection units of rural clinics to reduce stigmatisation and increase uptake.

Results After 12 months, 12,436 (Male- 3,616, Female- 8,820) people were screened for HIV. 405 persons tested positive and 397 persons (M-176, F- 82) were linked and enrolled into HIV care and treatment programmes. Out of this, 235 persons were eligible for anti-retroviral therapy and commenced treatment.

Conclusion Existing inequalities between urban and rural areas highlights the need to adopt innovative approaches aimed at increasing uptake of HIV screening services.

P5.030 NEW AVENUES FOR PROACTIVE HIV TESTING IN PRIMARY CARE REQUIRED: A TREND ANALYSIS OF TWENTY YEARS OF HIV-RELATED CONSULTATIONS IN DUTCH GENERAL PRACTISE

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Background In the Netherlands 30–40% of HIV-infected persons are not aware of their status. Half of the newly diagnosed present late. Late treatment reduces life expectancy with approximately 10 years. Early treatment reduces transmission to sex partners with 96%. A more proactive role in testing in primary care is advocated.

In the Netherlands the GP is the main care provider, also for sexual health. We investigated the trend in HIV-related consultations and testing practises in general practise in the last 2 decades.

Methods Within a nationally representative Dutch Sentinel General Practice Network we analysed HIV-related consultations from 1988–2009 using a questionnaire, in which patient's characteristics, the reason for consulting the GP, interventions and test results were recorded. Trends over time were calculated by multilevel analysis.

Results Time trend analyses show an increasing trend in HIV-related consultations and in the total number of HIV tests per 10,000 registered patients. Mean number of consultations doubled from 7 in 1988 to 14 consultations/10.000 population in 2009. Over the whole period, the number of HIV-related consultations was significantly higher in urban areas. The proportion of people high at risk, men who have sex with men (MSM) decreased. The proportion of HIV related consultations initiated by the GP increased from 11% in 1988 to 23% in 2009.

Conclusion In this 20-year period the policies around HIV testing changed drastically. HIV-related consultations, as well as provider initiated testing in general practise in the Netherlands increased, however slowly and mainly in low risk groups. Testing rates remain low. To prevent undiagnosed and late presentation of HIV infection, GP need to be more pro-active. New and innovative avenues, like opt-out and indicator-based testing, are needed in primary care as many test-opportunities among high risk groups and in high risk areas are missed.

P5.031 CERVICAL CANCER AND STI SCREENING: A MUST IN THE ERA OF HIV/AIDS; INCREASING ACCESS FOR HIV INFECTED WOMEN THROUGH COMMUNITY OUTREACH SCREENING PROGRAMMES

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Background Cervical cancer (CaCx) is the most frequently diagnosed cancer in Ugandan women. Forty five out of 100,000 women die annually due to limited availability of information, screening and treatment facilities, and poor health seeking habits. Over 80% of women present when in advanced stages. The risk of CaCx and STIs is doubled among HIV-infected women. STAR-E project instituted an integrated community outreach screening programme targeting WLHIV to accelerate early diagnosis, enhance timely referral for treatment and provide prevention education.

Methods Between March 2011 to April 2012, we reviewed records in 12 HIV care clinics to identify WLHIV at risk of STIs and CaCx. Key health workers were trained in STI diagnosis, and VIA/VILI screening methods. 50 PLHIV mobilisers were identified and oriented on risk factors, prevention, and early warning signs of CaCx and common STIs. During home visits, treatment support meetings and clinic days, and using pre-designed referral forms containing individual questionnaire they sensitised and mobilised community, and made referrals to lower level health centres where screening camps were set.

Results A total of 3500 WLHIV were sensitised and referred for STI and CaCx screening. 3450 (98.5%) were screened for the first time; 3405 (98.7%) tested VIA negative; 45 (1.3%) tested VIA positive and were referred for cryotherapy. of all women screened, 342 (9.9%) presented with different STIs, and were treated. 238 (69.6%) notified their partners who also accessed treatment. Only 20% of the women had heard about CaCx or sought help for any genital infections.

Conclusion Integrated outreach screening programmes are an important access point for people at high risk for both STIs and CaCx. It allows for not only the benefit of treating the STI, or identifying precancerous lesions, but for prevention education, identifying HIV-infected persons in need of care, and partner notification for STIs.

P5.032* DO FAST-TRACK ASYMPTOMATIC SCREENING PATHWAYS FOR MEN WHO HAVE SEX WITH MEN (MSM) LEAD TO MISSED OR DELAYED DIAGNOSES?

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Background Within sexual health clinics in the UK MSM are usually examined with clinician-taken swabs. In an effort to increase access and encourage regular screening, a minority of clinics across the UK are now using a fast-track asymptomatic pathway for MSM with patient-taken swabs. However the consequences of not examining asymptomatic MSM remain unclear.

Aim Would the introduction of a fast-track asymptomatic screening pathway for MSM lead to missed diagnoses or delayed or withheld treatment?

Method This was a retrospective case note review of all MSM attending our UK level 3 sexual health clinic between July 2011 and July 2012. Clinical findings, diagnoses and treatments given to asymptomatic MSM were analysed further.

Results 476 of 920 MSM attendances were asymptomatic presentations, of which 21 (4.4%) had positive findings on examination. Perianal abnormalities were detected in 1% (peri-anal warts n = 4, skin tags n = 1). Genital abnoramlities were penile warts (n = 2), epididymal cyst (n = 1), variocele (n = 1), unretractable foreskin (n = 1), and 3 dermatological finding (dry meatus, abrasion on penis and penile erythema). Contact bleeding on proctoscopy was found in 2 (0.4%) patients, and 7 (1.5%) cases of non-specific urethritis (NSU) were identified. All 9 of these cases were negative for *Chlamydia trachomatis* and *Neisseria gonorrhoeae*.

Conclusion Had the asymptomatic MSM attendances not involved examination, no significant clinical diagnoses would have been missed, or any treatment delayed or withheld. These findings suggest a fast-track asymptomatic screening pathway for MSM with patient-taken swabs could be introduced into UK sexual health clinics without concern. This in turn would increase sexual health screening for this high risk group. However consideration of missing perianal abnormalities in this group is needed as it may be of greater importance when compared to heterosexual males.

P5.033 BRINGING HIV TESTING TO THE PEOPLE- BENEFITS OF MOBILE UNIT TESTING IN LIMA, PERU, 2007–2009

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Background Mobile unit (MU) HIV testing is an alternative method of providing healthcare access. We compared demographic and behavioural characteristics, HIV testing history, and HIV prevalence between people seeking testing at a MU vs. fixed community clinic (FC) in Lima, Peru.

Methods Our analysis included men and transwomen (TW) in Lima ≥ 18 years old seeking HIV testing at their first visit to a community-based clinic's MU or FC from Oct. 2007-Nov. 2009. Behavioral characteristics, including HIV testing history, and HIV serostatus of the following populations were compared in MU vs. FC attendees: TW, men who have sex with men (MSM), and heterosexually self-identified men who have sex with men and women (MSMW).

Results A greater percentage of MU attendees self-identified as transgender (8% vs. 3% FC, $p < 0.05$) or heterosexual (52% vs. 15% FC, $p < 0.05$). MU and FC sites attracted similar proportions of MSMW (52% MU vs. 57% FC). MU attendees were more likely to