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) by 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) and of HIV 0.1%, we evaluated the use of Dry Tube Specimens (DTS) for POCTesting. POC test results were identified by the EQA programme using DTS.

Methods POC tests for syphilis and HIV is now recommended as having a key role in an STI screening programme. POC tests supply: from 509,180 in 2005 to 3,750,000 in 2012, facilitating access to diagnosis in Brazil. The stability tests showed that titers were stable for up to one week at 30°C in dry conditions. The results show that er and of HIV 0.1%, we evaluated the use of Dry Tube Specimens (DTS) for POCTesting. POC test results were identified by the EQA programme using DTS.

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 95% for HIV (Kappa coefficients of 0.74 and 0.78 respectively) with reference laboratories for a total of 1,608 determinations. The highest prevalence of STI endemic rates.

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.

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/mm³ in 2012.

Background The last year 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, 5.7 million tests were registered in its database. Based on the first CD4 count registered, diagnosis was classified as very late (< 200 cells/mm³), late (between 200 and 350 cells/mm³) and timely (> 350 cells/mm³).

Results Our database was comprised of 521 thousand PLWHA > 18 y.o. who started on follow up in the public health system between 2005 and 2012. In 2005, 50.6%, 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%, 15% and 55% respectively.

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