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.

**Methods**

and of HIV 0.1%, we evaluated the use of Dry Tube Specimens (DTS) for POC tests on CD4 in the remote rural populations without access to laboratories. However, little attention has been given to quality assurance for POC tests. In a remote rural region of Brazil, where the overall prevalence of syphilis was 1.6%,

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, 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.

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.

**Results**

From 268 HCWs, responsible for implementing the POC tests at six Indigenous District (DSEI) participated in the EQA programme using 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 95% for HIV (Kappa coefficients of 0.74 and 0.78 respectively) with reference laboratories for a total of 1,608 determinations. The highest titers were stable for up to one week at 30°C in dry conditions.

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.

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