Follow-up occurred in 122(76%), clients including 26/28 with F3–4 fibrosis. Thirteen clients were able to access clinical trials of HCV treatment.

Conclusion This study demonstrates the utility of delivering a fibroscan service by a health facility that focusses on STIs, HIV and hepatitis. Uptake and retention in care was achieved for this marginalised population. The Hepatitis C strategies' focus on primary health care and sexual health services for HCV care and treatment in an era of interferon-free therapy appears feasible.

Disclosure of interest statement No conflicts of interest to declare.

P13.04 "I DO FEEL LIKE A SCIENTIST AT TIME YEAH…" ACCEPTABILITY OF POINT-OF-CARE TESTING FOR CHLAMYDIA AND GONORRHOEA TO HEALTH SERVICE PROVIDERS IN REMOTE PRIMARY CARE

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Introduction The GeneXpert test system is a molecular test used to diagnose *Chlamydia trachomatis* and *Neisseria gonorrhoeae* at the point-of-care (POC). It is being used in remote Aboriginal health services in Australia as part of the TTANGO (Test, Treat, ANd GO) Trial.

Methods In 2014 we interviewed 15 Aboriginal health workers/practitioners and nurses from 6 health services participating in TTANGO. Most were female (53%), 70% had worked >5 years in the remote sector and 40% were Aboriginal. We explored factors known to influence POC test acceptability including perceived ease of use and usefulness, and staff attitudes- which are all mediated by a range of barriers and enablers to POC test use.

Results Most staff found the GeneXpert both easy to use and useful in their setting. They indicated that POC testing has improved STI management, resulting in more timely and targeted treatment, earlier commencement of partner notification, and reduced time and effort associated with client recall. Staff expressed confidence in POC test results and in treating patients on this basis. They reported greater job satisfaction- feeling more in control of STI testing and patient health. Access to the GeneXpert appeared to legitimise or create an entry point to discussing STIs with clients, particularly for Aboriginal health workers. As most clients opted to return for test results (after 90 min) POC testing did not impact negatively on client flow. Managing positive test results in a shorter time frame was sometimes challenging. Manual documentation of results was considered to be onerous by some, who suggested that enhanced connectivity between the GeneXpert and patient management system could assist.

Conclusion Participants identified the potential for the GeneXpert to strengthen STI control in remote communities. Test acceptability was high, although some challenges remain and will inform future scale up/translation of POC testing in this setting.

Disclosure of interest statement No conflicts of interest declared. No financial support was received by Cepheid. Cepheid has provided GeneXpert devices on loan for the duration of TTANGO and test cartridges at a reduced rate.

P13.05 PREVENTION OF MOTHER-TO-CHILD TRANSMISSION OF SYPHILIS AND HIV IN CHINA: WHAT DRIVES POLITICAL PRIORITISATION AND WHAT CAN THIS TELL US ABOUT PROMOTING DUAL CONTROL?

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Introduction Despite a large and growing burden of mother-to-child transmission (MTCT) of syphilis in China over the past 20 years, the issue received far less attention and fewer resources than prevention of MTCT (PMTCT) of HIV, which has a substantially lower burden. China's Ministry of Health issued the first national plan for syphilis control in 2010, aiming to integrate PMTCT of syphilis and HIV. Our study aimed to identify: 1) why PMTCT of syphilis had a lower political/resource priority than PMTCT of HIV before 2010; and 2) what actions would improve the prospects of successful implementation of dual PMTCT.

Methods We undertook a comparative policy analysis, based on informant interviews, documentation review, and nonparticipant observation of relevant meetings/trainings, to investigate priority-setting prior to 2010. We used a nine-factor framework developed by Shiffman *et al*. which assesses political prioritisation across three categories: transnational influence; domestic advocacy; and national political environment.

Results We identified several factors contributing to the lower priority accorded to PMTCT of syphilis: 1) relative neglect at a global level; 2) dearth of international financial and technical support; 3) poorly unified national policy community with weak accountability mechanisms; 4) insufficient understanding of the epidemic and policy options; and 5) a prevailing negative framing of syphilis that resulted in significant stigmatisation.

Conclusion The goal of dual PMTCT of syphilis and HIV will only be achieved when equal priority is accorded to both infections. This will require stronger cohesion and leadership from the syphilis policy community. The community will also need to reframe the issue so as to overcome stigmatisation against those affected by the illness, organise focusing events to attract political attention, and work more closely with the HIV policy community in order to enhance the recognition of the need to control syphilis on both the national and sub-national agendas.

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P13.06 KNOWLEDGE TRANSLATION: DEVELOPMENT OF A SEXUAL HEALTH CLINICAL AUDIT TOOL TO ENHANCE ADHERENCE TO EVIDENCE-BASED GUIDELINES

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Introduction Sexually transmitted infections remain a significant public health issue for Indigenous Australians. Reasons for the high burden of disease include lack of access to quality care particularly in rural and remote Australia. Commissioned by the