the eight-year period. Only 9 (9/52/17.37%) CNS were fully met. The numbers of childbirth/CS/% in HUAP were: 2008 (389/8/2.05%); 2009 (373/6/1.60%); 2010 (442/0/0.90%); 2011 (508/0/0%); 2012 (521/0/1.99%); 2013 (640/9/1.40%); 2014 (522/14/2.68%); 2015 (422/10/2.37%). Maternal age: 6 pregnant women (11.5%) between 14 and 18 years, 25 (48.1%) between 19 and 25 years, 18 (34.6%) between 26 and 40 years and 3 (5.8%) ignored. About prenatal care: 10 pregnant women (19.2%) performed in HUAP; 34 (65.4%) in basic health units in Niterói and other cities in the state, and 8 (15.4%) did not done. The diagnosis of maternal syphilis occurred during prenatal care in 37 (71%) cases, in childbirth in 12 (23%) and after childbirth in 3 (6%). Only 11 partners (21.1%) were treated. Forty-eight (92.3%) newborns were treated appropriately. Cases evolutions: 46 (88.5%) were still alive, 3 (5.8%) were stillborn, 2 (3.8%) evolved to postpartum death and 1 (1.9%) was an abortion. Conclusion The notification and complete padding of the CS’s CNS is of crucial importance for CS control with the pregnant women and prenatal evaluation. We found many flaws for a federal university service.

P3.115 PREVALENCE AND RISK FACTORS ASSOCIATED WITH BACTERIAL VAGINOSIS IN SOUTHERN MEXICO
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10.1136/sextrans-2017-053264.350

Introduction Bacterial vaginosis (BV) is the most common vaginal infection, characterised by a decrease in Lactobacilli and an increase in anaerobic bacteria mainly Gardnerella vaginalis, a variable Gram coccobacillus that is isolated in up to 98% of cases. The prevalence of this clinical entity is varied and the associated risk factors are: having multiple sexual partners, age, use of contraceptive methods, alcohol consumption, smoking habit, among others. The diagnosis of this clinical entity is important because of the multiple gyneco-obstetric complications associated with this clinical entity like abortion, infertility, ectopic pregnancies and the predisposition to acquire other sexually transmitted diseases such as herpes, HIV, HPV, and others.

Methods A total of 298 samples of vaginal swab from women between the ages of 16 to 65 years. The diagnosis of BV was performed using the Amsel and Nugent criteria, in which we evaluate the vaginal flow, pH, amine test, the presence of clue cells and the quantification of bacterial morphotypes. The culture of Gardnerella vaginalis was performed in Columbia medium enriched with 10% of human blood and a specific supplement for the growth of this bacteria, for its identification we use oxidase, catalase and hippurate hydrolysis. The women who agreed to participate in the study signed an informed consent and the clinical and personal information was obtained through a survey. The results were analysed in the stata V11 program.

Results We report a prevalence of BV of 10.4% in the population of Chilpancingo Guerrero in Mexico. The risk factors associated with this clinical entity were aged between 32 to 41 years (OR: 4 95% CI=1.2–13.6 P=0.025), having 2 to 3 sexual partners (OR: 3.4 95% CI 1.3–8.9 P=0.012) and smoking habit (OR: 3.4 95% CI 1.1–10.6 P=0.039).

Conclusion The results obtained in this study provided information about the epidemiology of BV, which contributed to the effective detection and treatment of this clinical entity.

P3.116 IMPROVING ACCESS TO HIV DIAGNOSIS BY EXPANDING IMPLEMENTATION OF RAPID DIAGNOSTIC TESTS IN THE STATE OF SAO PAULO, BRAZIL (2006 TO 2016)
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10.1136/sextrans-2017-053264.351

Issue Sao Paulo has 43 million inhabitants, 645 cities, 251.133 births, 251.133 deaths and 1 (1.9%) was an abortion.

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Table: HIV testing campaigns in São Paulo State – six campaigns – two million tests performed from 2008 to 2016

- Testing Centers: 56
- Participants: 2,210,410
- Test Kits: 2,326,910
- Positive cases: 9,242
- Referrals: 9,057

Conclusion: The implementation of HIV testing campaigns in São Paulo State has been effective in expanding early diagnosis of HIV in the state.
Introduction Sao Paulo (SP) state has 43 million inhabitants, 645 cities, 251,133 reported AIDS cases and a 0.6% HIV prevalence. In SP 4 in 10 HIV diagnosed individuals' access care with delay.

Methods Conducting state testing campaigns annually is one of its main strategies to expand the offer of testing in the primary care health services especially in medium and small municipalities, besides the offer to pregnant women. The goal is to increasing the proportion of people tested once in life from 39.7% (2004) to 80% in 2017.

Results Approximately 3 million tests, including HIV and syphilis, were conducted in nine annual testing campaigns, of which 60% are HIV tests and 40% syphilis tests since 2014. An average of 130,000 HIV tests of the public health sector are billed in monthly. The number of municipalities involved rose from 376 (58%) to 576 (89%) between 2008/2016. Some results are very similar in all campaigns. The proportion of people tested for the first time revolves around 50%, being always higher among males. The proportion of HIV positive identified is also quite stable and is around 0.45%. By introducing rapid testing initially this strategy reached the level of 1.7% of HIV positive cases in 2010, gradually falling until 2016, reaching 0.4%. The campaigns implementation in all nine years included a preparatory phase pacts in areas of management meetings and incorporated strategies for distance education and subsequent on-line monitoring.

Conclusion The HTC have amplified the access to HIV tests due to the expansion of spontaneous demand for testing services in primary care, especially in medium and small towns. Besides, campaigns arrangements are improving greater integration of primary care and STD/AIDS health programs, contributing for reducing the stigma related to AIDS and HIV testing in the population. Other complementary HIV testing strategies focused on vulnerable populations, conducted by health professionals, are easier to implement when already implemented in services routines.