

analysed by SPSS, version 22.0 and the Mann-Whitney or Kruskal-Wallis tests were used to verify the significance of the variables.

Results From the 287 adolescents, 191 were males and 96 were females, distributed between the 6th and 7th grades (28% e 62% respectively). The predominant skin colour was attributed to Brown (41,5%) and the religion was the catholic with 54,4%. Regarding to marital status, 36,6% were dating, 61% were single, and 1,7% in another kind of relationship. Among the adolescents, 55,4% lived in a rented house and 44,6% lived in their own house, which 16,7% lived with more than 6 people. Regarding to the vulnerability to STI/HIV/AIDS it was observed that male adolescents present more vulnerability ($dp=3.9$) than the female adolescent ($dp=3.7$), and the students from 6th grade are more vulnerable ($dp=3.9$). Regarding to skin colour, the students Who are considered yellow ($dp=3.6$) present more vulnerability than the others, and the adolescents with no religion as well ($dp=4.6$). Regarding to marital status, the adolescents Who are more vulnerable are those Who were in another kind of relationship ($dp=4.0$).

Conclusion Aware of this, it was concluded the adolescents in poverty situation are vulnerable to STI/HIV/AIDS mainly the boys, and those with low level of education, and those Who don't keep solid relationship, interfering in the necessity of educational strategies regarding to STI/HIV/AIDS prevention.

P6.07

A TELEPHONE TRIAGE PROGRAM FOR HIV-POSITIVE CHILDREN IN RESOURCE POOR SETTINGS: TRAINING TRIAGE COORDINATORS IN CHENNAI, INDIA

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Introduction India is home to the world's third largest HIV-positive population. One sub-population- children living with HIV (CLHIV) -requires unique 'HIV triaging' to ensure patients at high risk receive treatment without delay. The International Alliance for the Prevention of AIDS (IAPA), an organisation in Chennai, India, supports 43 CLHIV by offering free monthly medical visits. Between monthly visits, all patient calls are triaged by a single staff member. The UTHAVI Project, a training curriculum and web-based telephone triage database, aims to help IAPA's CLHIV get the treatment they need between monthly visits. The UTHAVI project trains community social workers and IAPA staff in triage categorization, evaluating trainees' knowledge and preparedness pre- and post-training.

Methods In-depth Interviews with staff and physicians were conducted to assess program needs. The triage curriculum, 'The UTHAVI Project,' was adapted from the WHO's Integrated Management of Childhood Illness handbook. Using 25 CLHIV triage scenarios, pre- and post-training knowledge and preparedness were assessed in 5 IAPA staff members and 12 Bachelor's in Social Work students. Participants used a 3-tier triage system (emergent, urgent, non-urgent) to assign a triage level for each scenario.

Results Paired t-test analysis showed significant differences ($p<0.05$) in overall pre- and post-test scores. The protocol categories of Fever, Diarrhoea, General Danger Signs, and Opportunistic Infections showed the most significant differences ($p<0.05$) while the protocol category of Cough showed no significant difference ($p>0.05$). 94.1% of trainees felt equally or more prepared post-training vs. pre-training.

Conclusion Future research looks to assess the protocol's impact on control and treatment groups. Future direction of The UTHAVI Project include expanding the healthcare network to physicians of different specialties. Following the completion of the online triage database, trainings on how to use the technology will be conducted and triaging patients will be studied through the website.

P6.08

OFFERING STI TESTING IN A COMMUNITY-BASED HIV PREVENTION OUTREACH PROGRAM

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Introduction STI testing is too often separated from HIV testing services and thus persons who may be at risk for STI are not adequately screening for infection. Data suggest that current STI infection is an indicator of elevated risk for HIV infection over a short period of time (e.g. 3 months). Therefore, detecting STI is important to both STI treatment and management and HIV risk-reduction.

Methods In October 2015 we began offering STI screening at Birmingham AIDS Outreach, a CBO that, among other activities, offers HIV testing, counselling and prevention services. Molecular testing for chlamydia, gonorrhoea and trichomonas was performed using self-obtained vaginal or male urine specimens as well as self-obtained oropharyngeal and anal swabs from any clients who wished to be screened at those sites. Here we report the case rates and the utility of testing both genital and extragenital samples.

Results 663 men and 341 women were screened in 15 months and 478 specimens from a total of 1148 visits were tested. 39 STI (chlamydia, gonorrhoea or trichomonas) were detected with a positive case rate of 32/663 (4.8%) and 7/341 (2.1%) for men and women, respectively. Among those with an STI, 1 had a positive HIV or syphilis result at the same visit (not all clients were tested for HIV and syphilis). Extragenital testing detected 22 cases of STI (18 rectal and 4 oropharyngeal) thus 56% if infections would not have been detected if screening was performed using only genital specimens.

Conclusion The case rates in this population of persons utilising HIV prevention services was higher than that seen in the general population in the US and was similar to rates seen at STD clinics in the state of Alabama. The clients of this CBO are not routine users of the local STD clinic and these cases would have gone undetected if not for this program. Combining STI screening with HIV prevention is a critical to reducing the burden of both STI and HIV I at risk populations.