Background According to United Nations, ‘Philippines has become one of eight countries that account for more than 90 percent of new HIV infections in the region’. (Regencia, 2018) Nonetheless, despite interventions adopted, challenges persist that hinder the efficient implementation of HIV/AIDS program.

Methods The method employed is the Descriptive Correlational Method, a standardized questionnaire on stigma and researcher made questionnaire, to assess level of care and characteristics. Respondents were physicians, nurses, HIV/AIDS Care Team and medical technologists from three different training hospitals in Cagayan de Oro City that underwent Cluster Sampling. Results were statistically analyzed through Spearman Rho for the correlation between characteristics, Stigma and Level of Care and Mean frequency for variables among three training hospitals.

Results Majority of the respondents had an average age of 26 to 30 years old (41.2%), female (62.2%), Roman Catholic (72.5%) and College graduates (72.9%), followed by medical degree holders at 8.4%. Nurses comprised 69.3% followed by physicians at 9.2%, a majority with an average of one (1) to five (5) years in practice (51.4%). Religion, profession, workplace and years of experience were significantly correlated with Stigma and years of practice and place of work showed significant relationship with Level of Care. Stigma was inversely correlated with Level of care. Stigma among three hospitals, public and two private hospitals scored average with the highest mean coming from one private hospital at 113.42 compared to a public hospital with a mean of 107.25.

Conclusion It can be determined that there is marked stigma among healthcare workers in Northern Mindanao towards HIV/AIDS patients with a correlate effect on the care and services provided.

Disclosure No significant relationships.

P219 PROFILE OF PATIENTS WHO UNDERWENT RAPID STI TESTS AT A HEALTH UNIT IN THE BRAZILIAN CAPITAL CITY WITH THE HIGHEST HIV RATE

1Ana Amélia Bone*, 2Karla Viana, 3Erica Duarte, 4Luciana Fraga, 4Luciane Sebastíany, 3Viviane Iost, 5Luciana Teixeira. 1Health Federal University from Porto Alegre, Health Science Post Graduation Program, Porto Alegre, Brazil; 2Federal University of Rio Grande do Sul, Nursing School, Porto Alegre, Brazil; 3Health Municipal Secretary from Porto Alegre, Porto Alegre, Brazil; 4Municipal Health Secretary from Porto Alegre, Porto Alegre, Brazil; 5Federal University of Rio Grande do Sul, Collective Health Graduation, Porto Alegre, Brazil

Background From 1980 to June 2018, 926,742 cases of AIDS were identified in Brazil, with an average of 40,000 new cases in the five years. Porto Alegre, the capital of the state of Rio Grande do Sul in the south of Brazil, presented a rate of 60.8 cases/100 thousand inhabitants in 2017, more than twice the rate of the state as a whole and 3.3 times higher than the overall Brazilian rate. The guarantee of treatment for all in 2013 contributed to the drop in rates, in addition to expanding access to testing and reducing the time from diagnosis to the start of treatment. The aim here is to evaluate the profile of the patients who underwent a rapid test for HIV and other STIs offered at a primary health care unit in Porto Alegre.

Methods An observational, cross-sectional epidemiological study with six years of collection was completed in December 2018 for the study. Profile differences between patients with positive and negative results were examined for the tests they underwent. The level of significance was 5%.

Results Of the 1717 patients tested, 68.7%(n =1164) were women, 33%(n =385) pregnant, 9.4%(n =140) with more than 12 years education, 3.3% illiterate, and 4.7% street dwellers. Of the total, 7.4%(n =122) were HIV positive, 2.8%(n =39) for hepatitis C, 0.8%(n =9) for hepatitis B, 15.6%(n =267) syphilis reagents, and 1.4%(n =23) had tuberculosis. Compared with sociodemographic variables, there was a statistical difference in relation to HIV, with a higher proportion of women (p =0.003), and a lower educational level (p =0.02).

Conclusion The results showed a vulnerability to HIV infection related to socioeconomic issues and the female sex. Gestation appears as an opportune time for diagnosis since rapid test should be taken in the first trimester, the third trimester, and at the time of delivery.

Disclosure No significant relationships.