who were tested for GC/CT but not empirically treated. Either GC or CT was positive at 90 (14.7%) visits. Median age and race/ethnicity did not differ between the groups. Mean and median time to treatment for GC/CT decreased from 6 and 4 days prior to implementing GeneXpert™, to 1.7 and 0 days for those tested with the POC test (p<0.001).

Conclusion Prevalence of GC and CT was high among asymptomatic patients on PrEP. The introduction of POC testing decreases time to treatment, reducing duration of infectivity and potentially preventing ongoing transmissions.

Disclosure No significant relationships.

014.6  MAFRICA: ZENZELE, A MOBILE-PHONE ENABLED HIV TESTING AND LINKAGE TO CARE PATHWAY FOR YOUNG PEOPLE IN RURAL SOUTH AFRICA

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Background The uptake of HIV testing with linkage to care or prevention interventions such as Pre-Exposure Prophylaxis (PrEP) remains low among young men and women outside antenal settings. This contributes to the high HIV incidence and HIV-related mortality in South Africa.

Methods We conducted formative work (8/2016–12/2018) to co-develop and pilot Zenzele, a mobile-phone enabled HIV self-test to support decentralized HIV care and prevention in a HIV high burden rural area of South Africa. We conducted surveys with a representative sample of 13–35-year-olds (n=3460); provider and user interviews (n=40 and 54 respectively); and group discussion (n=9). We piloted Zenzele, a simulated online pathway with n=30 individuals aged 18–30 attending a rural clinic. The Zenzele application supported an audio-visual guide in isiZulu and English; a timer to support self-testing according to the manufacturer guidelines; photographing the test using the smartphone camera and providing an automated interpretation of the result; and post-test health promotion and linkage to care.

Results 75.6% of 13–35-year-olds owned a mobile phone. After adjustment phone ownership was associated with age (aOR:1.48;95%CI1.42–1.54); male (aOR:1.64;95%CI 1.33–2.03); and recent HIV test (aOR:1.33;1.09–1.62). Interviews suggested that the mobile-phone enables HIV-self testing was broadly acceptable to users and providers. During the pilot study, everyone completed the self-test and received a result, the majority without resorting to the online support. The one participant testing positive was successfully linked to care. Post-pilot interviews found that young people liked the privacy and convenience and valued the availability of a hotline nurse. Main challenges were waiting 20 minutes to receive the test results and variable digital literacy.

Conclusion Mobile-phone enabled HIV self-testing combined the advantages of self-testing with provision of live support for those who struggle with the test, or who test positive. It provides the prospect of safe, decentralized, de-medicalised HIV care and prevention, including PrEP.

Disclosure No significant relationships.