## P015 INTRODUCTION OF CHLAMYDIA AND GONORRHEA OPT-OUT TESTING IN A SHORT-TERM CORRECTIONAL FACILITY IN ALBERTA, CANADA

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**Background** Incarceration provides an opportunity for screening and treatment of STBBI in high-risk groups. The purpose of this study was to evaluate the uptake and outcomes of opt-out screening at time of admission.
**Methods** Between March and September 2018, all individuals ≤ 30 years admitted to a short-term correctional facility in Alberta, Canada were offered urine nucleic acid amplification test (Aptima Combo 2®, Hologic Inc., Marlborough, MA) for *Chlamydia trachomatis* (CT) and Neisseria gonorrhea (NG), upon admission. Admission line-lists recorded offering of opt-out testing and reasons for testing non-completion. Laboratory data extracts provided test results by matching collection date with unique patient identifiers. Simple descriptive statistics analysis were completed.
**Results** A total of 1,735 (1,295 males) admissions were recorded, with a median age of 23 years (IQR: 21–25). Most (92.7%; n=1,608) of individuals were offered opt-out testing; reasons for not offering testing included inability to consent (35.1%; n=39), operational limitations (28.8%; n=32), guardianship issues (10.8%; n=12), other concerns (9.0%; n=10), and missing (16.2%; n=18). Of those offered testing, 32.3% (n=520) consented. Reasons for not consenting included: no perceived risk (35.3%; n= 384), recently tested (16.6%; n=181), deferred testing (13.3%; n=145), declined (11.0; n=120), not sexually active (4.7%; n=51), other (5.9%; n=65), and missing (13.1%; n=142). The positivity rate for CT was 18.0% (n=83) and NG was (12.6%; n=58). Women were more likely to test positive for CT (26.1% vs 15.2%, P=0.008) and NG (21.8% vs 9.3%, P<0.001) than men.
**Conclusion** Opt-out testing at admission proved to be feasible, although uptake was relatively low, CT and NG positivity rates were high. With the majority of incarcerated individuals in Canada being held in short-term correctional facilities, intensification of screening strategies to an opt-out model is effective for a large number of high-risk individuals.
**Disclosure** No significant relationships.

## P016 KNOWLEDGE AND TESTING OF HIV AMONG MEN AND WOMEN IN INDIA: EXPLORING TEST AND TREAT MODEL OF HIV PREVENTION

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**Background** The government of India adopted the Test and Treat model of human immunodeficiency virus (HIV) prevention. This study has made an attempt to explore the effectiveness of the Test and Treat approaches by analyzing the knowledge and testing of HIV among male and female.
**Methods** The study has used last two rounds of National Family Health Survey data, providing community-based insights in the testing of HIV. Descriptive and multivariate techniques have been used to analyze the nationally representative sample of 69,751 men and 124,385 women in 2005–06 and 103,411 men and 121,118 women age 15–49 in 2015–16 respectively.
**Results** Women, who are educated, residing in urban areas, and from better economically households are more prone to have knowledge of place of HIV testing and also have ever undergone HIV testing than their men counterparts. It is a welcome change given the existing HIV scenario, with a continuously narrowing gender gap in new HIV infections. Women and men having positive attitude towards stigma and discrimination to people living with HIV (PLHIV) are in better agreement to ever being tested. Further, women and men having knowledge about antiretroviral therapy (ART) are 1.6 times (p<0.001) and 1.8 times (p<0.001) more likely to have ever been tested for HIV. The 'test and treat' model of HIV in India portrays a women-centric effort to ensure HIV testing as part of their ANC, resulting in a substantial increase in ever being tested.
**Conclusion** This study concluded that HIV testing and treatment has improved considerably over the last decade among women and men. Despite an enhancement in coverage of HIV testing, the existing disparities in HIV testing and treatment require policy instruments with an integrated approach. Government should work in close collaboration with communities/key stakeholders, and efficiently use their resources to provide evidence-based HIV prevention and treatment interventions.
**Disclosure** No significant relationships.

## P017 EFFECT OF TIME CHANGE ON ADOLESCENT AND YOUNG PEOPLE ACCESSIBILITY TO AYFHC IN AKURE, ONDO STATE NIGERIA

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**Background** Government in Ondo state have made significant effort in establishing youth friendly health care centres to increase young people's access to health and social services. By it became very frustrating to see very few young people patronizing such centres due 8am-4pm working hours. Change in time to 4pm-8pm showed a significant difference in young people access to AYFHC services.
**Methods** Using Participatory Learning in action and community engagement We discovered young people 10–35 years in Akure either attend school from 8am-4pm or go to centres where they skills from 8am-6pm. With this kind of schedule, it became very difficult for young people to leave school or their skill centres for AYFHC services. In 2017, there was an extension in service time to 8pm, there was a massive increase of young people accessing social and health services at this centre's from 4pm-8pm from 2persons per day to 12persons per day.
**Results** It was observed that the additional 10 persons came between 4pm to 8pm. Most of the young people preferred the evening hours because it was very convenient and it allows them do their daily activities. Also it reduced stigmatization because absence at school or work leads to questions been raised.
**Conclusion** Provision of AYFHC isn't enough, passionate Friendly health workers should be employed and Service time