

IHBSS/IBBS and STI/HIV vulnerability (especially for trans men), wherein trans people are part of the research team, to provide disaggregated data for trans women/men. A study on the possible drug interaction of anti-retroviral therapy and hormone replacement therapy, and a baseline study on the state of mental health among trans people through participatory action research should be done. Lastly, there should more trans-driven and trans-focused researches, and research grant opportunities.

**Conclusion** Addressing trans issues should be multi-faceted approach with focus on trans health research/surveillance. Therefore, this regional advocacy agenda can be used by trans groups, program implementers, researchers, and key stakeholders in developing prioritised trans-specific advocacies on research/surveillance.

**P6.03 A REGIONAL ADVOCACY AGENDA ON TRANSGENDER HEALTH RESEARCH AND SURVEILLANCE AMONG TRANSGENDER PEOPLE IN THE ISEAN REGION**

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10.1136/sextrans-2017-053264.655

**Introduction** The ISEAN-Hivos Program (IHP) is a regional Global Fund AIDS grant focused on community systems strengthening (CSS) among males having sex with males (MSM) and transgender (TG) organisations in Indonesia, Malaysia, Philippines and Timor Leste. One of the strategies of the program is to disaggregate transgender people from MSM, and be recognised as a unique key affected population.

**Methods** Given the lack of evidence-based data to guide development partners, government agencies and donors to develop trans-specific health interventions, IHP through the ISEAN Secretariat conducted the TransISEAN: Regional Community Workshop on Health, SOGIE and Rights among Transgender People in the ISEAN Region last August 14–16, 2015 in Kuala Lumpur, Malaysia. The objective of the regional consultation is to develop a regional advocacy agenda for trans people that is prioritised on the key areas of trans health and services, and trans research and surveillance.

**Results** The prioritised advocacy agenda on trans health and services are the following: Sensitisation of healthcare workers and facilities for trans people to ensure confidentiality and recognition of their identities. Development of trans-health and SOGIE IEC materials and strengthening the peer education program for trans youth. Development of a blueprint for the establishment of a Transgender Wellness Centre and trans-PLHIV support system; and developing a Service Delivery Network for other trans services including psychosocial, gender reaffirming procedures, legal concerns, etc. There should be continuous capacity building of trans groups for trans-led health service delivery. Lastly, SOGIE should be mainstreamed, localised and integrated in the health education and curriculum.

**Conclusion** Addressing trans issues should be multi-faceted approach with focus on transgender health, including sexual health services. Therefore, this regional advocacy agenda can be used by trans groups, program implementers, researchers, and key stakeholders in developing prioritised trans-specific health advocacies.

**P6.04 ABSTRACT WITHDRAWN**

**P6.05 A SEXUAL REVOLUTION IN PARADISE ? INDIGENOUS YOUTH AND THE DIGITAL AGE!**

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10.1136/sextrans-2017-053264.656

**Introduction** Sexual health organisations are embracing social media on an unprecedented scale to engage communities in a more interactive style and with the aim of improving outcomes. However, such technology is still in its early stages and evidence of its efficiency is limited. Especially for young people and underserved communities such as indigenous peoples. The study is an overview of the peer-reviewed evidence on social media to inform consumers in sexual health with a particular focus on the Pacific youth context. Research questions: (1) What is the evidence of benefit for social media campaigns used in sexual health promotion? and (2) What social media campaigns have been used in Indigenous-focused sexual health promotion in the Pacific and what is the evidence of their effectiveness and benefit?

**Methods** We conducted a scoping study of peer-reviewed evidence. We examined the available literature, conducted researcher surveys, and debriefs, case studies and interviews. This was further accompanied by a consultation of stakeholders. Data collection was still underway in 2016.

**Results** The review identified 17 intervention studies and seven systematic reviews that met criteria, which showed limited evidence of benefit. We found five projects with significant social media coverage targeting the Indigenous Pacific population for sexual health promotion purposes meeting criteria. No evidence of benefit was found for these projects.

**Conclusion** Although social media technologies have the unique capacity to reach young people, indigenous communities, and other underserved populations, evidence of their capacity to do so is limited. Current initiatives are neither evidence-based nor widely adopted. Sexual health organisations should tailor platforms specifically to indigenous youth to ensure cultural competencies are met and encouraged.

**P6.06 VULNERABILITY TO STI/HIV/AIDS IN ADOLESCENTS IN POVERTY SITUATION**

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10.1136/sextrans-2017-053264.657

**Introduction** This survey has as objective to identify if the adolescents in poverty situation are vulnerable to STI/HIV/AIDS.

**Methods** The survey was descriptive, exploratory, with a quantitative approach, carried out with 287 adolescents in a public school situated in a region of low human development rate in Fortaleza-CE, Brazil. The data collection was done through two questionnaires, one sociodemographic and one about the adolescents' vulnerability. It was attributes punctuations from 0 to 2 points, which, in the end, can present points from 0 (low vulnerability) and 21 (high vulnerability). The data were

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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10.1136/sextrans-2017-053264.658

**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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10.1136/sextrans-2017-053264.659

**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.