

Research team members reached consensus on coding, content and thematic analysis and key results.

**Results** Preliminary analysis yielded four themes including a) limited reproductive health vocabulary in some ethnic dialects from Burma b) use of euphemisms to increase cultural acceptance of reproductive health terms c) low levels of health literacy and frequent improvising with similes and metaphors for simplification d) deviation of interpreters from conduit roles to practitioner aids for smooth communication. For instance, the word for intercourse in Chin language is “hupa sual nak” with the literal meaning of “man and woman commit sin”. Discussion of sexual intercourse thus requires skillful interpretation.

**Conclusion** A close look at sexual constructs in an unfamiliar language highlights the imaginative resources used by interpreters to assist HCP in understanding patients’ inner world. A real challenge is for the HCP to recognise the meaning when the words used mean something similar to both patient and interpreter but the verbatim translation loses accuracy. Awareness of nuances of sexual health vocabulary will create smooth sexual health dialogue, and generate greater rapport with the patient.

### 003.3 SEX INDUSTRY REGULATION, SEX WORKER HEALTH AND STI/HIV PREVENTION

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**Introduction** The ability of sex workers to access healthcare and STI/HIV prevention education and tools is directly impacted by policy and law. Australia provides a unique case study of the direct effects of criminalisation, licensing, and decriminalisation on access to healthcare and rates of STI/HIV transmission as each state and territory has differing models of regulation operating side by side. New South Wales decriminalised sex work in 1995 in response to government findings of systemic police corruption; criminal laws repealed and police no longer regulators, sex work is regulated through standard occupational, planning and industrial mechanisms.

**Methods** Scarlet Alliance, the peak national sex work organisation, collects data directly from sex workers via forums, working groups and surveys. We conducted an in-depth, five stage consultation with sex workers from a range of genders, experiences and backgrounds. We reviewed health research and government reports to examine policy successes and areas in need of reform.

**Results** Under decriminalisation NSW sex workers have better access to healthcare and STI/HIV education and prevention tools including free, confidential and anonymous sexual health services as well as peer-led services. Higher rates of safer sex, lower rates of STIs and improved Workplace Health and Safety were also evident, while in other jurisdictions sex workers continue to face barriers to treatment and other health services and often work outside legal frameworks.

**Conclusion** Decriminalisation is the optimal regulatory model and is supported by the UNFPA, UNDP, UNAIDS, WHO and Amnesty International as critical to HIV prevention and for human rights. Despite 22 years of evidence of its success, barriers remain to the uptake of this model in Australia and globally including political pressure to criminalise clients, hostile funding environments, the booming “rescue industry and

institutional discrimination. The Australian case study supplies valuable evidence for governments, researchers, the health sector and the global sex work community.

### 003.4 THE ROLE OF SOCIAL SCIENCE AND PUBLIC PATIENT INVOLVEMENT IN THE DEVELOPMENT OF NOVEL RAPID DIAGNOSTIC TESTS FOR STIS AND ANTIMICROBIAL RESISTANCE DETECTION

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**Introduction** Patient and Public Involvement (PPI) is increasingly seen as necessary for conduct of high-impact ethical research, but when focused on short-term treatable sexually transmitted infections (STIs) it can be challenging to gain participants. The Precise Study is a collaboration to develop and evaluate point of care tests (POCTs) for short-term STI infection and Antimicrobial Resistance (AMR) detection. We explored patient opinions concurrent to POCT development, through qualitative interviews and PPI activities.

**Methods** Qualitative 1-on-1 interviews were conducted with a purposive sample of patients in three sexual health clinics (SHCs) in England. PPI activities included development of a patient and public advisory group (PAG). Interview topics were presented for discussion at one PAG meeting. Members were unaware of qualitative interview results until after they gave their opinions. Findings from qualitative interviews were compared with PAG meeting notes to better understand results of the two approaches.

**Results** 31 patient interviews were conducted in SHCs: 11 women, 12 heterosexual men and 8 men who have sex with men. Most patients felt POCTs were preferable to standard care, and many suggested ways to implement the tests in new clinical pathways. Our PAG had 4 members of the public: 3 women and 1 man, all with previous experience in healthcare settings. PAG member opinions of the POCTs and importance of the AMR test mirrored key themes found in patient interviews, however, PAG members focused on the potential for advocacy that POCTs provide, and suggested publicising rapid turnaround of results to encourage testing in high-risk groups with low clinic attendance.

**Conclusion** We have demonstrated that PPI is possible for stigmatised, treatable short-term STIs, provides new insights into care and utility and allows for continued dialogue on implementing solutions to meet patient concerns. We suggest that where possible, qualitative research is used to iterate the diversity of patient opinions, and is complemented by PPI to build patient-centred solutions.

### 003.5 ISEAN-HIVOS PHILIPPINES: STRENGTHENING CAPACITIES OF COMMUNITY-BASED ORGANISATIONS (CBO) THROUGH ORGANISATIONAL DEVELOPMENT (OD) FOR SUSTAINABILITY OF COMMUNITY-LED HIV AND RIGHTS-BASED INTERVENTIONS

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**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. The program in the Philippines since 2011 has provided OD-focused capacity building trainings to MSM/TG CBOs. This includes program/financial management, monitoring and evaluation, among others.

**Methods** The capacity building series has contributed to strengthening the CBOs organisational systems/procedures. This is evident for more than 25 CBOs whose proposals on innovative HIV, SOGIE and rights-based interventions were granted by IHP through small grants amounting to PhP 2 50 000. Interventions varied from conducting HIV/SOGIE-related awareness campaigns; using theatre as medium for LGBT awareness; establishing a male wellness centre, mobile testing van and BCC-awareness mobile, that contributed to community-led peer education and HIV counselling and testing (HCT) services.

**Results** Two of the most noteworthy beneficiaries are LoveYourself and Cebuplus. LoveYourself's proposal for HIV awareness IEC video ('Fly Love Yourself') and BCC-awareness mobile ('LoveCar') has contributed in promoting testing services in their community clinics. For Cebuplus, their mobile testing vans and male wellness centre has increased the number of MSM/TG clients reached by their HIV prevention services including HCT. Both have contributed to more than 50% of the total number of people undergoing HCT in Manila and Cebu, respectively. This has also translated into sustainable partnerships with their local government units and private foundations.

**Conclusion** This OD-approach model on capacity building for CBOs should continuously be monitored, evaluated, and foster linkage with local government partners and/or private institutions. This CSS intervention has a long-term perspective because it is geared towards the sustainable development of CBOs to continuously advocate and implement community-led HIV, SOGIE and rights-based intervention.

### 003.6 SYPHILIS TESTING PRACTICES IN THE AMERICAS: RESULTS OF A REGIONAL SURVEY OF LABORATORIES

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**Introduction** Quality of syphilis testing is a critical component of effective STI control programs, including elimination of mother-to-child transmission of HIV and syphilis. To understand syphilis testing policies and practices in the Region of the Americas, the Pan American Health Organisation (PAHO) surveyed directors of national/regional reference and lower-level laboratories in its 35 member states.

**Methods** In 2014, PAHO identified directors of national/regional reference laboratories and a convenience sample of lower-level laboratories providing clinical diagnostic testing. An electronically-administered survey was used to collect data on tests and algorithms used, quality assurance/quality control (QA/QC) systems, and challenges faced.

**Results** The 69 participating laboratories, representing 30 (86%) PAHO member states, were from Central America

(n=22, 32%), the Caribbean (n=15, 22%), the Andean (n=16, 23%) and Southern Cone nations (n=14, 20%), and North America (n=2, 3%). Of the 69 laboratories, 41 (59%) were national or regional reference facilities and 28 (41%) were lower-level facilities (25 public and 3 private). Overall 49 (71%) laboratories (80% reference, 57% other) reported using a nationally recommended algorithm for syphilis testing, primarily a non-treponemal screening test and treponemal confirmatory test (n=35, 71%). Ten laboratories (7 reference, 3 other) used an algorithm that did not employ confirmatory testing. Twenty-eight (41%) laboratories reported using rapid tests (49% reference, 29% other). Thirty-three (48%) could provide results to clinics within 24 hours. Some type of QA/QC program was reported by 60 (87%) laboratories (88% reference, 86% other). Of the 69 laboratories, 83% used daily controls, 64% routinely maintained equipment, 70% participated in an external QA program, and 65% used standard operating procedures. Frequently reported challenges were limited opportunities for staff training (73%), insufficient equipment (24%) and stock outs of reagents and other supplies (55%).

**Conclusion** Many reference and clinical laboratories in the region still face challenges in ensuring quality syphilis testing. Many lack adequately trained staff, and some lack sufficient supplies for routine syphilis testing. Several have not yet adopted basic QA/QC practices needed to ensure quality testing. Less than half of the laboratories have adopted rapid testing strategies.

## Oral Presentation Session 4 Women's Health and Prevention

### 004.1 SPECIFIC VAGINAL BACTERIA ARE ASSOCIATED WITH INCIDENT *TRICHOMONAS VAGINALIS* INFECTION IN WOMEN

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**Introduction** We tested the hypothesis that vaginal microbiota influence women's susceptibility to *T. vaginalis* (TV) acquisition.

**Methods** We conducted a nested case-control study of 25 episodes of TV infection using vaginal samples collected 30–60 days prior to infection in 18 HIV-negative women and 50 incidence-density matched controls. Broad-range 16S rRNA gene PCR was used to measure total vaginal bacterial load. Deep sequencing was applied to 18 first episodes of TV infection and 36 matched controls to measure bacterial diversity (Shannon index) and species richness (Chao-1 index). Bacterium-specific quantitative PCR was performed for *Lactobacillus crispatus*, *Prevotella amnii*, *Sneathia sanguinegens*, *Dialister* species Type 2, Bacterial Vaginosis Associated Bacterium 1 (BVAB-1), and *Mageeibacillus indolicus* for all TV infection cases and controls. The associations between Shannon and Chao-1 indices and TV acquisition were evaluated using logistic regression. Generalised estimating equations with logit link