Introduction In 2008 the RCPCH in collaboration with RCP (London) and Faculty of Forensic and Legal Medicine produced the only evidence based review on Physical Signs of Child Sexual Abuse (CSA). The evidence has been used in child protection cases including family and criminal proceedings in the UK and advised practitioners internationally. A further review of evidence with additional representation from American Academy of Paediatrics was undertaken to determine if changes to evidence statements are required.

Methods The 2008 search strategy identified all published primary research literature reporting STIs in relation to child sexual abuse or in children selected for non-abuse. For the 2015 publication, the search strategies were re-run on MEDLINE and EMBASE databases (Jan 2007–Mar 2014). Studies were selected according to certainty and quality of STI and CSA diagnosis.

Results Two additional studies were identified. One for HPV strengthened the evidence base for external genital warts (EGW) as a marker of CSA, reporting 50% of children sexually abused. The evidence base for genital warts (GW), condyloma acuminata and mollusca contagiosa is now strengthened.

Conclusion In 2008 the Kirby Institute in collaboration with RCP (London) and Faculty of Forensic and Legal Medicine produced the only evidence based review on Physical Signs of Child Sexual Abuse (CSA). The evidence has been used in child protection cases including family and criminal proceedings in the UK and advised practitioners internationally. A further review of evidence with additional representation from American Academy of Paediatrics was undertaken to determine if changes to evidence statements are required.

Disclosure of interest statement Nothing to declare.
Our aim was to assess whether routine screening for TV in females is indicated in an urban Australian setting.

**Methods** Females attending a sexual health clinic from July 2013–February 2014 who were tested for *Chlamydia trachomatis* (CT) and *Neisseria gonorrhoeae* (NG) were eligible to have a TV test on the same specimen. Testing was performed by transcription- mediated amplification on female genital specimens using the Aptima *Trichomonas vaginalis* assay (Hologic Inc., United States). Characteristics of the study population were examined.

**Results** During the study period, 393 women were tested for CT/NG on 471 occasions. TV tests were performed 347 (73.7%) of CT/NG specimens. There were no significant differences between women who had (n = 294), and did not have (n = 99), a TV test during the study period, except that women who had recent overseas sexual contact were less likely to be tested. Of the 347 tests, two TV infections were diagnosed, a positivity rate of 0.6% (95% CI 0.07–2.1%). Both cases were Australian-born with a history of injecting drug use in the past 12 months. Neither were sex workers and one identified as Aboriginal. One presented with post-coital bleeding, and TV was identified on wet film. The other reported pelvic symptoms, but was tested on outreach and no wet film microscopy was performed. Neither had concurrent CT/NG infections detected.

**Conclusion** We found a low positivity rate of TV among female attendees. Both TV infections were in women who had symptoms suggestive of a sexually transmitted infection. Our findings are in accord with those from previous urban Australian studies and do not support routine TV screening for asymptomatic women in metropolitan Sydney.

**Disclosure of interest statement** Aptima *Trichomonas vaginalis* assay testing kits were provided free by Hologic (Australia) Pty Ltd.

---

**P12.07 DELIVERING INCREASED SERVICE PROVISION: IPPF EXPERIENCE OF PROVIDING TARGETED TECHNICAL SUPPORT WITHIN EXISTING SRH SERVICE DELIVERY POINTS FOR STRENGTHENED STI-SPECIFIC SERVICE PROVISION**

D McCartney*, D Andjelic, A Singh. International Planned Parenthood Federation, London, UK; IPPF Western Hemisphere Region, New York, USA; IPPF South Asia Region, Delhi, India

10.1136/sextrans-2015-052270.487

**Introduction** In 2013, the International Planned Parenthood Federation (IPPF) set out a strategy for increasing service provision across the IPPF Member Associations (MAs). A key service area identified for rapid scale-up was sexually transmitted infections (STIs). As a global service provider of sexual and reproductive health (SRH), the prevention and management of STIs has long been an integral part of IPPF’s mission. However, the provision of services for STIs, other than HIV, has been a lower priority among many IPPF MAs in recent years.

**Methods** To support the strengthening of STI-specific services, small seed grants were provided to eight MAs covering all six of IPPF’s geographical regions to conduct a rapid assessment of existing service delivery points. This action-oriented process enabled MAs to set their own goals and directions, and to prioritise interventions to address STIs through existing service delivery points. Specific assessments determined the current service capacity and identified technical assistance needs for increasing STI-specific service delivery.