provided fully accurate and comprehensive information on chlamydia.
Conclusion The marked variation in content, quality and accuracy of available smartphone apps combined with the relatively high proportion that contain harmful information, significantly risks undermining the potential health benefits of an e-health approach to sexual health promotion and information.
Disclosure of interest statement Nothing to declare.

P12.04 THE EVIDENCE FOR SEXUALLY TRANSMITTED INFECTIONS AS A MARKER FOR CHILD SEXUAL ABUSE: THE PHYSICAL SIGNS OF CHILD SEXUAL ABUSE 2ND EDITION 2015

Karen Rogstad*, Amanda Thomas, Neil McIntosh, Cindy Christian, on behalf of The Project Board, STI Working Group of The Royal College of Paediatrics, Child Health, The Royal College of Physicians of London, it's Faculty of Forensic, Legal Medicine. The Physical signs of child sexual abuse an updated evidence-based review, guidance for best practice (2015). *Sheffield Teaching Hospitals Foundation Trust and University of Sheffield Medical School, Leeds Community Healthcare NHS Trust, University of Edinburgh, The Children's Hospital of Philadelphia (USA), The Perelman School of Medicine, University of Pennsylvania (USA)*

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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–March 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 is "a significant proportion (31–58%) have been abused and a revised recommendation to refer children <13 yrs for child protection assessment.

One study was for Neisseria gonorrheae also supported the previous evidence statement (sexual abuse reported in 36–83%). The evidence has not changed significantly; GC, CT, and TV are most likely sexually transmitted and for children with HPV a significant number are sexually transmitted. Referral to child protection services is advised for all under 13 yr olds with GC, CT, TV, EGW; and for syphilis, HIV/Hepatitis B/C/Herpes genitalis sexual abuse should always be considered if other modalities have been excluded; infection in the mother does not exclude CSA.
Conclusion Children under 13 yrs presenting with an STIs should have CSA considered and be referred for a child protection assessment unless (rarely) evidence to the contrary.
Conflict of interest KER has received sponsorship, speakers and consultancy fees from Pharma related to HIV therapy and HPV vaccines.

P12.05 OUTREACH CHLAMYDIA TESTING: UPSKILLING A MULTIDISCIPLINARY WORKFORCE

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Introduction Chlamydia is the most common notifiable sexually transmitted infection (STI) in Australia, mostly affecting people aged 29 years and under. Offering testing in an outreach setting is an effective strategy for engaging young people and reducing the number of undiagnosed infections. Our service developed a model for Aboriginal Health Education Officers (HEOs) and Health Promotion Officers (HPOs) to offer urine chlamydia and gonorrhoea testing at community events. To enhance knowledge, confidence and skills, the Clinical Nurse Consultant and other specialist clinicians developed a comprehensive training package. The package includes an operations manual, lesson plan, presentation, role play scenarios, checklists, knowledge quiz and competency assessment. Topics include confidentiality, assessing risk and specimen collection procedures. Ongoing support from the clinical service is provided.
Methods Participants completed a pre and post training survey to measure knowledge and confidence in undertaking urine chlamydia and gonorrhoea testing in an outreach setting. The survey asked for responses to six statements on a scale of 1 (not at all) to 5 (completely). The average scores for each statement pre and post were calculated.
Results A total of nine staff completed the training between August 2014 and January 2015. The staff were from varying disciplines including Aboriginal HEO, HPOs, social work and student nursing. Eight pre and post surveys were completed. For all statements there was an increase in the average score in the post survey compared with the pre survey. The greatest differences were in the statements relating to assessing risk of harm in a young person and use of standard precautions.
Conclusion Participation in the comprehensive training demonstrated an increase in knowledge, confidence and skills of non-clinical health workers to undertake urine chlamydia and gonorrhoea testing in an outreach setting. The training is appropriate for staff from a variety of disciplines including Aboriginal HEOs, HPOs and social workers.
Disclosure of interest statement No disclosures of interest.

P12.06 GENITAL *TRICHOMONAS VAGINALIS* IS RARE AMONG FEMALE ATTENDEES AT A SYDNEY METROPOLITAN SEXUAL HEALTH CLINIC

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Introduction *Trichomonas vaginalis* (TV) is the most common non-viral sexually transmitted infection worldwide. Among Australian women, a wide variation in prevalence (0.38%–8.4%) using nucleic acid amplification tests (NAAT) has been reported.

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

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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.

Results The assessments of existing service delivery points gathered information on key issues affecting access, utilisation, and quality of care services for STIs, and identified staff training needs. Overall analysis led to the identification of specific deficiencies affecting service delivery and need for improving programme-level interventions including training and updating guidelines for STIs. Some key opportunities included the scaling-up of both syndromic management and etiological diagnosis in all service delivery points, strengthened integration with other SRH-related services, rollout of rapid diagnostic syphilis testing, and prioritising interventions for young people including vaccination, prevention and screening.

Conclusion With commitment and support, targeted technical assistance with limited resources enabled the development of strategic recommendations for scaling-up effective STI-specific services. A number of existing simple, effective, and cost-effective services were identified for implementation towards increasing quality STI services at existing service delivery points providing SRH services.

Disclosure of interest statement Nothing to declare.

P12.08 STI MANAGEMENT IS HIV PREVENTION: IMPROVING ACCESS TO A COMPREHENSIVE PACKAGE OF STIGMA-FREE SRH AND HIV SERVICES FOR KEY POPULATIONS BY IMPLEMENTING THE LATEST WHO GUIDELINES

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Introduction "Shadows and Light" is a three-year project implemented by four IPPF Member Associations and funded by the German BACKUP Initiative. The project developed service capacity that addressed the linked sexual and reproductive health (SRH) and HIV needs of four key populations: transgender people (India); sex workers (Uganda); people who use drugs (Kenya); and men who have sex with men (Cameroon). Often at increased risk of STIs, screening, diagnosis and treatment of STIs are crucial parts of a comprehensive response to HIV.

Methods The initial activities focused on preparing clinic sites, including training of service providers to provide stigma-free services. This involved consultations with key population networks and peer educators to inform development of a full continuum of HIV services, including other STIs, as part of SRH services. Recommended interventions were guided by available WHO guidelines for key populations, and included an assessment of implementation in line with current recommendations.

Results The project contributed to the development of stigma-free SRH services that offered safe access for key populations in each clinic site. The assessment of available STI services found that while syndromic management for all key populations was available, there was limited availability of targeted screening for asymptomatic STIs. While serological testing for syphilis infection was available in some sites, none were screening for gonorrhoeal or chlamydial infections. No periodic presumptive treatment for asymptomatic STIs was undertaken.

Conclusion The inclusion of SRH-related recommendations in the WHO consolidated HIV guidelines for key populations were a critical advancement. By creating a strong link that STI management is HIV prevention enables a greater possibility of addressing within programmes funded by the Global Fund to