

Prevalence Of Hiv/Hsv-2 Co-Infection Was Higher In Female Adults Than Female Adolescents (17.1 [95% Ci:13.6–21.0] Versus 3.4 [95% Ci:1.1–7.8]).

**Conclusion** High Incidence Rate Among Persons With Indeterminate Results Underscores The Public Health Concerns For Hsv-2 Spread And Underreporting Of The Hsv-2 Burden. Careful Consideration Is Needed When Interpreting Hsv-2 Serology Results In These Settings.

### LB5.37 CANCER AND OPPORTUNISTIC INFECTIONS AMONG THE PEOPLE LIVING WITH AIDS ON ART IN EASTERN NEPAL

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**Introduction** Opportunistic infections (OIs) are more frequent and severe because of immune-suppression in HIV-infected persons, and are the major clinical manifestation of HIV patients. Cancer is a significant cause of mortality and morbidity in people infected with HIV; in fact 30% to 40% will develop a malignancy during their lifetime. The objective of this study was to find out the prevalence of Opportunistic Infections (OI) and Cancer among the PLWA on ART in eastern of Nepal.

**Methods** Descriptive cross-sectional research design was used to carry out the study. The PLWA receiving ART residing in eastern Nepal constitute the population of the study. Using convenient sampling technique 75 subjects were selected for study during the period of 15<sup>th</sup> June 2014 to 30<sup>th</sup> July 2014 of six weeks.

**Results** Majority of the PLWA (52.65%) were of age group of 35–45 years, Male (62.7%) and Hindu (81.3%). Among the PLWA about 13% were illiterate; 18.7% were farmer, 13.3% house wife, 10.7% were driver and 9.7% were labour. Most of the respondents (60%) were from Sunsari District and 61.3% belongs to rural areas. The common OIs found were Pulmonary Tuberculosis (33.3%), extra Pulmonary TB (14.7%), Oral Thrush (30.7%), fungal infection (22.7%), Herpes Zoster (14.7%) and Hepatitis-C (18.7%); whereas regarding Cancer it was found that 22.7% had Lymphandopathy, 18.7% had Skin Cancer and 2.7% had Kaposi-Sarcoma.

**Conclusion** It can conclude that the Opportunistic Infections among PLWA were Tuberculosis, Oral Thrush, Fungal infection, Hepatitis-C, and Herpes Zoster; whereas, cancer of Lymphnode, skin cancer and Kaposi-Sarcoma was found among the PLWA receiving ART in eastern Nepal.

## Policy, Advocacy, and Community Engagement in STI/HIV Research

### P6.01 KNOWLEDGE AND ATTITUDE TOWARDS HIV VACCINE TRIAL CONCEPTS AMONG YOUTH OF MANGALORE CITY

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**Introduction** AIDS vaccine is seen as the ultimate prevention tool that will complement the existing prevention strategies in

place. Patients participate in HIV vaccine trials with hope that developing a safe and effective AIDS vaccine is possible. To begin to understand adolescent attitudes to these complex issues, and inform our future work with adolescents in HIV vaccine trials, we undertook a formative study examining attitudes towards such trials, potential motivating factors and hypothetical willingness to participate, among youth.

**Methods** A self-administered, facilitated questionnaire was administered to 277 students in pre university colleges, Mangalore, India from August 2012 to February 2013. The questionnaire explored general HIV knowledge, perception of adolescent risk, knowledge of vaccine concepts, willingness to participate in future vaccine trials, perceived personal and social harms and benefits associated with participation as well as barriers and facilitators to participating in future HIV vaccine trials.

**Results** 277 college-going youth provided consent to participate, and if under 18, we also obtained written consent from a parent. Of the 241 participants who responded to the question on HIV testing, 10% indicated that they have tested for HIV. Of the majority (57%) of participants believed that parents should give permission for their child's HIV test while most of the participants (84%) believed that parents should know the HIV status of their child.

**Conclusion** The youth report high degrees of willingness to participate in HIV vaccine trials. This may be related to the high levels of adolescent HIV risk perception. The spectre of HIV infection looms regardless of age group, and adolescents are no exception. Indeed, public health practice would seem to say that effective vaccination of this subgroup above all would result in the greatest reduction in new infections.

### P6.02 A REGIONAL ADVOCACY AGENDA ON TRANSGENDER HEALTH AND SEXUAL HEALTH AMONG TRANSGENDER PEOPLE IN THE ISEAN REGION

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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. 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 transgender-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/surveillance.

**Results** The agreed upon advocacy agenda on trans health research/surveillance prioritised the following: A mapping of current organisations and available services including CSOs, health care service providers, trans communities, etc. Continuously push the health ministries to conduct transgender-specific

IBHSS/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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**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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**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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**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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**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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**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.

**P6.09 IDENTIFYING THE BARRIERS SEX WORKERS EXPERIENCE TO PARTICIPATE IN POLICY MAKING DECISIONS IN JOHANNESBURG, SOUTH AFRICA**

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**Introduction** The basis of a democratic government is consultation and participation by its citizenry in public policy making. Marginalised populations don't have the power and authority due to a lack of agency and a variety of factors. These factors in combination with socio-economic challenges cripple their rights to healthcare policies that is realistic with their needs.

Are sex workers able to participate in policy making in South Africa? And what hinders their participation in the policy making decisions. By having a better understanding of the barriers to participation in the policy making process, we are more readily able to address these barriers for an inclusive consultation of sex workers in future policy work.

**Methods** This is a qualitative study conducted in South Africa using grounded theory. Data from informants who currently are or have been involved in policy making are collected as well as focus group discussions with sex workers. Informants were asked a series of questions relating to legislation that governs participation in policy making, participation and consultation platforms available to sex workers, social exclusion and stigma experienced by sex workers, the impact of knowledge and education on the ability to participate, agency (political, human and social), the impact of organisation/mobilisation on participation, identifying their perceived barriers to participation and how to strengthen participation of sex workers in public policy making institutions.

**Results and conclusion** The barriers identified by both sex workers and key informants to participation of sex workers in policy making includes:

- Stigma of sex workers;
- Time away from income earning activities
- Criminalization of sex work
- The political interests of development aid providers
- The internal locus of control of sex workers
- Lack of political support

**P6.10 INTERVENIENT FACTORS IN THE NOURISHMENT OF CHILDREN VERTICALLY EXPOSED TO HIV**

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The vertical transmission control after birth is passed to the child's caregiver, having them ties of consanguinity or not, once the child does not promote self-care itself. When supported and guided by health professionals, it is the caregiver who has the power to ensure the prevention and improvement of the child's quality of life. However, when these guidelines are insufficient or inadequate, the children receive nourishment that do not supply their nutritional needs, the deficiency of adequate information about the nourishment of children vertically exposed to HIV, its common. The guidelines effectiveness is directly related

to the psychosocial, cultural and biological specificities of each family, and to comprehend them, it is necessary that health professionals have an approach of the reality experienced by them, through the settlement of a relationship of bond and respect. It is known that there is a variability of factors that influence in a positive or negative way on the food choices offered to children exposed to HIV. This study has as a purpose to evaluate the available evidences in scientific articles about the intervenient factors in the nourishment of children vertically exposed to HIV. It's an integrative revision of the literature, performed on the LILACS, PubMed and Scopus data bases, in January 2016. 29 primary studies evidenced the factors that interfere in the nourishment of these children: on the individual surface, the maternal feelings and desires, beliefs and practical difficulties. On the social surface, the socioeconomic conditions, social support and prejudice. On the political surface, the services' structure and organisation, input supplies, guidance and the professionals' empathy and ethics. The factors that interfere in the nourishment of vertically exposed children may be independent or associated to each other. For the risks of inadequate nutrition and associated diseases to be reduced, action is needed to identify and minimise these factors, guaranteeing the promotion of health and reduction of infant morbimortality.

**P6.11 STEMMING THE TIDE OF RISING SYPHILIS IN THE UNITED STATES (U.S.)**

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**Introduction** In the U.S., rates of primary and secondary (P and S) syphilis increased by 19% from 2014–2015. While rates have increased among both men and women, men account for more than 90% of all P and S cases; the majority (83%) among men who have sex with men (MSM). Likewise, increases in congenital syphilis (CS) have paralleled the national increase in P and S syphilis among women.

**Methods** On January 23–26, 2016, CDC held a consultation with 140 experts in the field of syphilis to discuss current issues, trends, and priority actions in response to increasing syphilis rates. Consultants included experts from academia, local and state health departments, and other federal agencies. The summit included five focus areas; 2 sessions concentrated on congenital and MSM syphilis. Strategies for a syphilis action plan were discussed. Meeting notes were taken during the summit, then independently reviewed, reconciled, and summarised.

**Results** Several cross-cutting themes emerged: clearer recommendations for better clinical management of syphilis; better diagnostics for detection of active *Treponema pallidum* infection with need for new testing technologies and strain surveillance; and the need to address CS and MSM (and transgender) data gaps through better coordination between epidemiology, surveillance, lab, and program. Specific to CS, strategies need to address penicillin G manufacturing and supply line shortages; healthcare providers need to test all pregnant women for syphilis at the prenatal visit, the beginning of the third trimester and at delivery, promptly treat and quickly report cases to health departments where all CS cases should be reviewed for missed opportunities in the CS prevention cascade to inform interventions. Strategies relevant to MSM