

socio-political issue among empowered Filipino TG women. Recognizing similar sexual behaviour risks among MSM and TG women, the latter associated with body modifications concept (i.e. hormone replacement, collagen injections/implants) have a heightened risk due to unsafe and improper injecting practises. Thus, the ISEAN-Hivos Program (IHP) (a Global Fund Multi-country Grant) in the Philippines, through consultations with the TG community, aims to develop an operational TG definition that would hopefully be feasible in a national surveillance.

The method used was the conduct of four (4) focus group discussions (FGDs) with TG women members (with 5–10 participants each FGD) from community-based organisations (CBOs) in Metro Manila, Cebu City and Davao City.

The findings revealed that majority of the participants do not generally agree with the three (3) proposed qualifiers/criteria in identifying TG women used in the IHBSS 2011 MSM questionnaire. “Looks like a female” is subjective; “Taking/injecting hormones” is not necessary; and those who have “undergone sex reassignment surgery” would identify themselves as a non-TG woman. Some of the suggestions are the inclusion of a time element in one’s gender identification/expression to eliminate those who just occasionally identifies/express themselves as female; consider any form of affirming one’s identity as a woman; and the use of three (3) questions - asking one’s sex assigned birth, gender identity and gender expression.

The study concludes with IHP-Philippines’ proposed operational definition of TG women: those whose sex assigned birth is male; and whose gender identity is generally female and/or whose gender expression is generally feminine. They need not undergo any form of body modification, may have varying sexual orientations, and may self-identify using various local gender terms.

**P3.437 HARVAT: SEX WORK INVOLVEMENT AND ASSOCIATED OCCUPATIONAL RISKS AMONG SELECTED TRANSGENDER WOMEN IN CEBU CITY, PHILIPPINES**

doi:10.1136/sextrans-2013-051184.0887

**R N Cortes.** *Philippine NGO Council on Population, Health and Welfare, Inc., Pasay City, Philippines*

The expansion of sex work (or harvat in Cebu) in the Philippines has surfaced transgender (TG) escorts and online-based sex workers (SWs), who are generally exposed to health risks such as sexually transmitted infections (STIs), HIV/AIDS. Recent Philippine Integrated HIV Behavioral and Serological Surveillance (IHBSS) 2011 showed Cebu City having the second highest HIV prevalence among men who have sex with men (MSM) (i.e. 4.7 percent); which TG women are included. Due to the lack of social recognition of TG women, combined with the stigmatisation of SWs, this leads to discrimination, violence and health risks among TG women SWs. Hence, it is important to look at their gender identity and self-description; context and nature of sex work involvement; and their perceived/experienced occupational risks.

The method used was face-to-face in-depth interviews with fifteen (15) TG women SWs in Cebu City as identified by the researcher. Content analysis was used for qualitative analysis of transcribed interviews. The findings revealed that TG women SWs do not necessarily identify themselves as TG but see themselves as women expressed in different modalities, but commonly undergoing body modifications (i.e. hormone pills, collagen injections). Economic benefits and sexual enjoyment gained are the main motivations for TG women SWs, which is related to greater preference for foreigner clients and “versatile” sexual role. Escorting has the most economic benefits, followed by online chatting and online harvat. Lastly, there were lesser experiences of occupational risks (i.e. health, abuse, legal) than what they perceived.

The study concludes that perceived/experienced risks associated with sex work are not merely occupational, but are also behavioural and gender-based. As such, sexual behaviour and not their occupation as SWs make TG women at risk to STIs, HIV/AIDS. Hence, HIV education and prevention strategies should be client-specific to address health needs of the general TG women population.

**P3.438 CHALLENGES IN MANAGING TRANSGENDER INDIVIDUALS - OBSERVATIONS IN A UK SEXUAL HEALTH CLINIC**

doi:10.1136/sextrans-2013-051184.0888

**H Roberts,** K A Fernando, H Jaleel. *Southend University Hospital NHS Foundation Trust, Essex, UK*

**Background** Transgender individuals may have complex medical and psychosocial needs. Prior studies have reported an increased incidence of STIs including HIV. Low self esteem, social isolation, self-harm and suicide have been observed with greater frequency. Additionally, a greater likelihood of being subject to relationship violence and sexual assault is recognised. Discrimination in school or the work-place, and even in healthcare settings adds to psychological burden. Healthcare seeking behaviour of transgender individuals may, therefore, be adversely affected.

**Cases:** We share experiences of two transgender patients and their health concerns.

The first underwent gender reassignment 20 years ago (aged 19). She reported psychological problems including depression, anxiety attacks and a prior suicide attempt. In 2010 she was diagnosed with HIV when presented with *pneumocystis jirovecii* pneumonia. Antiretroviral therapy (ART) management has been challenging with regards to exacerbation of psychological ill-health thought due to the ART agent, efavirenz. This was, therefore, substituted with rilpivirine, with favourable outcome. Reluctance to disclose her HIV status to her partner persists. Additionally, self-purchased ‘hormonal’ medication remains concerning with regards to unsupervised use and potential ART interactions.

The second patient underwent gender reassignment 15 years ago. She is HIV negative and presents with unusually frequent recurrences of anogenital warts, bacterial abscesses and herpetic ulcers. She also has a psychosexual disorder thought resulting from prior sexual abuse.

**Discussion** Concern remains regarding lack of awareness amongst health care professionals (HCPs) with regards to the above complexities and the need for appropriate, empathic and non-judgemental management. Surveys of medical school curricula highlight that transgender health needs are often omitted, with limited professional information resources.

**Conclusion** HCPs must remain aware of the increased risk of mental and sexual ill-health. This will allow timely recognition of such problems and prompt intervention. Intervention may require collaborative interagency approaches with HCPs from mental health services.

**P3.439 UNDERSTANDING THE LOCALISED PERSPECTIVE ON TRANSGENDER WOMEN FOR DEVELOPING TRANSGENDER-SPECIFIC HEALTH SERVICES AND HIV PREVENTION PROGRAMMES IN THE PHILIPPINES**

doi:10.1136/sextrans-2013-051184.0889

**R N Cortes.** *Philippine NGO Council on Population, Health and Welfare, Inc., Pasay City, Philippines*

The Philippines do not have localised term to refer to transgender (TG) persons. In fact, the common local terms “bakla”, “bading” and “bayot” are negatively used to refer to TG women. Even the Philippine Integrated HIV Behavioral and Serological Surveillance (IHBSS) do not disaggregate data for men having sex with men (MSM) and

TG but are lumped together, which creates both a socio-political and behavioural risk issue. Thus, it is important to look at how TG women themselves define and understand the concept of TG in order to provide a context in developing TG-specific health services and HIV prevention programmes.

The methods used were facilitating a self-administered questionnaire to forty-six (46) self-identified TG women, and conducted four (4) focus group discussions to TG women members from community-based organisations (CBOs) in Metro Manila, Cebu City and Davao City.

The findings revealed that majority of the respondents/participants, being affiliated with a CBO, defines TG as persons whose gender identity and/or expression does not conform with their sex assigned at birth. Their differentiation of a TG woman from a transsexual (TS) is that the latter is related more to the concept of body modifications (i.e. hormone replacement therapy, collagen injection and implants). Thus, TG-specific health services should include both empowerment of their TG identities and addressing risky behaviours such as “versatile” sexual role and engaging in various forms of body modifications, especially those who self-inject hormones and collagens. Some TG CBOs coined “transpinay”, “transwomen” and “binabae” as a local term for TG women which are useful to reach the unaware Filipino TG women community. Lastly, in order to identify and target TG women clients in peer education, qualifier questions or criteria can be used but always give the target clients the opportunity to self-identify for self-empowerment - both strategies should complement each other.

#### P3.440 HIV RAPID TESTING IN THE FRAMEWORK OF A STI PREVENTION PROJECT FOR VULNERABLE POPULATIONS

doi:10.1136/sextrans-2013-051184.0890

<sup>1</sup>Uccella, <sup>2</sup>M Cammilli, <sup>3</sup>S Viale, <sup>3</sup>C Fazioli, <sup>3</sup>R Testa, <sup>3</sup>C Mirisola. <sup>1</sup>National Institute for Health, Migration and Poverty, Roma, Italy; <sup>2</sup>National Institute for Health, Migration and Poverty, roma, Italy; <sup>3</sup>National Institute for Health, Migration and Poverty, roma, Italy

**Background** Despite ongoing prevention and educational efforts, the incidence of new HIV infections in 2011 in Italy is estimated at 3.9 per 100,000 and 21.0 per 100,000 among foreigners. Many new infections, more than half in AIDS stage (sex risk 78.8%), are caused by persons unaware of their HIV infection.

**Methods** On February 2012, the NIHMP (National Institute for Health, Migration and Poverty, Rome) started a project aimed at promoting access of vulnerable people to HIV testing and at disseminating knowledge about STIs.

A Rapid HIV-1 Antibody Test (MedMira, Halifax, Nova Scotia) is offered to patients of the infectious diseases unit together with STI counselling involving doctor, nurse, transcultural mediator and psychologist. The test is also proposed to people who had never performed it before. If the test is positive, a confirmatory venous test is required. Multilingual written consent and pre-counselling questionnaire about HIV/STI-related knowledge and stigma and sexual behaviours are provided. After 3–6 months, post-counselling questionnaire is administered.

**Results** At November 2012, 121 people were enrolled: 72 males (59.5%), 1 transgender, 103 migrants (85.1%), 9 homeless people (7.4%), 4 Roma (3.3%). 118 people accepted to undergo the test. 61 migrants (59.8%) performed it for the first time. The test was offered for screening (54), past STI (22), including two cases of HIV positivity, new STI (21) and STI risk (13). Two AIDS cases were reported (1.6%). Two tests (1.69%) were false positive. 8 tests (6.7%) were not defined because of previous positive laboratory HIV test/negative WB, co-occurrence of hepatitis, syphilis and scabies or aspirin treatment. 85 questionnaires (70.2%) were filled in. Couple counselling was conducted in 4 cases.

**Conclusions** Preliminary data show that rapid testing is accepted and effective as well as laboratory test. The experimental counselling approach for mobile populations involving transcultural mediators will be evaluated.

#### P3.441 ACCESS TO SERVICES FOR HIV PREVENTION IN MEN IN LONG-DISTANCE DRIVERS GUATEMALA 2012 – 2013

doi:10.1136/sextrans-2013-051184.0891

<sup>1</sup>N J Arambu, <sup>1</sup>B E Alvarez, <sup>1</sup>I Loya-Montiel, <sup>2</sup>Z Pinzon, <sup>1</sup>B Huaman, <sup>3</sup>M Mansur, <sup>3</sup>S Ortega, <sup>3</sup>J R Vega, <sup>1</sup>I Osuna-Ramírez, <sup>1</sup>S Morales-Miranda. <sup>1</sup>Unidad de VIH, Centro de Estudios en Salud, Universidad del Valle de Guatemala, Guatemala, Guatemala, <sup>2</sup>Ministerio de salud de Guatemala, Guatemala, Guatemala, <sup>3</sup>HIVOS, Guatemala, Guatemala

**Background** is key to HIV transmission, monitoring trends in groups of men from the general population, especially those whose mobility features and difficult access to sexual health services specialised transit routes is a constant

**Methods** From November 2012 - January 2013, men were recruited long-haul drivers as part of the Survey of Prevalence of HIV, syphilis and sexual behaviours in key populations of HIV in Guatemala. We used a convenience sample. All participants fulfilled the eligibility criteria and signed an informed consent, a questionnaire was face to face. All participants had been testing for HIV and syphilis. Data were analysed using STATA 11.1

**Results** 609 men long-distance drivers participated in the study, the median age was 37 years (IQR 31–46). The Guatemalans were 86.54%, 98% married or living with a woman and more than half (56%) had completed primary education. Only 9.2% had participated in activities about HIV in the past year, 22.8% correctly recognised ways of preventing HIV transmission, a 11.35% underwent an HIV test in the last 12 months, higher than that found in the general population (4.0%), but lower than in FSW’s clients (23.5%). Prevalence in HIV were found in 0.50% (0.10–1.44) and 1.98% (1.02–3.43) in syphilis

**Conclusions** The low prevalence of HIV is similar to that found in the general population of Guatemala (0.8%). Based on the results of this study primarily: the lack of correct knowledge about HIV and the little assistance to get tested for HIV diagnosis in addition with the UNAIDS recommendations in textbooks on population mobility and AIDS interventions are required to establish this special population is a priority under the bridge populations, for their constant mobility.

#### P3.442 EXPERIENCE OF SCREENING FOR HEPATITIS C IN AN OXFORDSHIRE PRISON

doi:10.1136/sextrans-2013-051184.0892

S Duncan, J Sherrard. *The Churchill Hospital, Oxford, UK*

Since 2004, we have run a fortnightly in-reach sexual health clinic in a medium security male prison which houses 1200 inmates, with a specific wing for men who have committed drugs related offences. In 2007, we reported that the prevalence of Hepatitis C (HCV) in the prisoners we tested was 9% [1]. Since then, there has been increased awareness of the burden of HCV in prison settings and new recommendations to increase HCV testing [2].

We aimed to review the current prevalence of HCV in local prisoner sexual health screens, and compare this firstly, to our previous 2007 estimate, and secondly, to that in a contemporary male sexual health clinic population.

**Methods** We performed a retrospective review of all Hepatitis C antibody tests requested for prisoners and male sexual health clinic patients by our service from 1.09.10 – 30.9.11. Samples were identified by laboratory electronic records and supplementary data was acquired by case note review.

**Results** HCV antibody screens were performed in 118 prisoners, and 716 men attending our general sexual health clinic. The