

political and cultural contexts. To better understand these contexts and promote wellness, it is useful to apply a social determinants of health model, which derives its concepts from Indigenous worldviews, philosophies and values. This model utilizes the tree as a natural metaphor of dynamic and interrelated structures and systems, to explore Indigenous peoples' experience of STBBIs, which are influenced by *stem*, *core* and *root determinants*. *Stem* determinants are proximal conditions that directly influence the acquisition and amelioration of STBBIs, while *core* determinants (e.g. systems, infrastructure, cultural continuity) influence the development of stem determinants. Deeply entrenched *root* determinants represent socio-political, economic and cultural contexts, including racist ideologies, attempted cultural genocide, and political domination, which have the most profound influence on health because they shape core and stem determinants. In order to address the current challenge of STBBIs among Indigenous peoples, we must explore the relationship between the stem, core and root determinants of Indigenous wellness.

**Disclosure** No significant relationships.

## PL04 – 2019 IUSTI PRESTIGIOUS LECTURE – REVISING STI TREATMENT GUIDELINES IN TIMES OF RAPIDLY EVOLVING ANTIMICROBIAL RESISTANT STIs

Monday, July 15, 2019 1:45 PM – 2:20 PM

### PL04.1 REVISING STI TREATMENT GUIDELINES IN TIMES OF RAPIDLY EVOLVING ANTIMICROBIAL RESISTANT STIS

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Clinical guidelines should be evidence based and prepared after a systematic review of preferably randomised controlled clinical trials. They should include clear grading of the recommendations according to the level of evidence and provide an assessment of the benefits and harms of alternative care options. However, many guideline recommendations are not supported by clinical trials, but rely on expert opinion simply because trials are not available. Even when clinical trials are available, they do not always provide relevant answers. This is particularly the situation when rapidly changing antimicrobial susceptibility make even recent clinical trials outdated and invalid.

The emergence of cephalosporin resistant *Neisseria gonorrhoeae* resulted in recommendations for dual therapy without clinical trials to document superior cure rates. Such trials would be nearly impossible to conduct, as ceftriaxone alone is still highly efficacious, and thus, treatment failure would be a

very rare event. The recommendation for the choice of combination therapy and dosing was based mainly on expert opinion and varied significantly between guidelines. Most recently, the UK BASHH gonorrhoea guideline even moved back to ceftriaxone monotherapy reflecting this uncertainty.

For *Mycoplasma genitalium*, resistance to first-line azithromycin is well above 50% in many populations and resistance to second-line moxifloxacin is rapidly increasing, leaving very few available treatment options. This has resulted in expert opinion recommendation that testing for this pathogen should be done only in symptomatic patients, and it has been discussed if the recommendation for test of cure should be limited to patients with persisting symptoms. Such changes in recommendations without real clinical evidence will most likely become more common in the future.

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## PL05 – PRIORITIES FOR RESEARCH AND PROGRAMMES FOR TRANS COMMUNITIES

Monday, July 15, 2019 2:20 PM – 2:55 PM

### PL05.1 PRIORITIES FOR RESEARCH AND PROGRAMMES FOR TRANS COMMUNITIES

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Trans communities across the world are disproportionately burdened by HIV and STIs. Structural, institutional, social, and individual factors have been implicated as drivers of HIV/STI vulnerability. This plenary presentation will summarize the global epidemiology of HIV/STIs and their multi-level drivers among trans populations. Relationships between stigma, sex work, and co-occurring syndemics of substance use, violence, HIV/STIs will be described. Data on effective behavioral and biomedical interventions to prevent HIV/STI acquisition among transgender adolescents and adult will be reviewed. The impact of gender-affirming medical interventions on HIV/STI acquisition risk will be discussed as well as the latest data on pre-exposure prophylaxis uptake, adherence, and drug-drug interactions. More research is needed on HIV/STI epidemiology among trans masculine and gender non-binary individuals, and gaps remain in basic data from trans communities in sub-Saharan Africa and Eastern Europe/Central Asia. Where epidemiologic data exist, implementation science studies are needed to inform how best to implement and scale up multi-component, high impact, prevention care and treatment interventions that address multilevel barriers to HIV/STI prevention and treatment.

**Disclosure** No significant relationships.