facilities, policies and practices are designed along the gender binary and do not serve the healthcare needs of transgender women living with HIV. Positive aspects of care include support and the provision of appropriate services from community led and implemented interventions. Recommendations are made in relation to reactions to an HIV positive diagnosis, to support disclosure, address structural impediments in and outside of the health facilities. Recommendations are also made to support retention in care by addressing issues specifically to the health facility.

S07.2 USING SURVEILLANCE DATA TO DETECT HIV CLUSTERS AND OUTBREAKS AND RESPOND TO ADDRESS GAPS IN PREVENTION

A Oster*. *Centers For Disease Control and Prevention, Atlanta, USA*

10.1136/sextrans-2021-sti.35

Cluster detection and response is a long-standing public health approach to reducing illness and death from infectious diseases, but, until recently, has not been a routine part of HIV surveillance and prevention. The expansion of HIV cluster detection and response in the United States, including its role as one of four pillars of the U.S. federal Ending the HIV Epidemic initiative, provides an opportunity to identify rapid transmission so that proven, effective strategies can be implemented in affected populations or networks. HIV cluster detection uses multiple methods, including analysis of diagnosis data and molecular data submitted to HIV surveillance programs, to identify signals indicative or suggestive of rapid transmission. These surveillance-based methods, along with identification of clusters by partner services staff, health care providers, or community members, have varying strengths and are complementary. The presence of an HIV cluster or outbreak is a signal of increased HIV transmission within a geographic area, subpopulation, or social network, and indicates gaps in prevention or care. Responding to clusters and outbreaks involves understanding networks in which rapid transmission is occurring; linking people in the network to essential services; and identifying and addressing gaps in programs and services such as testing, HIV and other medical care, pre-exposure prophylaxis, and syringe services programs. We reviewed information disseminated through manuscripts, conference presentations, or public communications about more than 25 HIV cluster and outbreak responses in North America to identify approaches for implementing these core response strategies, and we provide key examples. HIV cluster detection and response provides a framework to guide tailored implementation of proven HIV prevention strategies where HIV transmission is occurring most rapidly and embodies the collaborative, data-guided approach that is critical to ending the HIV epidemic.

S07.4 TOOLS TO ENHANCE THE GLOBAL STI SURVEILLANCE

T Wi*. *World Health Organization, Geneva, Switzerland*

10.1136/sextrans-2021-sti.36

Without information, you don't have a problem. Without a problem, you can't advocate for resources. Without resources

to tackle the problem, it grows bigger. However, without information, who would know?

There is a vicious cycle of limited STI surveillance and limited funding and responses, especially in resource-limited settings. Strengthened strategic information for STIs is needed to guide programming and service delivery, to rally political commitment and build a strong national investment case. National strategic information systems that incorporate STI case reporting, prevalence assessments, assessment of the etiologies of sexually transmitted infection syndromes, and monitoring for antimicrobial resistance to gonorrhoea are required.

Countries with STI surveillance systems rely on STI case reporting to estimate national incidence. Routine screening, currently most feasible for syphilis, address prevalence monitoring of priority populations.

Routine reporting and prevalence monitoring have limitations. STI reporting underestimates the burden of STIs as the majority are asymptomatic, limited access to care and challenges to collect verifiable data including limited diagnostics. Without diagnostics, it is difficult to count STI cases reliably. Periodic prevalence surveys using standard methods, increase confidence in trends by validating routine data with population denominators.

Specific studies including prevalence studies nested within DHS, biobehavioural surveys among key populations, a meta-analysis of STI data from other sources can enhance surveillance.

Tools are available to support STI surveillance. Modelling tools including Spectrum STI and the congenital syphilis estimation tool are available for national-level analysis of incidence and prevalence trends. Prevalence survey tools for pregnant women and enhanced gonorrhoea antimicrobial resistance surveillance programme protocol are available. A review of reporting tools is underway.

Striking the right balance of STI surveillance activities requires resources, building reporting systems and strengthening capacity at the national level to conduct and improve routine surveillance, while simultaneously investing in prevalence surveys and special studies.

S08.1 DIAGNOSTIC INFECTIOUS DISEASES SELF-TESTING AND SELF-SAMPLING OUTSIDE CLINICS: A GLOBAL SYSTEMATIC REVIEW

¹E Kpokiri*, ²W Tang, ³G Marley, ¹N Fongwen, ¹D Wu, ¹S Berendes, ⁴B Ambil, ⁵S Loveday, ⁵R Sampath, ⁶J Walker, ⁷J Matovu, ⁵C Boehme, ⁸N Pant Pai, ^{1,10}J Tucker. ¹*London School of Hygiene and Tropical Medicine, London, UK*; ²*Southern Medical University, Guangzhou, China*; ³*Nanjing Medical University, Jiangsu, China*; ⁴*North Carolina State University, Raleigh, North Carolina, USA*; ⁵*Foundation for Innovative New Diagnostics, Switzerland*; ⁶*University of North Carolina, Chapel Hill, North Carolina, USA*; ⁷*Makerere University, Kampala, Uganda*; ⁸*CORE, Research Institute of McGill University, Montreal, Quebec, Canada*; ⁹*McGill University, Montreal, Quebec, Canada*; ¹⁰*University of North Carolina, Chapel Hill, North Carolina, USA*

10.1136/sextrans-2021-sti.37

Most people around the world do not have access to facility-based diagnostic testing and the gap in availability of diagnostic tests is a major public health challenge. Testing outside conventional clinical settings are transforming infectious disease diagnostic testing especially in low- and middle-income countries (LMICs).