

informal credit-based arrangements - and were recruited using snowball and location-based methods in October-December 2010. We used successive logistic regression models to explore determinants of HIV infection among women reporting venue-based sex work (e.g. bars - includes women recruited onsite) and women reporting non-venue based sex work.

**Results** HIV prevalence was significantly higher in venue SW compared to non-venue women (55.5% vs. 41.9%,  $p < 0.01$ ). Numbers of clients reported were low, but more venue SW reported 2 or more clients in the last fortnight (38% vs. 7.6%,  $p < 0.01$ ); consistent condom-use during commercial acts was similar (60% and 68%,  $p > 0.1$ ). More venue SW reported ever travelling away from where they live to sell sex (27% vs. 12%,  $p < 0.01$ ), initiated sex work earlier (age 25 vs. 28 years,  $p < 0.01$ ), and sold sex for longer (6 vs. 5 years,  $p < 0.05$ ). Factors associated with HIV infection were type of sex work (aOR: 2.2, 95% CI: 1.3–3.8 vs. non-venue), and SW not requesting condom-use (aOR: 3.0, 95% CI: 1.15–7.85), after controlling for basic demographic differences.

**Conclusion** Venue SW were more likely to be HIV-positive than non-venue women, although in both groups HIV prevalence was substantial, and consistent condom use low. High risk of HIV among women not requesting condom use highlights the importance to renew prevention efforts in this population. The results emphasise the need to understand SW more broadly.

**P3.105 USING RESPONDENT-DRIVEN SAMPLING TO ESTIMATE HIV AND SYPHILIS PREVALENCE AMONG FEMALE SEX WORKERS IN AGADIR, FES, RABAT AND TANGIER, MOROCCO**

doi:10.1136/sextrans-2013-051184.0564

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**Background** Throughout the world, including in the Middle East and North Africa region, female sex workers (FSW) often have a disproportionately high prevalence of HIV infection and they, along with their clients, are considered a core group contributing to the transmission of HIV in many countries. FSW, a highly stigmatised, hard-to-reach and understudied population in Morocco were surveyed in four cities in Morocco, using Respondent-Driven Sampling.

**Methods** 372 FSW in Agadir, 359 in Fes, 392 in Rabat and 324 in Tangier were sampled over the course of six to eight weeks in December 2011 and January 2012. Eligible females reported exchanging penetrative (vaginal/anal) sex for money with more than one male client in the past six months, being 18 years or older, holding Moroccan nationality and working in the respective study location. Estimates were calculated using the multiplicity estimator in RDSAT V.6.0.

**Results** Most FSW in all four cities had no or low education, were separated, divorced or widowed and financially supporting adults and/or children. HIV seroprevalence in Agadir was 5.1%, in Fes 1.8% and in Tangier 1.4%. No one tested positive for HIV in Rabat. Syphilis infection in Agadir was 21.4%, in Fes 18.8%, in Rabat 13.9% and in Tangier 13.3%.

**Conclusions** HIV among FSW in Morocco was lower than expected and confirms a concentrated epidemic in Agadir. Findings of syphilis infection among FSW may indicate infection with other sexually transmitted infections (STI) that were not tested in this survey and remain undetected. A scale up of programmes to provide targeted HIV outreach and services to FSW is essential to control the further spread of HIV and other STI in this population and to clients and other sexual partners.

**P3.106 POSSIBLE LINKS IN HIV INFECTION BETWEEN FEMALE SEX WORKERS (FSW) AND PEOPLE WHO INJECT DRUGS (PWID): FINDINGS FROM A RESPONDENT DRIVEN SAMPLING SURVEY IN DAR-ES-SALAAM, TANZANIA**

doi:10.1136/sextrans-2013-051184.0565

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**Background** Findings from studies done by McCurdy *et al.* have indicated that HIV prevalence may be as high as 42% among PWID in Dar es Salaam. Studies of PWID have also suggested overlaps between FSW and PWID populations. We investigated a Dar es Salaam FSW population to better understand possible linkages between these populations.

**Method** We conducted a cross-sectional study of FSW in 2010 using respondent-driven sampling (RDS). Participants completed questionnaires on socio-demographic variables, sexual and other risk behaviours; and had HIV testing. We used descriptive weighted statistics and logistic regression analysis to explore associations with HIV.

**Results** Among 537 FSW enrolled, 518 were tested for HIV giving 31.4% (95% CI: 25.6, 38.5) prevalence overall. In bivariate analysis, HIV prevalence was higher among FSW who suspected that partners injected drugs, 46.9% (95% CI: 31.5, 64.1) as compared to FSW who did not suspected that partners injected drugs 23.2% (95% CI: 16.5, 29.4).

FSW rarely reported using drugs themselves 1.3% (95% CI: 0.3, 2.7), but often suspected their partners were PWID (49.1%; 95% CI: 43.8, 55.5). In a multivariate model, adjusting for demographic and behavioural characteristics, the adjusted odds ratio (AOR) of HIV infection among women who suspected that their partners injected drugs was 2.41 95% CI: 1.22, 4.80; (1.4 times greater) and was 0.08 times higher per additional year of sex work (AOR 1.08 95% CI: 1.03, 1.1).

**Conclusion** These findings provide supportive evidence of the connexion between FSW and PWID populations in Dar es Salaam. Considering these apparent connexions between PWID and FSW, we encourage programmes working with these two key populations to work together to achieve enhanced prevention outcomes.

**P3.107 RESULTS OF THE FIRST HIV PREVALENCE AND RISK BEHAVIOUR STUDY AMONG FEMALE SEX WORKERS, BELIZE, 2012**

doi:10.1136/sextrans-2013-051184.0566

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**Background** In Central America, studies have been conducted in several countries to provide baseline estimates of the prevalence of human immunodeficiency virus (HIV) infection and sexually transmitted infections (STIs), and to elucidate behaviours associated with HIV/STIs among Female Sex Workers (FSW). This study reports the results from the first behavioural and biological surveillance survey conducted in Belize.

**Methods** We used a census-based approach to recruit FSWs in four districts of Belize. FSW at least 18 years of age who reported vaginal or anal sex in exchange for money during the previous 12 months were invited to participate in the study. Participants were administered a questionnaire through audio computer-assisted self-interview and tested for HIV, syphilis, herpes simplex virus type 2 (HSV-2), *Treponema pallidum* (TP), *Chlamydia trachomatis* (CT), *Neisseria gonorrhoeae* (NG), *Trichomonas vaginalis* (TV), and