

associated with HIV (OR = 1.8 (1.5–2.1), HCV (OR = 1.7 (1.5–2.0) and syphilis (OR = 1.5 (1.2–1.9). Whenever regular partner was source of violence, FSWs had higher chances to be HIV (OR = 1.8 (1.3–2.6) and HCV (OR = 1.8 (1.3–2.4) positive. Moreover, those who experienced violence from police were more likely to suffer from HIV (OR = 1.4 (1.0–1.8).

Conclusions FSWs, with personal experience of violence, have increased risk of HIV/STI infections. Regular partner as sources of violence is important for HIV and HCV infections, as well.

P3.413 WITHDRAWN BY AUTHOR

P3.414 ADHERENCE TO HEPATITIS B VACCINE BY FEMALE SEX WORKERS IN A NORTHEAST CITY OF BRAZIL

doi:10.1136/sextrans-2013-051184.0865

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Background Women sex workers are considered vulnerable to sexually transmitted infections, such as hepatitis B and the human immunodeficiency virus (HIV), considering the unfavourable conditions by making verbal agreement with their clients. The study aimed to evaluate the adherence of female sex workers to three doses of hepatitis B vaccine.

Methods Cross-sectional study with female sex workers in the city of Teresina, Brazil. The study included 402 women, using the “snowball” technique. Sociodemographic data were gotten by individual interview, blood sampling for anti-HBs evaluation was collected and the doses of vaccine against hepatitis B were administered, according to the need and acceptance of participants. Data were analysed using Statistical Package for Social Science (SPSS) 18.0.

Results Of the 402 women who participated in study, 96 (23.8%) reported ever having received at least one dose of the vaccine, while 25 (6.2%) reported having received one dose only, 14 (3.4%) received two doses, 57 (14.1%) reported having received three doses and 50 (12.4%) did not know. Of those who reported having received three doses was carried anti-HBs, and reagent in 33 (50.7%). Thus, 57 (14.1%) reported already received three doses and 30 (7.4%) refused to receive the vaccine. Thus, 315 women were vaccinated. Of this total, 223 (70.7%) women receiving two doses and only 92 (22.8%) completed the scheme with three doses of the vaccine.

Conclusion Complete scheme of three doses of the vaccine in this population is challenging, it is necessary for both immunisation strategies and improving access of this population to public health, mainly through primary care.

P3.415 CONCURRENCY & SEROMIXING AMONG MSM WITH RECENT HIV INFECTION AND NEW HIV DIAGNOSIS: IMPLICATIONS FOR PREP

doi:10.1136/sextrans-2013-051184.0866

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Background Understanding the frequency of concurrent sexual partnerships, especially with HIV-positive partners, can guide prevention strategies such as pre-exposure prophylaxis (PrEP) for HIV-negative men who have sex with men (MSM).

Methods From 2009–2012, 295 MSM testing for HIV in Los Angeles reported up to 6 male sex partners via computer-assisted self-interviews.

Concurrency was defined as overlapping dates of sexual partnerships. Nucleic acid amplification tests and detuned assays were

performed to determine recent and longstanding HIV infections. Associations between HIV status (recent, longstanding, or negative) and partnership type, concurrency, and serostatus of partners were examined using multinomial logistic regression.

Results Participants were diverse (14.5% African-American, 27.0% White, 51.2% Latino), with mean age of 29.9 years (SD = 8.0); 42.0% had recent infection, 27.7% longstanding infection, and 36.6% were HIV-negative. 55.5% reported concurrent partnerships. Of the 887 partnerships reported, 30.6% (265/866) were main partnerships. Among main partnerships with HIV-negative partners, 47.8% (77/161) had ≥ 1 concurrent partner; of those 47.2% (34/72) included ≥ 1 HIV-positive/status unknown concurrent partner. In main partnerships with HIV-positive/status unknown partners, 55.1% (38/69) had ≥ 1 concurrent partner and of those 65.7% (23/35) had ≥ 1 HIV-positive/status unknown concurrent partner. Adjusting for age and race, compared to HIV-negative testers, having recent infection was associated with substance use (adjusted odds ratio [AOR] = 1.99, 95% CI: 1.03–3.85) and concurrency (AOR = 1.88, 95% CI: 1.05–3.39); having longstanding infection was associated with no main partner (AOR = 2.27, 95% CI: 1.00–5.16) or ≥ 1 HIV-positive/status unknown main partner (AOR = 3.63, 95% CI: 1.42–9.30) compared to having only HIV-negative main partners, but not with concurrency.

Conclusion The findings associating concurrency with recent infection indicate a broad need for PrEP by MSM with main HIV positive and HIV negative partners. For MSM exposure to HIV may be occurring from concurrent outside partners suggesting a need for PrEP for partnered and non-partnered MSM.

P3.416 HEALTH CARE SEEKING BEHAVIOUR AMONG MALE SEX WORKERS IN SOME SELECTED AREAS

doi:10.1136/sextrans-2013-051184.0867

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Background Male to male sex in Dhaka is fairly widespread and men who make up this group are considered to be vulnerable to contracting and transmitting HIV and other sexually transmitted infections. Men who have unprotected sex with sex workers are at risk not just of contracting HIV and STIs, but of passing them on to their wives and girlfriends.

Methods Cross sectional study was conducted among male sex workers with the objective of assessing their health seeking behaviour. Total 322 sex workers were interviewed by using structured questionnaires.

Results Study revealed that most of the sex workers were young age. Regarding knowledge on how to protect from getting infected with STIs, 90% respondents had knowledge that STIs can be prevented by use condom during sex, 12% said washing of genitalia with disinfectants after sex, 12% said by washing with after sex. Regarding STIs majority of the respondents (47%) perceived that they were at medium risk of getting infected with STIs, 23% reported at low risk, 13% reported at high risk and 6% reported that they were not at all in risk of getting infected with STIs, 12% respondents thought that they have no idea regarding the risk. Among the respondents 83.3% suffered ever out of which 66.4% respondents suffered from STIs once, 27% twice, 4% thrice and 4% more than thrice in the last three months. Thirty seven percent respondents received treatment from NGO clinic, 23% from MBBS doctor, 17.33% from government hospital, 13.33% did self medication, 6% received treatment from homiopath, 9% received treatment from kabiraj and 2% of the respondents did not seek any treatment.

Conclusion It was evident that the knowledge of prevention and treatment measures among the male sex workers was inadequate.