

injection frequency and HIV prevalence of 28.65% underlines the need for continued behaviour change communication. Low injecting rates and moderate to high sexual activity among Nagaland IDUs indicates communication strategies should shift towards sexual risk behaviours. The 3rd PBS is underway and will enable to see how behaviours are changing over time.

Social and behavioural aspects of prevention poster session 6: Men who Have Sex with Men

P2-S6.01 SOCIAL, BEHAVIOURAL CHARACTERISTICS, AND SEROPREVALENCE OF HIV INFECTION AMONG MEN WHO HAVE SEX WITH MEN (MSM): ABOUT 92 CASES COLLECTED IN A COMMUNITY MEDICAL CENTER NAMED CENTRE OASIS "OF ASSOCIATION AFRICAN SOLIDARITÉ (AAS), OUAGADOUGOU, BURKINA FASO"

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Background Like many African countries, the issue of sex between men in Burkina Faso remains taboo and is often the cause of social exclusion. Our objective in this study was to determine social and behavioural characteristics and seroprevalence of HIV infection among MSM in Ouagadougou.

Methods A questionnaire (closed questions) written by the medical team at Centre Oasis" was submitted to the MSM. Our sample of 92 consisted of MSM who frequented the center and some who did not. Data were collected by medical staff and peer educators. They were: -Social, -Behavioural, -The results of HIV serology.

Results The average age of MSM surveyed was 28.6 years with extremes of 18 and 56 years. MSM were predominantly students with a proportion of 34.8%. 21.7% were traders, 2.2% were unemployed. More than half of respondents were single (54.8%). 22.8% were living with a common-law wife, and 20.7% were legally married. 78.3% of MSM had had sex with a woman. 2 / 3 of all MSM (65.2%) were bisexual. In 90.2% of cases, the MSM used condoms two out of three times during sexual intercourse. 77.2% of MSM used water-based gels two out of three times during sexual intercourse. The majority of MSM (82, 6%) had more than one sexual partner. In 82.1%, none of the MSM had discussed their situation with their family for fear of being rejected. Of 55 MSM who had had an HIV test, 8 had been diagnosed positive for HIV giving a prevalence of 14.5%.

Conclusion In our study, it appears that the MSM community in Ouagadougou is highly vulnerable given the high rate of HIV seroprevalence and its marginalisation. Targeted interventions for the recognition of support are needed to help sustain the achievements of the national fight against HIV.

P2-S6.02 USE OF A COMPUTER ALERT INCREASES DETECTION OF EARLY, ASYMPTOMATIC SYPHILIS AMONG HIGHER RISK MEN WHO HAVE SEX WITH MEN

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Background More frequent screening of higher risk men who have sex with men (MSM) for syphilis could reduce the transmission and prevalence of syphilis. This study assessed the impact of a computer

alert on the rate of syphilis testing and diagnoses among higher risk MSM.

Methods In October 2008, a computer alert was introduced at the Melbourne Sexual Health Centre. This alert appeared during consultations for MSM who reported more than 10 male partners in the prior 12 months, reminding clinicians to test such higher risk men 3 monthly for syphilis. Syphilis testing rates and diagnoses among MSM were determined for the 12 months before and the 12 months after the introduction of the alert.

Results The proportion of MSM who were identified as being higher risk who were tested for syphilis in the two time periods increased from 77 % (1559/2017) to 89% (1282/1445) ($p < 0.001$). The proportion of higher risk men diagnosed with early syphilis and who were asymptomatic for syphilis was 16% (5/31) and 53% (31/58) respectively ($p = 0.001$). By contrast, there was no significant increase in the proportion of MSM who were identified as being lower risk who were tested for syphilis: 65% (1228/1885) and 68% (1667/2448) ($p = 0.4$). Nor was there a significant increase in the proportion of lower risk men diagnosed with early syphilis who were asymptomatic: 10% (1/10) and 19% (3/16) respectively ($p = 0.6$).

Conclusion The use of a computer alert was associated with increased syphilis testing of higher risk MSM attending a clinical service as well as increased detection of early, asymptomatic syphilis.

P2-S6.03 ABSTRACT WITHDRAWN

P2-S6.04 NEEDS ASSESSMENT ON STI PREVENTION SERVICES AMONG MEN WHO HAVE SEX WITH MEN WITH HIV IN GUATEMALA CITY, 2010

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Background STI prevention and support services for MSM living with HIV in Guatemala are limited. The aim of this study was to collect information on STI risk among MSM living with HIV to inform the development of integrated prevention and care services for this population.

Methods As part of a qualitative study with MSM in Guatemala City, nine MSM living with HIV were purposely selected and interviewed in March 2010. Interviews addressed STI-related risk behaviours, experiences with HIV/STI services, social network characteristics and life after HIV diagnosis. Participants were recruited through referral from NGO representatives, key informants, clinic staff and other participants. In-depth interviews were recorded and transcribed and field notes were incorporated into the transcriptions. After multiple readings of the transcripts, key themes were identified and a codebook was developed. Codes were applied using the qualitative software Atlas.ti. Data was further analysed using analytic memos and discussions with research team.

Results Despite reporting HIV-related risk behaviours, including multiple, concurrent sexual partners, inconsistent condom use, and alcohol and drug use, most participants did not report an STI infection after their HIV diagnosis. Attitudes towards current HIV/AIDS treatment services tended to be favourable, especially among those who compared them to earlier treatment experiences, and participants described preferences for a one-stop venue for sexual health services. Participants were generally not familiar with STI services and identified several barriers to access including insufficient information on STI, lack of confidentiality and fear