

#### S5.4 IDENTIFYING KNOWLEDGE GAPS IN THE EVIDENCE BASE FOR REPEAT SCREENING OF WOMEN WITH CHLAMYDIA AND GONORRHOEA: CHALLENGES TO PUBLIC HEALTH ACTION

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There is strong evidence that repeat chlamydia and gonorrhoea infections among women are associated with adverse reproductive health outcomes.

However, effective interventions to reduce re-infection are not well-articulated or well-coordinated in STD control programs. Gaps in knowledge about the immunology of chlamydial and gonococcal infections coupled with a poor understanding of adolescent and young adult sexual networks limit progress towards developing effective interventions.

This presentation will review the current epidemiology of repeat chlamydia and gonorrhoea among women and highlight the operational challenges to implementing programmatic responses to reducing the burden and impact of repeat infection, including increasing rescreening rates, use of partner delivered therapy, and other approaches to interrupt ongoing transmission in high prevalence sexual networks.

### Symposium 6: Updates and perspectives on STI and HIV issues among MSM

#### S6.1 EVOLUTION OF THE EPIDEMIOLOGY AMONG MEN WHO HAVE SEX WITH MEN (MSM) IN LOW AND MODERATE INCOME COUNTRIES

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HIV epidemic encompasses diverse scenarios among MSM around the world. Even when, prevalence and incidence data are lacking in more than 90 countries, available information shows that unprotected anal intercourse is the prominent exposure mode for HIV infection among MSM in Latin America, whereas intravenous drug use drives the epidemic in Asia. In the recent years, a previously neglected HIV epidemic has been recognised in settings where was initially thought was mainly heterosexual like in many countries in Africa. Although individual level risk factors for HIV acquisition have been clearly identified, structural level risk depends on stigma and discrimination. Promising biomedical intervention for HIV prevention depends on link to care which at the time are related to fear, denial or blackmail.

#### S6.2 DANGEROUS LIAISONS: RISK IN MSM IN DEVELOPED COUNTRIES

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Although there has been a reduction in incident HIV infection in some MSM communities in developed countries, in others new diagnoses and incident infections are increasing. Helping those who are HIV negative to remain negative remains a pressing concern. The number of men who are HIV positive is increasing because of successful ART, but the sexual health needs of positive MSM are rarely addressed. This presentation focuses on behavioural research

in the era of ART, with particular reference to continuing transmission of HIV, current risk behaviour for HIV infection, and the challenging situation with regard to established and emerging STIs in MSM.

#### S6.3 BEHAVIOURAL INTERVENTIONS AMONG MEN WHO HAVE SEX WITH MEN (MSM): WHERE DO WE GO FROM HERE?

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Over the last two and a half decades, researchers and public health agencies have invested substantial resources in developing and implementing counselling and behavioural interventions to decrease HIV transmission among men who have sex with men (MSM) in higher-income nations. Meanwhile, MSM have substantially altered their sexual risk behaviour, adapting to the HIV epidemic, as well as the technological revolution fuelled by the Internet. This presentation will review the evidence supporting the efficacy of behavioural interventions in MSM, discuss the challenges posed in bringing those interventions to scale, and suggest future research and prevention directions designed to move behavioural interventions from an efficacy to an effectiveness focus.

#### S6.4 ANTIRETROVIRAL CHEMOPROPHYLAXIS: NEW OPPORTUNITIES AND NEW CHALLENGES

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With the success of the CAPRISA 004 study of 1% tenofovir vaginal gel in South African women, and the iPrEx study of the use of oral co-formulated tenofovir-emtricitabine in an international cohort of MSM, it is clear that chemoprophylaxis may be able to enhance current HIV prevention efforts. However, multiple questions remain, including which mode of drug delivery is likely to be most effective for each population, and which drugs are the preferred ones to use. Other major questions include the feasibility of using a rectal formulation to prevent HIV transmission, and what is the most parsimonious way to dose these medications, in order to save costs and to minimise toxicities. This presentation will review the data from recently completed trials, will summarise the status of other studies underway, will discuss the gaps in our knowledge, and will discuss the responses of medical care providers and high risk populations to the news of PreP efficacy. Clearly, the field is in its infancy, but offers promises for epidemic control.

### Symposium 7: In the quest for HIV prevention Scale up: Avahan's India experience. Program approaches and emerging evaluation results

#### S7.1 ACHIEVING HIGH COVERAGE OF HIV PREVENTION SERVICES FOR MARPS: AVAHAN'S EXPERIENCE IN SIX STATES IN INDIA

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In 2003, the Bill and Melinda Gates foundation initiated "Avahan" a large scale HIV prevention program in India. The goal was to halt the HIV epidemic in India by rapidly building a scaled HIV