

Background Implementation of sentinel surveillance for monitoring sexually transmitted infections (VICITS) among female sex workers (FSW) in Honduras began in March 2006 in Tegucigalpa, San Pedro Sula and La Ceiba. VICITS is based on three pillars: STI diagnosis and treatment, condom use promotion and HIV testing and counselling.

Methods Patients at least 18 years of age who attended any of the three VICITS clinics in Honduras from 2006 to 2012 (n = 4730) were included. Bivariate analysis of an open cohort of FSW from three VICITS clinics was performed using Epi Info 7. We analysed trends in condom use by partner type comparing the first to the third visit.

Results Reported condom use with clients in Tegucigalpa increased from 93.1% (N = 627) in the first visit to 98.1% (N = 322) in the third visit (p = 0.001), in San Pedro Sula from 88.4% (N = 980) to 97.4% (N = 422) (p < 0.001) and in La Ceiba from 93.1% (N = 404) to 98.2% (N = 114) (p > 0.001). Reported condom use with stable partners in the last 12 months was considerably lower, at 12.2% (N = 98), 34.6% (N = 130) and 26.7% (N = 15) in 2012. No statistically significant change in condom use at last sex with casual partners between the first and third visit was observed. Reported condom use at the third visit was 28.1% (N = 57) in Tegucigalpa, 66.7% (N = 33) in La Ceiba and 75.9% (N = 108) in San Pedro Sula.

Conclusions We observed a significant increase in condom use with clients of FSW in San Pedro Sula and moderate increase in Tegucigalpa and in La Ceiba (not significantly). Condom use with casual and stable partners remains persistently low and should be the focus of behaviour change interventions to increase condom use with casual and stable partners, both during counselling session in VICITS clinics as well as NGO-based outreach activities.

P3.407 CHLAMYDIA PREVALENCE AND CONDOM USE DURING 2012 AMONG FEMALE SEX WORKERS ATTENDING STI CLINICS IN HONDURAS

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Background Evidence has shown that efforts targeted towards controlling STI to maintain lower prevalence rates among key populations slows the spread of the epidemic to the general population. The question is: What is Chlamydia prevalence in sex workers attending STI clinics by work venue? Implementation of the sentinel surveillance for STI among FSW in Honduras began in March 2006 in Tegucigalpa, San Pedro Sula and La Ceiba. VICITS is based on STI diagnosis/treatment, condom promotion and counselling.

Methods From 2006 to 2012 we collected information about STI and behaviour of female sex workers in clinical history and analyse with Epi Info 7 the characteristics of participants by time, place and person. A bivariate analysis of an open cohort from 2007 to 2012 was performed. We compared the Chlamydia prevalence by work venue (venue-based versus street-based) and calculate p value by X².

Results During 2012, 761 FSW attended: 205 in Tegucigalpa, 438 in San Pedro Sula and 118 in La Ceiba. Median age was 27 years with 6.4 years of formal education. Chlamydia prevalence stood at 11.6% (N = 301) in San Pedro Sula, 4.2% (N = 144) in Tegucigalpa and 4.1% (N = 49) in La Ceiba. Condom use in last sex with client was reported at 97.8% (N = 179) in Tegucigalpa, 97.5% (N = 325) in San Pedro Sula and 98.9% (N = 93) in La Ceiba. In street-based FSW from San Pedro Sula, chlamydia decreased from 8.7% in 2007 to 3.6% in 2012 (p > 0.001). However it increased in venue-based FSW from 7% in 2007 to 13.5% in 2012 (p > 0.001)

Conclusions Reported condom use is high, yet Chlamydia prevalence remains elevated, especially in venue-based FSW in Pedro Sula. As 70% of FSW attending the clinic are venue-based, this increases overall prevalence results for that site but not statistically significantly.

Behavior change activities should be expanded, especially among venue-based FSW.

P3.408 SEX WORK INVOLVEMENT PREDICTS POOR VIRAL LOAD SUPPRESSION AMONG PEOPLE WHO INJECT DRUGS IN A CANADIAN SETTING

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Introduction In addition to its role in HIV disease progression, recent studies have demonstrated the crucial function of plasma HIV-1 RNA viral load (pVL) on HIV transmission. However, there is limited empiric research on virologic outcomes among people who use illicit drugs (PWID) and are engaged in sex work. The main objective of this study was to investigate the relationship between sex work and pVL suppression among PWID in Vancouver, Canada.

Methods Data were derived from the AIDS Care Cohort to evaluate Exposure to Survival Services (ACCESS), an ongoing prospective cohort of HIV-positive PWID linked to comprehensive clinical information in a setting of universal no-cost HIV care. Using generalised estimating equations (GEE), we studied the longitudinal relationship between sex work and pVL suppression, defined as < 500 copies HIV RNA per millilitre. In addition, we tested whether adherence to antiretroviral therapy (ART) mediated the relationship between sex work involvement and pVL suppression.

Results Between May 1996 and May 2012, 608 ART-exposed participants were included in the study and completed 2458 person-years of observation. In a multivariate model adjusted for possible confounders, sex work was independently associated with poorer odds of pVL suppression (Adjusted Odds Ratio [AOR] = 0.65; 95% confidence interval [CI]: 0.46 – 0.92). Using a validated measure of pharmacy refill, we found that adherence mediated this relationship (Sobel test statistic = 4.44, p < 0.01).

Conclusions In this study, we found that PWID were less likely to experience virologic control during periods of engagement in sex work, a relationship mediated by adherence. In light of these findings, interventions to improve adherence to ART among individuals engaged in sex work are urgently needed to help produce the maximum HIV treatment and prevention benefit of ART among PWID.

P3.409* SEXUAL HEALTH IN THE ADULT FILM INDUSTRY (AFI): ENVIRONMENTAL BARRIERS AND FACILITATORS OF SEXUALLY TRANSMITTED INFECTION (STI) TRANSMISSION

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Background Adult film is a legal form of sex work in the U.S. that places performers at heightened risk of acquiring an STI. However, very little public health research exists on the environmental factors that influence STI transmission in the AFI.

Methods We explored the nature of the AFI's STI risk environment in semi-structured in-depth interviews (N = 28) with performers, producers, directors and key informants from December 2012 through February 2013. Recruitment was conducted via purposive and snowball sampling. Interviews took place in-person and via phone. Data were analysed using an inductive approach in *Atlas.ti*.

Results Participants described facilitators and barriers to STI transmission at the policy, economic, and social levels. On the