

**P11.09 STI PREVENTION IN PUBLIC HEALTH SERVICES FOR TRANSGENDER WOMEN IN GUATEMALA**

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**Introduction** Transgender women (TG) have the highest HIV prevalence in Guatemala (23.9%). Since 2007, the STI Sentinel Surveillance and Control (VICITS) strategy has provided STI diagnosis and treatment, behavioural change interventions and condoms to key populations in coordination with the Ministry of Health. We present key biological and behavioural characteristics of TG who attended VICITS clinics in Guatemala between 2007 and 2014.

**Methods** TG ≥18 years old (yo), who had sex with a man in the last year and attended one of four VICITS clinics in Guatemala were included in the analysis. HIV and syphilis infection were diagnosed according to national guidelines. Sociodemographic data, risk behaviour, and biological data were collected. Data analysis was conducted in Stata 11.0.

**Results** A total of 151 TG sought care at least once during 2007–2014 and 366 consultations were provided. Median age was 27 yo (IQR 23–34), 76.3% had secondary education or more, 77.7% reported sex work in the last year (75% for more than one year), 40.4% reported drug use at least once in lifetime with half of them reporting active use in the last 30 days - cocaine was the most common drug. Condom use in the last sexual relationship was 85.4%, 89% of the TG reported receptive anal sex and 88.8% oral sex in the last 30 days. Approximately 7.2% had a previous HIV diagnosis and 4.2% were newly diagnosed for a total HIV prevalence of 11%. Of those tested for syphilis, 3.9% had active syphilis infection.

**Conclusion** We found high HIV and active syphilis prevalence among TG, suggesting that additional efforts and strategies for prevention among this group are needed. Due to the high proportion of receptive anal sex reported, surveillance of anal STI should be prioritised and conducted to provide appropriate and timely data to control the epidemic among key populations.

**Disclosure of interest statement** We declare that we have no conflicts of interest.

**P11.10 ANAL AND OROPHARYNGEAL STI SURVEILLANCE AMONG MEN WHO HAVE SEX WITH MEN IN GUATEMALA**

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**Introduction** Sentinel Surveillance and STI Control (VICITS) strategy is implemented in public health clinics for key populations, including men who have sex with men (MSM) in Guatemala. Although oral and anal sexually transmitted infections (STI) are important public health issues, they are not included in national treatment guidelines. Evidence of disease burden is needed for decision making. We analysed STI prevalence in oral, anal and urethral samples among MSM who attended VICITS clinics in Guatemala in 2014.

**Methods** Clients were male, ≥18 years old, who reported sexual relations with another man in the last 12 months, and who was

seen at one of four VICITS clinics between June–December 2014. Sociodemographic data, risk behaviour, and biological data were abstracted from routine clinical intake forms stored in the in VICITS information system. Laboratory results from urethral, anal and oropharyngeal samples were collected. Digene Hybrid Capture II (Qiagen) was used for detection of *C. trachomatis* (CT) and *N. gonorrhoeae* (NG). Data analysis was performed using Stata 11.0.

**Results** A total of 524 MSM were included in the analysis. The median age was 25 years old (IQR 21–30), 67.4% reported receptive anal sex in the last 30 days, and 56.6% reported condom use at last receptive anal sex. About 30% reported at least one STI and 4.6% reported at least 2 STIs in the last 3 months. The prevalence of anal CT was 4.7%, anal NG was 4.4%, oral CT was 2.2%, oral NG was 25.4%, urethral CT was 1.9%, and urethral NG was 4.1%. Overall, 77.7% of infections were caused by NG.

**Conclusion** We found a high prevalence of NG, especially in oral and anal samples among MSM attending VICITS clinics. Our findings underscore the need to include anal and oral STIs in national treatment guidelines. Innovative strategies to increase adoption of condom use in anal and oral sex among MSM and the evaluation of resistance profile for NG are urgently needed in Guatemala.

**Disclosure of interest statement** We declare that we have no conflicts of interest.

**P11.11 HIGH RATES OF CO-OCCURRING SEXUALLY TRANSMISSIBLE INFECTIONS AMONG MEN WHO HAVE SEX WITH MEN ATTENDING HIGH-CASELOAD GENERAL PRACTICE AND SEXUAL HEALTH SERVICES IN VICTORIA**

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**Introduction** Sexually transmissible infection (STI) screening and treatment is a health priority for gay, bisexual and other men who have sex with men (GBM). Current Australian guidelines recommend frequent syphilis serology and screening for pharyngeal, anorectal and urogenital chlamydia and gonorrhoea infection, in addition to routine HIV testing. However, evidence from recent community surveys that many Australian GBM access only some of these tests suggests concurrent infections may remain undetected.

**Methods** To better understand the epidemiology of co-occurring curative STIs, we calculated the proportion of positive tests for one or more STI among GBM attending two sexual health services and two gay-friendly high-caseload general practices in Victoria between 2007 and 2013. Among positive tests for chlamydia or gonorrhoea, we calculated the proportion positive at multiple anatomical sites. We examined demographic and risk behaviour associations with co-occurring STIs and positivity at multiple anatomical sites using adjusted logistic regression.

**Results** There were 70977 test events between 2007 and 2013; 8316 (11.7%) were positive for at least one STI and of these, 792 (9.5%) were positive for more than one STI. Younger age (16–29 years) (aOR = 1.7, 95% CI = 1.1–2.7), being HIV-positive (aOR = 2.2, 95% CI = 1.5–3.1) and reporting inconsistent condom use (aOR = 1.3, 95% CI = 1.0–1.6) were associated with testing positive for co-occurring infections.