Introduction

Hepatitis B (HBV) infection is a major cause of chronic liver disease, which is a leading cause of death worldwide. Despite differing epidemiology, HBV infection shares routes of transmission with HIV infection. Therefore we explored factors associated with those infections among high-risk populations in Peru.

Methods

Men who have sex with men (MSM) and transwomen (TW) recruited from two STI clinics completed a behavioural survey on substance use and sexual risk-taking in the last 3 months and received HIV testing. An AUDIT score ≥17 determined the presence of a severe alcohol use disorder. Active hepatitis B infection was determined by detection of HBsAg using EIA UMELOSA and HBsAg confirmatory testing (Tecnosuma, Cuba). Self-collected rectal swabs were used to diagnose gonorrhoea/chlamydia by NAAT. Prevalence ratios (PR) were calculated using Poisson regression.

Results

Among 310 MSM and 89 TW (median age 30 years, IQR: 18–58), 5% (20/399) had active HBV infection. Of the 20 participants with active HBV infection, 50% were HIV co-infected which was significantly more than the HIV prevalence among HBsAg negatives (30%, p-value = 0.053). Rates of recent condomless anal intercourse were similar by HBV infection status (68% among those with active infection vs. 74% among HBsAg negatives p = 0.557). Rectal STI prevalence was 40% among participants with active HBV infection vs. 20% among HBsAg negative participants. (p-value = 0.034). In multivariable regression active HBV infection was associated with severe alcohol use disorders (aPR = 2.54, p-value = 0.008) and HIV diagnosis (aPR = 2.56, p-value = 0.009).

Conclusions

In the context of South America’s low carrier rate, the prevalence of active HBV infection among this Peruvian sample is high. Our findings characterise the importance of revising national HBV screening and vaccination guidelines to include HIV-infected individuals and heavy drinkers since both conditions may accelerate liver disease. Educational campaigns to encourage transmission prevention are also needed since condomless anal intercourse was common in this cohort.

Disclosure of interest statement

This data for this abstract was obtained from an NIH-funded study (1R01AI099727). Hepatitis tests were donated however the donating company did not contribute to the conception of this study or participate in the analysis/interpretation of the data in this abstract.
serum HCV VL > 5 log_{10} IU/mL (p = 0.011). The magnitude of paired rectal and serum HCV VLs were strongly correlated (correlation coefficient 0.688, p < 0.001). Based on the median quantifiable rectal VL in the absence of visible blood, the surface of an average human penis would be exposed to 2.496 IU of HCV for the duration of anal intercourse.

Conclusion This study provides the first documentation of the presence of HCV in non-blood rectal fluid. It is plausible that the combination of bathing of an inserted penis in rectal HCV, with the attendant friction of anal intercourse, could result in penetration of HCV into the inserted penis. The protection to the penis afforded by a condom would logically mitigate the risk of transmission by this mechanism. This study should inform public health policy concerning the primary prevention of sexually transmitted HCV.

Disclosure of interest statement There are no competing or financial interests to disclose.

P11.24 LANDSCAPE OF HSV2 AND HIV INFECTIONS AMONG MSM IN MOROCCO: RESULTS FROM A RESPONDENT DRIVING SURVEY

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Introduction Over the past two decades, Herpes simplex virus type 2 (HSV2) became the most common cause of genital ulcer in the developed and the developing countries. It represents a risk factor for the acquisition and transmission of other sexually transmitted diseases such as HIV.

With regard to the lack of reports about HSV2 prevalence among Men having Sex with Men (MSMs) in Morocco, this study was conducted to determine the prevalence of the virus among MSMs associated to the risk behaviour.

Methods MSMs from two regions (Marrakech and Agadir) were recruited using Respondent-driving, a chain referral sampling approach. Blood samples collected from 669 recruits were assessed for IgG antibody of HSV2 using ELISA method. Positive samples were tested for IgM to assess recent infection. HIV diagnosis was performed using ELISA test. Reactive samples were confirmed using western bot. Discordant tests were cross-referenced with service records, estimates from comparable settings and key informant estimates. Plausible estimates were combined and extrapolated to non-assessed districts. A consensus process with key stakeholders was undertaken for validation. For behavioural data, a respondent-driven sampling (RDS)-based survey of FSW and MSM&TG in Dili was also conducted.

Results

1. National size estimates

- FSW: 1688 (95% CI: 1333, 2044); 0.71% females aged 15–49
- MSM&TG: 8703 (95% CI: 7821, 9585); 2.76% males aged 15+
- PWUD: 388 (95% CI: 208, 787); 0.07% adults aged 15–64
- PWID: 53 (95% CI: 10, 127); <0.01% adults aged 15–64

2. Behaviour

A total of 125 FSW and 229 MSM&TG participated in the Dili behavioural survey. Service interaction was mixed, with 67.8% (95% CI: 55.7%, 79.0%, n = 91) of FSW and 51.0% (95% CI: 40.6%, 61.1%, n = 124) of MSM&TG reporting ever having had an HIV test. About one-quarter of both FSW (25.7%, 95% CI: 16.1%, 34.3%, n = 39) and MSM&TG (26.1%, 95% CI: 18.8%, 33.5%, n = 51) reported always using condoms with their client/male sexual partner respectively. Reported illicit drug use among both populations was extremely low.

Conclusion Estimates produced were deemed plausible. The comparatively low national PWUD/PWID estimates reflected an extremely low current prevalence of illicit drug use in the country. Behavioural data indicated ongoing HIV/STI risk factors for FSW and MSM&TG.

Disclosure of interest statement This project received funding from the Ministry of Health Timor-Leste under a grant from the Global Fund to fight AIDS, Tuberculosis and Malaria. No pharmaceutical grants were received in the development of this study.

P11.26 THE SOCIAL AND SEXUAL DYNAMIC BETWEEN GAY MEN/TRANSGENDER PEOPLE AND THEIR STRAIGHT-IDENTIFYING MALE PARTNERS IN TIMOR-LESTE

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Introduction The Timor-Leste HIV/STI response is largely focused on the key populations of sex workers, men who have sex with men and transgender (MSM&TG) and people who use and/or inject drugs (PWUD/PWID). With no prior national size estimation (NSE), a NSE was undertaken to inform HIV/STI programming for these population groups. Behavioural surveying of FSW and MSM&TG in Dili was also completed.

Methods To improve reliability, several size estimation methods were used: Network Scale-Up; Service Multiplier; Successive Sampling – Size; and ‘Wisdom of the Crow’. Estimates were cross-referenced with service records, estimates from comparable settings and key informant estimates. Plausible estimates were combined and extrapolated to non-assessed districts. A consensus process with key stakeholders was undertaken for validation. For behavioural data, a respondent-driven sampling (RDS)-based survey of FSW and MSM&TG was conducted in the capital of Dili.

Results

1. National size estimates

- FSW: 1688 (95% CI: 1333, 2044); 0.71% females aged 15–49
- MSM&TG: 8703 (95% CI: 7821, 9585); 2.76% males aged 15+
- PWUD: 388 (95% CI: 208, 787); 0.07% adults aged 15–64
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2. Behaviour

A total of 125 FSW and 229 MSM&TG participated in the Dili behavioural survey. Service interaction was mixed, with 67.8% (95% CI: 55.7%, 79.0%, n = 91) of FSW and 51.0% (95% CI: 40.6%, 61.1%, n = 124) of MSM&TG reporting ever having had an HIV test. About one-quarter of both FSW (25.7%, 95% CI: 16.1%, 34.3%, n = 39) and MSM&TG (26.1%, 95% CI: 18.8%, 33.5%, n = 51) reported always using condoms with their client/male sexual partner respectively. Reported illicit drug use among both populations was extremely low.

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