

PL04.2 WHERE ARE THE MEN? STI AND SEXUAL HEALTH SERVICES FOR MEN

Ravi Verma. *Regional Director and Madhumita Das, International Centre for Research on Women, New Delhi, India*

10.1136/sextrans-2015-052270.11

This presentation describes why men are invisible and do not seek sexual health services, mainly STI care and treatment. The review examines¹ (i) how masculinity promotes STI/HIV infections; (ii) why men avoid seeking care and services and (iii) what are the means and ways through which services can reach men. The analysis attempts to answer the pathways of how social norms influence roles, behaviours and expectations and reinforce conditions on men through masculinity norms. In addition, it also describes structural barriers such as predominant 'Feminised' clinic spaces that inhibit men to seek services and adopt preventive behaviours.

Culture and social norms influence men's and women's risk through gender roles and relationships and ultimately determine whether, with whom and how various preventive technologies and sexual health services may or may not be used. Dominant masculinity norms and restrictive legal environments preclude men to reveal their sexual identities and preferences creating vulnerabilities to both men and women. Men's sexual health practices have been linked to diverse enactments of masculinities that can both negatively and positively influence men's wellbeing. Hegemonic masculinity idealises men's bodies as robust and resilient (Charles and Walters 2008) and are more amenable to self-management than to seeking help from healthcare providers. Many men who engage in sex with other men are married in countries like India. Men's perception of risk from such behaviours is also often low – especially if one is the "penetrator". Men who engaged in extramarital sex (whether with other women or men) were six times more likely to report wife abuse than those who did not. Yet, gender norms perpetuate women's submission to coercive sex in marriage and prevent frank discussions about sexuality and risk. While the introduction of microbicides may act as a catalyst, more encompassing gender transformative strategies were needed to reduce men's and women's risk of HIV and STI.

The review also opens up the ways of finding an alternative means which can open up the possible route for them to utilise the services.

REFERENCE

- 1 Charles N, Walters V. 'Men are leavers alone and women are worriers': gender differences in discourses of health. *Health Risk Society* 2008;**10**:117–132

PL04.3 SEXUALLY TRANSMITTED INFECTIONS IN MEN WHO HAVE SEX WITH MEN

Henry JC de Vries. *Professor of Skin Infections, STI Outpatient Clinic, Public Health Service Amsterdam, Department of Dermatology, and CINIMA, Academic Medical Center, University of Amsterdam, and Centre for Infectious Diseases Control, National Institute for Public Health and the Environment (CIb/RIVM), Bilthoven, The Netherlands*

10.1136/sextrans-2015-052270.12

Homosexuality is a global human phenomenon that can either describe the behaviour, preference or identity in relation to sexuality with someone from the same sex. Although homosexuality is becoming more and more accepted in many countries of the world, in large parts of society it is still considered as deviant,

unnatural and to be discouraged. A considerable proportion of countries in Africa, the Caribbean and the Middle East have some form of criminal laws against homosexual behaviour. Criminalisation of and atrocities towards homosexuals seriously hinders access to health care and endanger not only minority groups, but in the long run the population at large. The American Psychiatric Association removed homosexuality from its list of disorders over 35 years ago, yet homophobia among physicians is still widely prevalent. From a historical point of view, men who have Sex with Men (MSM) form a relatively new epidemiological risk group for STI. Yet it was the deadly HIV/AIDS epidemic that ignited a strong gay activist movement in the United States and Europe fighting for more research to find a cure and diminish disease transmission among MSM. Phylogenetic techniques and subsequent cluster analysis of STI pathogens have recently opened the possibility to unravel STI transmission networks in more detail and increased the insight into transmission mechanisms in MSM. To perform correct management, clinicians evaluating men with male-male sex contacts for STI-related complaints or STI screening must obtain a thorough sexual history. Emerging STI like *lymphogranuloma venereum*, hepatitis C and multidrug resistant *Neisseria gonorrhoeae* strains have been described first in MSM. STI-related proctitis often occur in MSM. Within the MSM population, HIV positive patients form a special group affected by STI-related diseases like anal carcinoma and neurosyphilis. The final part of this talk concludes with recommendations to reduce the STI burden in MSM.

Plenary Session PL05

Wednesday 16 September 2015

9.00am – 10.45am

PL05.1 TREATMENT TO PREVENT HIV: DOES TIMING MATTER?

Myron S Cohen. *Associate Vice Chancellor for Global Health, Yeagan-Bate Distinguished Professor of Medicine, Microbiology and Immunology, University of North Carolina at Chapel Hill, USA*

10.1136/sextrans-2015-052270.13

The horizontal transmission of HIV infection depends primarily on the concentration of virus in the blood and genital secretions. Accordingly, sexual transmission of HIV can be virtually eliminated with successful antiretroviral treatment (ART); not surprisingly, vulnerability for an HIV negative partner exists early in treatment and when/if treatment fails. Treatment of HIV (even at high CD4 count) improves health and prevents neoplasms and tuberculosis. These results have led to widespread recommendation for universal testing and treatment (UTT), limited only by infrastructure and not stage of disease. However, the detection and treatment of acute and early infection remains a challenge. There is strong evidence that treatment of acute and early HIV has both health and public health benefit. And people treated during acute infection have a smaller viral reservoir ("latent pool") and may be better candidates for attempts at viral eradication (i.e. cure). However, detection of patients with very early infection remains a challenge. Point of care tests currently available to detect acute infection do not perform well. Syndromic algorithms for detection of acute infection are available but they have not been widely used, even in Africa. Use of viral

phylogeny to detect HIV clusters has highlighted acute infection in some studies (especially among MSM), but such work has been primarily retrospective; real-time use of viral phylogeny for HIV prevention has not yet been implemented. Ongoing community based “test and treat” trials in Africa may help determine the importance of acute infection in the centre of the pandemic. The outstanding question for public policy is what degree of emphasis to place on detection and treatment of acute and early HIV, a question that can only be addressed with further empirical results and cost/benefit analysis.

PL05.2 WHY STI-ASSOCIATED GENITAL TRACT INFLAMMATION STILL MATTERS IN HIV TRANSMISSION

Jo-Ann Passmore. *Institute of Infectious Disease and Molecular Medicine (IDM), University of Cape Town, Centre for the AIDS Programme of Research in South Africa (CAPRISA), National Health Laboratory Service, South Africa*

10.1136/sextrans-2015-052270.14

Women in Africa, especially young women, have very high HIV incidence rates that cannot be fully explained by behavioural risks. In the setting of syndromic management for sexually transmitted infections (STIs) and bacterial vaginosis (BV), the influence of these, particularly asymptomatic infections, on CD4⁺ T cell activation and inflammation in the genital tracts of adolescents from South Africa urgently needs to be addressed. The influence of genital inflammation on HIV acquisition in this group will be discussed. Our study found that HIV seroconversion was associated with raised genital inflammatory cytokines (including chemokines MIP-1 α , MIP-1 β and IP-10). The risk of HIV acquisition was significantly higher in women with evidence of genital inflammation, defined by at least 5 of 9 inflammatory cytokines being raised [OR 3.2; 95% confidence interval 1.3–7.9]. Genital cytokine concentrations were persistently raised (for about one year before infection), with no readily identifiable cause despite extensive investigation of several potential factors, including STIs and systemic cytokines. Adolescents (median 18 years) had significantly higher frequencies of activated CD4⁺ T-cells (CD38⁺, HLADR⁺, CD38⁺HLADR⁺) from cervical cytobrushes than adults, although CCR5 expression was higher in adults. STIs and BV prevalence was very high in certain areas of South Africa, with 71% of adolescents having >1 STI and/or BV, and 42% being *C. trachomatis* positive. Adolescents with an STI had higher frequencies of activated and proliferating T-cells compared to those with no STI/BV. Higher cervical T-cell activation marker expression was directly associated with increased genital cytokine profiles. Our data suggests that elevated genital concentrations of HIV target cell-recruiting chemokines and a genital inflammatory profile contributes to the high risk of HIV acquisition in these African women. In adolescents, heightened levels of genital immune activation and inflammation, partly due to the presence of asymptomatic STIs/BV, could increase their risk for HIV infection.

PL05.3 HIV AND SYPHILIS: A SYNDEMIC WITH NO END IN SIGHT

Khalil Ghanem. *Associate Professor of Medicine, Johns Hopkins University School of Medicine, Baltimore, USA*

10.1136/sextrans-2015-052270.15

Syphilis rates are increasing in many parts of the world. HIV-infected persons, particularly men who have sex with men (MSM), have been affected disproportionately. In a recent study, 15% of patients attending New York City STD clinics who were diagnosed with syphilis subsequently became HIV-infected. Several questions about the optimal management of syphilis in HIV-infected persons remain unanswered and continue to elicit controversy, yet none of these are responsible for this persistent syndemic. There are, however, many questions whose answers may critically impact the control of these infections: What is the role of novel point-of-care syphilis tests? Is there a role for syphilis pre-exposure prophylaxis and male circumcision? How will PrEP impact the rates of syphilis? Seventy years following the introduction of a cure, and over 30 years after the discovery of HIV, syphilis continues to present formidable challenges to public health.

Plenary Session PL06

Wednesday 16 September 2015

3.45pm – 5.15pm

PL06.1 LEGAL AND HUMAN RIGHTS DIMENSIONS OF HIV AND STI: HISTORICAL BACKGROUND AND POLICY IMPLICATIONS

Carlos Cáceres. *Professor of Public Health and Director, Center for Interdisciplinary Studies in Sexuality, AIDS and Society, Universidad Peruana Cayetano Heredia, Lima, Peru*

10.1136/sextrans-2015-052270.16

The degree of regulation of sexuality has been very diverse through times and cultures. Christianity regulated it heavily, and many of its views became part of the European legal tradition. The last thirty years have seen considerable changes in Western culture, including the emergence of social movements around gender equity, sexual diversity, and HIV. In connection with the struggles of these movements as well as other social and political changes, there has been considerable progress in the situation of women and people with non-heterosexual identities, although in this case there has been a greater range of changes, including some on the negative side, such as criminalization. Finally, the global HIV movement made significant changes in the relationship between scientists, doctors, community and regulatory agencies, and led a crusade to expand access to treatment and prevention.

Because HIV is primarily sexually transmitted, and more prevalent in socially excluded groups in countries without generalized epidemics, AIDS was doubly stigmatized: as a deadly and mysterious disease, and as an indicator of social exclusion. Predictably, HIV stigma led to discrimination in access to services. In most of the world, the promotion of condom use did reduce, but never eliminated HIV transmission. Such finding brought a focus both to cultural differences and to structural vulnerability. HIV is clearly more frequent among socially excluded people, who need public interventions to reduce such vulnerability. In its history of more than three decades, HIV has elicited a variety of responses in legislative and regulatory frameworks, both positive and negative, some of which will be discussed.

The history of the response to STIs, with emphasis on the modern HIV epidemic shows the growing relationship between public health, public policy and legislation, and the potential