

Conclusion Self-collection based screening had high uptake in WHIV and HIV- women, suggesting that this method is highly acceptable and improves access compared to VIA. As more WHIV were HR-HPV infected, there is additional benefit to providing this type of screening given their increased risk for cervical cancer.

Disclosure of interest statement None of the authors have any conflicts to declare.

018.6 A METHOD TO ESTIMATE THE NATIONAL PREVALENCE OF HIV-INFECTION AMONG FEMALE SEX WORKERS IN ZIMBABWE BY POOLING DATA FROM MULTIPLE RESPONDENT DRIVEN SAMPLING SURVEYS AND PROGRAMME CONSULTATIONS

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Introduction Respondent driven sampling (RDS) surveys are often used to estimate site-specific HIV-prevalence among female sex workers (FSW). Methods to combine data from multiple sites to estimate national or provincial HIV-prevalence are rarely described.

Methodology Using data from the Zimbabwean national FSW HIV prevention programme, working in 36 priority sites across all provinces, we estimated the average number of visits made by FSW to outreach sexual/reproductive health clinics each month at each site between January 2014–Dec 2014. We treated this variable as a proxy for the relative size of the FSW population at each site. We conducted RDS surveys with HIV testing among 200 FSW in 14 of the 36 sites, purposively selected. We used the RDS-2 analysis approach to estimate HIV prevalence in each of the 14 sites. We then combined data from the 14 sites, weighting each site by the proxy for FSW population size to provide an estimate of the national prevalence of HIV among FSW in Zimbabwe.

Results The HIV prevalence across sites ranged from 43 to 79%. The unweighted mean of the site-specific prevalences was 57.5% (95% CI 51.9–62.8%). The mean number of women visiting each site per month over 2014 ranged from 16 to 87. The weighted women visiting each site per month in 2014 mean of the site-specific HIV prevalences was 58.1% (95% CI 53.8–62.2%).

Conclusions HIV prevalence among FSW in Zimbabwe is very high but variable by site. We describe an approach to estimating national HIV prevalence from multiple site-specific surveys. Here, weighting made little difference to a mean approach though this may not always be the case. Several future refinements to the method proposed are possible and will be discussed.

Disclosure of interest statement The SAPPH-IRE trial is using Truvada donated by Gilead. We have no other relationships with commercial entities to disclose.

019 - Pre-exposure prophylaxis of HIV

019.1 PREEXPOSURE PROPHYLAXIS OF HIV (PrEP): UTILISATION ESTIMATES IN AUSTRALIA

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Background Preexposure prophylaxis (PrEP) with daily oral Truvada® is recommended for people at high risk for HIV infection. The population-level benefit of PrEP requires higher levels of use than is currently observed. In Australia, homosexually active men (HM), particularly those who identify as gay or homosexual, contribute most to HIV transmission. We estimated how many HM are eligible for and likely to request PrEP.

Method Using data from the Australian Bureau of Statistics (2013) and the second Australian Study of Health and Relationships (ASHR2, 2013), we estimated the number of HHMM nationally. PrEP eligibility was defined by the national PrEP guidelines. Input indicators from the 2013 Gay Community Periodic Surveys (GCPS) were applied to estimate the numbers of men eligible for PrEP based on each individual and any behavioural eligibility criteria. Using data from Treatment Options to Reduce Chances of HIV (TORCH) study, we estimated how many eligible HM are likely to request Truvada® for PrEP.

Results We estimated 143,000 Australian men would identify as 'gay/homosexual' plus 95,000 as 'other' HAM. In GCPS, 15.7% of the HIV non-positive respondents reported sustained risk behaviour (≥6 sex partners in previous 6 months). Overall, 5.7% of HIV non-positive respondents satisfied behavioural eligibility criteria for PrEP, while having at least one episode of receptive condomless anal intercourse in the previous 6 months appeared the most common criterion (5%). Based on national eligibility criteria, 8,300 'gay/homosexual' and 5,300 'other' HM can be considered eligible for daily PrEP in Australia, and 44.9% of those are likely to uptake PrEP.

Conclusions Our estimate of the number of HM eligible for PrEP in Australia is based on the current PrEP eligibility criteria, which target individuals at the highest risk for HIV infection. This estimation helps to predict service needed for PrEP prescribing nationally.

Disclosure of interest statement Input indicators for these analyses were obtained from Australian Bureau of Statistics, Australian Study of Health and Relationships and Gay Community Periodic Surveys (all funded by the Australian state and federal governments) and from Treatment Options to Reduce Chances of HIV (TORCH) study funded by Gilead Sciences. Funding sources were not involved in research conducted.