

Abstract P2-S5.05 Table 1. 4 Latent class model of Winnipeg street population risk profiles

Class membership probabilities: Gamma estimates (SEs)					
Class	1	2	3	4	
	0.2474 (0.0254)	0.3099 (0.0315)	0.2137 (0.0243)	0.2289 (0.0325)	
Item response probabilities: pestimates (SEs)					
HSA14_:	0.0335 (0.0482)	0.7211 (0.0372)	0.6719 (0.0473)	0.7207 (0.0467)	Mental health (even been dx)
ALC2_:	0.3754 (0.0461)	0.8494 (0.0627)	0.4599 (0.0505)	0.0623 (0.0433)	Binge drinking (>5 drinks)
CRS1_:	0.3158 (0.0540)	0.9773 (0.0166)	0.9128 (0.0342)	0.9258 (0.0315)	Crack use
SSU1_:	0.1425 (0.0349)	0.5256 (0.0414)	0.5068 (0.0525)	0.5541 (0.0516)	Solvent use
idu1_:	0.0488 (0.0285)	0.6211 (0.0404)	0.6698 (0.0568)	0.6879 (0.0525)	Injection drug use
SNSX7_new_:	0.1944 (0.0403)	0.7745 (0.0368)	0.0052 (0.0069)	0.6961 (0.0511)	Sex partners have multiple part
SNID1_:	0.1784 (0.0398)	0.5803 (0.0407)	0.3842 (0.0483)	0.7888 (0.0477)	Network members' IDU
SNALC_:	0.6019 (0.0459)	0.9870 (0.0158)	0.4698 (0.0500)	0.4151 (0.0713)	Network members' alcohol use
SNCRACK_:	0.0136 (0.0137)	0.6265 (0.0408)	0.3629 (0.0498)	0.4515 (0.0549)	Network members' crack use
SNODU_:	0.4989 (0.0462)	0.8380 (0.0331)	0.4820 (0.0497)	0.5634 (0.0518)	Network members' other drug use
SNSX1_:	0.5883 (0.0496)	0.9872 (0.0121)	0.1129 (0.0572)	0.9958 (0.0068)	Network members are sex part.

health issues as well as individual crack, solvent use, and injection use but no network level correlates while the fourth latent class (23%) was distinguished for engaging in risky sexual behaviours and having these risky behaviours be supported at the social network level.

Conclusions Latent class analysis demonstrated that there are indeed subgroups of vulnerable populations who warrant targeted interventions given their different risk profiles. This type of investigation offers a public health population segmentation strategy to plan for future targeted prevention efforts that can more effectively address the special needs of these subgroups of vulnerable populations.

P2-S5.06 BEHAVIOURAL INTERVENTIONS FOR REDUCING HIV INFECTION IN WORKERS IN OCCUPATIONAL SETTINGS, A COCHRANE SYSTEMATIC REVIEW

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¹O Ojo, ²J Verbeek, ¹K Rasanen, ¹J Heikkinen, ³L Isotalo, ⁴N Mngoma, ⁵E Ruotsalainen. ¹University of Eastern Finland, Kuopio, Finland; ²Finnish Institute of Occupational health, Cochrane Occupational safety and health group, Kuopio, Finland; ³Finnish Institute of Occupational Health, Helsinki, Finland; ⁴Queen's University, Kingston, Canada; ⁵Kuopio University Hospital, Kuopio, Finland

Background HIV in the workforce has a negative impact on economic growth and development of affected countries. The workplace provides an important avenue to prevent HIV by providing easy access to workers who might have similar high risk sexual behaviour because of the nature of their work. Objective of this systematic review is to evaluate the effect of behavioural interventions on high risk sexual behaviour to prevent HIV among workers.

Methods We searched electronic databases to locate studies. Only randomised control studies in occupational settings or among workers identified as high risk groups were included. The outcome measures were: indicators of high risk sexual behaviours, uptake of Voluntary Counselling and Testing (VCT), and incident cases of HIV. We excluded health workers, sex workers, injection drug users and Men who have sex with men because these are already in other reviews.

Results We included 4 studies but we had incomplete data from one. All the studies were from developing countries in Asia and Africa with a total of 7994 participants. We grouped the studies in the following comparisons: Uptake of VCT was increased when

provided in workplace compared to voucher for testing only, RR=14.0 (95% CI 11.8 to 16.7), HIV incidence was not reduced, RR=1.4 (95% CI 0.7 to 2.7). Education caused a non-significant decrease in sex with extra partner RR=0.7 (95% CI 0.3 to 1.8) and unprotected sex, RR=0.9 (95% CI 0.5 to 1.4). More intensive Information, motivation and behavioural (IMB) skills training increased the use of condom, RR=2.8 (95% CI 1.6 to 4.1) and decreased sex with commercial sex workers, RR=0.8 (95% CI 0.80 to 0.96) in a very high risk group of truck drivers.

Conclusion VCT might not be effective in reducing HIV incidence in workplace intervention, and delivering voluntary counselling and testing on-site at workplace increases the uptake of VCT. However, education, and Information, motivation and behavioural (IMB) skills training might be worthwhile in reducing risky sexual behaviour and increasing condom use, especially when delivered with high intensity in the workplace.

P2-S5.07 COST OF THE AVAHAN HIV PREVENTION PROGRAMME FOR HIGH RISK GROUPS: RESULTS FROM 23 DISTRICTS FROM FOUR SOUTHERN STATES IN INDIA

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^{1,2}S Chandrashekar, ¹A Vassall, ³B Reddy, ³G Shetty, ⁴M Alary, ³P Vickerman. ¹London School of Hygiene and Tropical Medicine, London, UK; ²St. John's Research Institute, SJRI Bangalore, India; ³Karnataka Health Promotion trust, Bangalore, India; ⁴Centre hospitalier affilié universitaire de Québec, Québec, Canada

Background It is estimated that 2.27 million people are living with HIV or AIDS in India. The epidemic is concentrated and predominately driven by marginalised groups. The Avahan Programme in India is one of the largest HIV prevention programmes targeted at high risk populations within a single country in the world. It provides grants to state lead partners (SLPs), who in turn provide grants to non-government organisations (NGOs) at the district level to deliver multi-component interventions (including peer outreach, STI services, and structural interventions). This study presents the costs of implementing these interventions to female sex workers, men who have sex with men and transgender from 23 districts in the four Southern states of India over 4 years.

Methods Financial and economic costs were prospectively collected. Costs by input and activity, unit costs of interventions between 2004 and 2008 were analysed. Economic costs are presented in US \$ 2008 using 3% discount rate.