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**Background** Prostitution is a frequent and often controversial discussion topic at expert and political levels in Europe. Still evidence-based knowledge of sex work in general, and the situation of the SWs in particular, is scarce. BORDERNETwork addressed these gaps with an integrated bio-behavioural survey in seven EU countries. It compiled contextualised knowledge on the health and social situations of SWs, detected prevalence of and vulnerability to HIV/STIs, and formulated prevention practise recommendations.

**Methods** Behavioural and epidemiological data was collected between March 2011 and February 2012 through qualitative face-to-face interviews (an 85-item questionnaire) and blood screening tests (HIV, Syphilis, HCV, and HBV) among 956 SWs (respondents- and service-driven sample) in six capital cities and a border area.

**Results** The findings outlined multiple risks: About 38% of the SWs had experience injecting drugs, 60% lacked health insurance. 59% had had an HIV test in the past year, but STI/sexual health services are hardly utilised. 77.1% had not attended an STI-specialist and 51.1% had not visited a gynaecologist in the past year. The prevalence for HIV was 4.6%, for Syphilis - 4.5%, for Hepatitis B - 6.2%, and for Hepatitis C - 24% (over 90% among PWID). Risk predictors linked in particular to increased prevalence of Syphilis, HBV, and HCV were drug and alcohol use before/during sex work and inconsistent condom use during oral/vaginal sex with clients.

**Conclusions** The behavioural and social determinants of risk, including precarious living conditions and stigma, multiply the vulnerability of SWs impeding their access to health and social care. To that end policy regulations should endorse the creation of structures for early and easy access to health services. An adequate health care provision package (incl. sexual health) should be envisaged including those SWs lacking health, social insurance and legal status in the country of stay also.

### P3.306 POPULATION CHANGE AND MALE CLIENTS OF SEX WORK IN U.S. METROPOLITAN AREAS

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**Background** Rate of population change gives an indication of the average economic prosperity in a geographic area that reflects changing conditions to its physical and social environment which may influence the STIs risk behaviours found. Men who buy sex from sex workers (clients) are at high-risk of STIs and key in the spread infection to the general population. This study analyses census data matched with survey data to examine the association between population change in U.S. metropolitan counties with clients.

**Methods** A sample of 385 metropolitan men embedded in a 1999–2000 national probability telephone survey was linked to 1990 and 2000 U.S. Census county population counts. County population change between 1990 and 2000 was measured categorically and as a transformed continuous variable to account for negative growth and its skewed distribution. Poisson regression was used to obtain prevalence ratio (PR).

**Results** The sample was 73% non-Hispanic white, median age of 36 years, 77% were currently married or living with a partner and 39% had completed at least four years of college. The prevalence of clients was 14.8% (CI 11.5–18.9%), differing significantly by the population relative change of the county of residence ( $P < 0.05$ ). The lowest and highest prevalence of clients was observed among men residing in counties that loss population (6.0% (CI, 2.0–17.2) and grew rapidly above the national average (21.4%, CI, 13.5%–32.3%).

Using the transformed continuous measure for population change, there was a statistically significant increase in the ratio of male clients with a unit increase in population growth above the national average (unadjusted PR, 0.2, CI, 0.1–0.5,  $P < 0.010$ ).

**Conclusion** The relationship between rate of urbanisation in metropolitan areas and male clients provides support for demographic changes influencing level of STI risks in the population and may contribute to development of comprehensive STI prevention activities.

### P3.307 POPULATION GROWTH WITHIN REGIONAL PATTERN OF POPULATION CHANGE AND MALE CLIENTS OF SEX WORKERS IN U.S. METROPOLITAN AREAS

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**Background** Male clients of sex workers are at high-risk of HIV and are a key group in the spread of sexually transmitted infections to the general population. Places undergoing population growth are altering their economic, physical and social environments which may influence the pattern of sexual risk behaviour. However population growth is not uniform within or between U.S. metropolitan areas and there is an interrelated pattern of growth within a metropolitan area. This study examined the association of county population growth that was slower versus similar and faster than its own metropolitan area's pace of population change with male clients in a sample of men ( $N = 303$ ) residing in U.S. metropolitan areas embedded in a 1999–2000 national probability telephone survey of STD behavioural measurements.

**Methods** Population counts for non-institutionalised population at the county level were obtained from the 1990 and 2000 U.S. Census and the total household population in each metropolitan area was calculated by adding the household population of all its component counties. County population change relative to its metropolitan area was quantified using location quotient. Poisson regression was used to obtain prevalence ratio (PR).

**Results** The prevalence of male clients was 17.5%. In unadjusted analysis, there was no statistically significant relationship between clients and whether the county of residence experienced a rate of growth that was slower versus similar ( $PR = 1.79$ , 95% CI 0.9–3.3,  $P > 0.05$ ) or faster ( $PR = 1.4$ , 95% CI 0.7–2.9,  $P > 0.05$ ) to its overall metropolitan area. After adjusting for county-level demographical differences at the starting period, clients were however more likely to reside in counties that experienced a similar ( $PR = 2.33$ , 95% CI 1.1–5.0,  $P < 0.05$ ) or a faster ( $PR = 2.5$ , 95% CI 1.1–5.9,  $P < 0.05$ ) pace of growth.

**Discussion** Male clients of sex workers may not be similarly distributed across metropolitan areas and demographic changes may influence patterns of STI risks.

### P3.308 THE CHANGING MALE SEX WORKER POPULATION IN LONDON (2002 – 2012)

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**Background** With freedom of movement across European borders, increasing globalisation and emergence of new major economies, the UK has seen significant changes to the composition of nationalities migrating to the UK over the last ten years. In turn this has changed the working population of the UK. The objective of this study was to investigate the changes in nationalities of male sex workers (MSW) attending a dedicated clinic for MSW in London over the last decade.

**Methods** Clinic records for MSW attending a dedicated clinic in Central London were reviewed (1/1/2002 – 31/12/2002 and

1/1/2012 – 31/12/2012). Details of country of birth and nationality were collected for each attendee. Data was compared for each time period and grouped according to geography, and for Europe, according to traditional East - West borders.

**Results** Data was available for 211 men in 2002 and 230 in 2012. Country/region of birth (shown as % 2002, % 2012) was UK (37%, 43%), Western Europe (21%, 12%), Eastern Europe (6%, 6%), Latin and South America (15%, 31%), SE Asia (3%, 4%), Middle East and North Africa (3%, 0.4%), Sub-Saharan Africa (6%, 2%), USA and Canada (1%, 0.4%), Australia and New Zealand (4%, 0.4%), Other (3%, 1.3%).

**Conclusions** Nationalities of MSW attending the dedicated clinic in London have changed dramatically over the past decade. Though the majority remain UK born (37% in 2002, 43% in 2012), MSW attending from Western Europe (excluding UK) have fallen markedly (21% to 12%). The most notable increase in this period has been the number of MSW from Latin and South America (15% to 31%), the largest proportion being Brazilian (13% of total attendees in 2002, and 27% of 2012). Brazilians now account for over a quarter of MSW clinic attendees and MSW services need to adapt to support this cohort.

**P3.309** **EXPLORATION OF MIGRANTS' KNOWLEDGE AND ATTITUDES TOWARDS HIV/AIDS WAYS OF TRANSMISSION**

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**Background** The incidence of HIV/AIDS in Greece along of the migrants' influx, challenges policy makers and NGOs working in the field to plan prevention efforts in mobile populations.

**Methods** A total of 149 participants (81.21% men and 18.79% women) with mean age 29.0 ± 7.66 years old, have completed an anonymous and self report questionnaire in order to explore migrants' knowledge and their attitude towards HIV/AIDS transmission. Migrants have been recruited in the MDM offices and cultural mediators were used in order to complete the questionnaire. An informed consent was obtained.

**Results** More than half of the participants (72.99%) believed that having sex with a permanent sexual partner who has no other sexual contacts, protects against HIV transmission, while 49.30% thought that mosquitoes bites can transmit HIV infection, whereas 74.29% considered the use of condoms in each sexual contact, protective against HIV. Surprisingly 40.14% answered sharing meals with HIV positive persons could transmit HIV. The majority (84.35%) answered that they did not know where to have an HIV diagnostic test. Only 24.49% have performed HIV testing once in their life. More men (79.13%) than women (52%) believed in the use of condoms in every contact. A great proportion of men (41.38%) stressed that HIV could be transmitted by sharing meals while men (55.65%) and women (58.33%) agreed that HIV infected persons may appear perfectly healthy. The majority of the respondents never got the HIV test (75.51%).

**Conclusions** There is a need to develop skill based education programmes to elucidate misconceptions on HIV transmission and to promote behavioural surveillance systems to evaluate the progression of these programmes targeting migrants in Greece

**P3.310** **CAN MSM ATTENDEES OF A MUNICIPAL STD CLINIC SERVE AS A REPRESENTATIVE SAMPLE FOR BEHAVIOURAL SURVEILLANCE OF HIV PRACTISES AND RISKS?**

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**Background** The US National HIV Behavioral Surveillance (NHBS) system conducts venue-based sampling every three years of men who ever had a male sexual partner (i.e., men who have sex with men-MSM). In San Francisco, MSM attendees of the

**Abstract P3.310 Table 1**

	NHBS*		SFCC*
	N	% (95% CI)	N % (95% CI)
TOTAL	510	100.0%	100.0%
AGE			
29 OR YOUNGER	146	28.6% (24.7–32.8)	31.9% (29.7–34.1)
30–39	134	26.3% (22.5–30.3)	31.7% (29.6–33.9)
40–49	120	23.5% (19.9–27.5)	24.1% (22.2–26.2)
50 OR OLDER	110	21.6% (18.1–25.4)	12.3% (10.8–13.9)
RACE/ETHNICITY			
WHITE	300	59.1% (54.6–63.4)	51.1% (48.7–53.4)
HISPANIC	99	19.5% (16.1–23.2)	22.5% (20.6–24.5)
AFRICAN AMERICAN	31	6.1% (4.2–8.6)	12.6% (11.1–14.2)
ASIAN	37	7.3% (5.2–9.9)	10.7% (9.3–12.2)
MULTIPLE	26	5.1% (3.4–7.4)	2.0% (1.4–2.8)
NATIVE AMERICAN	9	1.8% (0.8–3.3)	0.4% (0.1–0.9)
PACIFIC ISLANDER	6	1.2% (0.4–2.6)	0.3% (0.09–0.6)
OTHER	0	-	0.4% (0.2–0.9)
INSURED (Aug 1 through Dec 19)			
NO	110	24.1% (20.3–28.3)	57.1% (54.5–59.6)
YES	346	75.9% (71.7–79.7)	42.9% (40.4–45.5)
NON-INJECTION METH USE (PAST YEAR)			
NO	446	88.0% (84.8–90.7)	91.5% (90.0–92.8)
YES	61	12.0% (9.3–15.2)	8.5% (7.2–10.0)
NON-INJECTION CRACK USE (PAST YEAR)			
NO	487	96.1% (94.0–97.6)	98.9% (98.2–99.3)
YES	20	3.9% (2.4–6.0)	1.1% (0.7–1.8)
NON-INJECTION COCAINE USE (PAST YEAR)			
NO	381	75.1% (71.1–78.9)	90.3% (88.7–91.7)
YES	126	24.9% (21.1–28.9)	9.7% (8.3–11.3)
NON-INJECTION POPPERS USE (PAST YEAR)			
NO	381	75.1% (71.1–78.9)	88.9% (87.2–90.5)
YES	126	24.9% (21.1–28.9)	11.1% (9.5–12.8)
NON-INJECTION ERECTILE DYSFUNCTION DRUG USE (PAST YEAR)			
NO	393	77.5% (73.6–81.1)	91.9% (90.4–93.2)
YES	114	22.5% (18.9–26.4)	8.1% (6.8–9.6)
NUMBER OF MALE SEX PARTNERS (PAST YEAR)			
0	40	7.8% (5.7–10.5)	23.7% (21.5–26.0)
1	80	15.7% (12.6–19.1)	6.7% (5.4–8.1)
2–5	162	31.8% (27.7–36.0)	26.4% (24.1–28.8)
>= 6	228	44.7% (40.3–49.1)	43.3% (40.7–45.9)
EVER TESTED FOR HIV			
NO	14	2.8% (1.5–4.6)	4.6% (3.7–5.7)
YES	493	97.2% (95.4–98.5)	95.4% (94.3–96.3)
HIV POSITIVE PRIOR TO NHBS/SFCC VISIT			
NO	373	77.2% (73.2–80.9)	81.6% (79.8–83.4)
YES	110	22.8% (19.1–26.8)	18.4% (16.6–20.2)
AMONG HIV POSITIVES: CURRENTLY ON HAART			
NO	12	11.0% (5.8–18.4)	17.0% (11.7–23.4)
YES	97	89.0% (81.6–94.2)	83.0% (76.6–88.3)
AMONG HIV NEGATIVES: PEP USE (PAST YEAR)			
NO	359	96.2% (93.8, 97.9)	96.3% (95.2–97.2)
YES	14	3.8% (2.1–6.2)	3.7% (2.8–4.8)
AMONG HIV NEGATIVES: HIV TEST (PAST 6 MONTHS)			
NO	176	47.2% (42.0–52.4)	39.3% (36.5–42.2)
YES	197	52.8% (47.6–58.0)	60.7% (57.8–63.5)

(Continued)