TG but are lumped together, which creates both a socio-political and behavioural risk issue. Thus, it is important to look at how TG women themselves define and understand the concept of TG in order to provide a context in developing TG-specific health services and HIV prevention programmes.

The methods used were facilitating a self-administered questionnaire to forty-six (46) self-identified TG women, and conducted four (4) focus group discussions to TG women members from community-based organisations (CBOs) in Metro Manila, Cebu City and Davao City.

The findings revealed that majority of the respondents/participants, being affiliated with a CBO, defines TG as persons whose gender identity and/or expression does not conform with their sex assigned at birth. Their differentiation of a TG woman from a transsexual (TS) is that the latter is related more to the concept of body modifications (i.e. hormone replacement therapy, collagen injection and implants). Thus, TG-specific health services should include both empowerment of their TG identities and addressing risky behaviours such as "versatile" sexual role and engaging in various forms of body modifications, especially those who self-inject hormones and collagens. Some TG CBOs coined "transpinay", "transwomen" and "binabae" as a local term for TG women which are useful to reach the unaware Filipino TG women community. Lastly, in order to identify and target TG women clients in peer education, qualifier questions or criteria can be used but always give the target clients the opportunity to self-identify for self-empowerment - both strategies should complement each other.

P3.440 HIV RAPID TESTING IN THE FRAMEWORK OF A STI PREVENTION PROJECT FOR VULNERABLE POPULATIONS

doi:10.1136/sextrans-2013-051184.0890

[1]**I Uccella**, [2]M Cammilli, [3]S Viale, [3]C Fazioli, [3]R Testa, [3]C Mirisola. *[1]National Institute for Health, Migration and Poverty, Roma, Italy; [2]National Institute for Health, Migration and Poverty, roma, Italy; [3]National Institute for Health, Migration and Poverty, roma, Italy*

Background Despite ongoing prevention and educational efforts, the incidence of new HIV infections in 2011 in Italy is estimated at 3.9 per 100,000 and 21.0 per 100,000 among foreigners. Many new infections, more than half in AIDS stage (sex risk 78.8%), are caused by persons unaware of their HIV infection.

Methods On February 2012, the NIHMP (National Institute for Health, Migration and Poverty, Rome) started a project aimed at promoting access of vulnerable people to HIV testing and at disseminating knowledge about STIs.

A Rapid HIV-1 Antibody Test (MedMira, Halifax, Nova Scotia) is offered to patients of the infectious diseases unit together with STI counselling involving doctor, nurse, transcultural mediator and psychologist. The test is also proposed to people who had never performed it before. If the test is positive, a confirmatory venous test is required. Multilingual written consent and pre-counselling questionnaire about HIV/STI-related knowledge and stigma and sexual behaviours are provided. After 3–6 months, post-counselling questionnaire is administered.

Results At November 2012, 121 people were enrolled: 72 males (59.5%), 1 transgender, 103 migrants (85.1%), 9 homeless people (7.4%), 4 Roma (3.3%). 118 people accepted to undergo the test. 61 migrants (59.8%) performed it for the first time. The test was offered for screening (54), past STI (22), including two cases of HIV positivity, new STI (21) and STI risk (13). Two AIDS cases were reported (1.6%). Two tests (1.69%) were false positive. 8 tests (6.7%) were not defined because of previous positive laboratory HIV test/negative WB, co-occurrence of hepatitis, syphilis and scabies or aspirin treatment. 85 questionnaires (70.2%) were filled in. Couple counselling was conducted in 4 cases.

Conclusions Preliminary data show that rapid testing is accepted and effective as well as laboratory test. The experimental counselling approach for mobile populations involving transcultural mediators will be evaluated.

P3.441 ACCESS TO SERVICES FOR HIV PREVENTION IN MEN IN LONG-DISTANCE DRIVERS GUATEMALA 2012 – 2013

doi:10.1136/sextrans-2013-051184.0891

[1]**N J Arambu**, [1]B E Alvarez, [1]I Loya-Montiel, [2]Z Pinzon, [1]B Huaman, [3]M Mansur, [3]S Ortega, [3]J R Vega, [1]I Osuna-Ramírez, [1]S Morales-Miranda. *[1]Unidad de VIH, Centro de Estudios en Salud, Universidad del Valle de Guatemala, Guatemala, Guatemala, [2]Ministerio de salud de Guatemala, Guatemala, Guatemala, 3HIVOS, Guatemala, Guatemala*

Background is key to HIV transmission, monitoring trends in groups of men from the general population, especially those whose mobility features and difficult access to sexual health services specialised transit routes is a constant

Methods From November 2012 - January 2013, men were recruited long-haul drivers as part of the Survey of Prevalence of HIV, syphilis and sexual behaviours in key populations of HIV in Guatemala. We used a convenience sample. All participants fulfilled the eligibility criteria and signed an informed consent, a questionnaire was face to face. All participants had been testing for HIV and syphilis. Data were analysed using STATA 11.1

Results 609 men long-distance drivers participated in the study, the median age was 37 years (IQR 31–46). The Guatemalans were 86.54%, 98% married or living with a woman and more than half (56%) had completed primary education. Only 9.2% had participated in activities about HIV in the past year, 22.8% correctly recognised ways of preventing HIV transmission, a 11.35% underwent an HIV test in the last 12 months, higher than that found in the general population (4.0%), but lower than in FSW´s clients (23.5%). Prevalence in HIV were found in 0.50% (0.10–1.44) and 1.98% (1.02–3.43) in syphilis

Conclusions The low prevalence of HIV is similar to that found in the general population of Guatemala (0.8%). Based on the results of this study primarily: the lack of correct knowledge about HIV and the little assistance to get tested for HIV diagnosis in addition with the UNAIDS recommendations in textbooks on population mobility and AIDS interventions are required to establish this special population is a priority under the bridge populations, for their constant mobility.

P3.442 EXPERIENCE OF SCREENING FOR HEPATITIS C IN AN OXFORDSHIRE PRISON

doi:10.1136/sextrans-2013-051184.0892

S Duncan, **J Sherrard.** *The Churchill Hospital, Oxford, UK*

Since 2004, we have run a fortnightly in-reach sexual health clinic in a medium security male prison which houses 1200 inmates, with a specific wing for men who have committed drugs related offences. In 2007, we reported that the prevalence of Hepatitis C (HCV) in the prisoners we tested was 9% [1]. Since then, there has been increased awareness of the burden of HCV in prison settings and new recommendations to increase HCV testing [2].

We aimed to review the current prevalence of HCV in local prisoner sexual health screens, and compare this firstly, to our previous 2007 estimate, and secondly, to that in a contemporary male sexual health clinic population.

Methods We performed a retrospective review of all Hepatitis C antibody tests requested for prisoners and male sexual health clinic patients by our service from 1.09.10 – 30.9.11. Samples were identified by laboratory electronic records and supplementary data was acquired by case note review.

Results HCV antibody screens were performed in 118 prisoners, and 716 men attending our general sexual health clinic. The

Sex Transm Infect: first published as 10.1136/sextrans-2013-051184.0892 on 13 July 2013. Downloaded from http://sti.bmj.com/ on September 17, 2024 by guest. Protected by copyright.

prevalence of HCV antibody was significantly greater in the prison population compared with the sexual health clinic population (11.1% V 1.1%, 2 sample test of proportion $p < 0.0005$) however the prevalence in prisoners was unchanged from the 2007 estimate (11.1% V 9%, 2 sample test of proportion $p < 0.6$). Injecting drug use was reported in 89% of HCV positive cases.

Conclusion The prevalence of HCV in our local institution remains high and injecting drug use is the most commonly reported risk factor. Implementing expanded testing strategies in prisons is a priority of great importance, along with further work to examine the effectiveness of currently strategies to address intravenous drug use.

1. Int J STD & AIDS 2007 (18) 4: 228–30.
2. NICE PH43 http://guidance.nice.org.uk/PH43.

P3.443 RISK BEHAVIOUR AND RISK FACTORS FOR HIV AND OTHER STI AMONG PRISONERS IN SERBIA

doi:10.1136/sextrans-2013-051184.0893

M Krstic, I Ivanovic, M Vasic, M Zivkovic Sulovic. *Institute of Public Health of Serbia, Belgrade, Serbia*

Background The Strategy on HIV infection and AIDS 2011–2015, and the Strategic Plan for the Response to the HIV Epidemic in the Republic of Serbia, both recognise the need for conducting behavioural surveys every two years among populations most at risk to HIV.

Method The survey was conducted in 2012, as a third repeated cross-sectional (KAP) study on a representative sample of 613 respondents in 16 prisons in Serbia. The research instrument was a structured questionnaire completed by respondents.

Results The survey findings showed that syringe/needle sharing practises are much more present among those prisoners who have had experience of intravenous drug use (38.2%), and who think drugs can be obtained inside a prison (32.8%). Use of non-sterile tattooing tolls was reported by 13.1% prisoners. Sex with non-regular partners and irregular use of condoms is detected more often among male prisoners. Knowledge on HIV/AIDS is satisfactory among 31.6% prisoners, which is a lower percentage compared to 2010 (35.1%). One in seven prisoners (15.2%) in Serbia took HIV test during 12 months before the survey, and knows their result. Among prisoners included in the MoH of Serbia project "HIV Prevention/harm reduction among prisoners", a higher percentage of those with satisfactory level of knowledge on HIV/AIDS was detected (35.8%), as well as those tested for HIV (32.9%). Knowledge of prisoners related to sexually transmitted diseases is unsatisfactory, as prisoners do not recognise the symptoms, nor do they report to their physicians when they get them. The percentage of prisoners satisfied with healthcare services is significantly higher than in 2010 (38.3% compared to 29.7%).

Conclusion It is necessary to revise and redefine programme activities aimed at preventing HIV/AIDS in prisons, and pay specific attention to HIV prevention programmes among vulnerable groups: youth, women and injecting drug users in prisons.

P3.444 MISSED STI AND HIV TESTING OPPORTUNITIES AMONG MALE PRISONERS IN ENGLAND

doi:10.1136/sextrans-2013-051184.0894

[1]K Marsh, [2]**S Chan**, [1]N Wheatley, [1]S Duffell, [2]R Lau, [1]G Hughes. *[1]Health Protection Agency, London, UK; [2]St Georges Hospital, London, UK*

Background Prisoners are a vulnerable population potentially at higher risk of sexually transmitted infections (STI), including blood-borne viruses (BBV), yet are more likely to receive fragmented sexual health services (SHS). Until recently, information on STI SHS provision and outcomes in this population has been limited in England.

Methods Following implementation of a new surveillance system, we assessed the quality of SHS received and outcomes among male prisoners seen by staff at 58 STI clinics during 2011 relative to other male attendees at all 209 clinics in England. Data on females were excluded due to small prisoner numbers. Significant differences were identified using chi-squared and t-tests. New STI diagnosis rates (DRs) were directly standardised using prisoners as the reference population.

Results Compared with other male STI clinic attendees (n = 627,976; 1,143,495 visits), prisoners (n = 3,216; 4,490 visits) were significantly younger (25 vs 28 years; $p < 0.001$), more likely to be of black ethnicity (13% vs 11%), UK-born (90% vs 80%) and heterosexual (97% vs 83%). Standardized new DRs for prisoners versus male attendees were higher for genital warts (5.5% vs 4.6%; p-value = 0.003), hepatitis B (0.4% vs 0.1%; p-value < 0.001) and hepatitis C (2.0% vs 0.0%; p-value < 0.001) but lower for genital herpes (0.3% vs 1.2%; p-value < 0.001), chlamydia (5.8% vs 9.3%; p-value < 0.001) and gonorrhoea (0.8% vs 1.6%; p-value = 0.008). New acute hepatitis A, syphilis and HIV DRs were similarly low (< 0.5%) for both groups. Comprehensive sexual health screens (48% vs 64%; p-value < 0.001) and HIV testing (68% vs 80%; p-value < 0.001) were offered less frequently to prisoners.

Conclusion We found high DRs of BBVs in prisoners, especially hepatitis C, but fewer diagnoses of bacterial STIs. As there were substantial missed STI testing opportunities in prisoners, however, bacterial STI DR estimates are likely understated. Efforts to improve opportunities for accessing STI and HIV testing services by prisoners should be a priority.

P3.445 SCALING UP HIV PREVENTION SERVICES AMONG PRISONERS IN UGANDA - TASO JINJA EXPERIENCE

doi:10.1136/sextrans-2013-051184.0895

M B Isabirye, E Musoke Seruma, S Nambafu, E Tayebwa, D Mpiima. *The AIDS Support Organization(TASO) Uganda Limited, Jinja, Uganda*

Background HIV prevalence in Uganda among inmates is 11.2%, making it almost twice as high as the national prevalence rate estimated at 7.3%. The Uganda prisons Services accommodates over 2,000 inmates living with HIV/AIDS with in its 224 units. Finding prisons with a holistic HIV/AIDS package are uncommon. Lack of accreditation of the clinic at the prison to provide HIV services, security threats to the public and service providers, overwhelming prevalence and inability of other service providers to have a package for inmates was the spring board for TASO Jinja in partnership with Kirinya Prisons to start the outreach.

Program description TASO services in Kirinya came as a result of a needs assessment and signing of a memorandum of understanding with the office of the Jinja District Health Office and Kirinya Prison services management. The out reach was inaugurated in 2009. Since then TASO Jinja has cared for 408 cumulative number of inmates where 42 females and 365 males of which 2.5% and 46% of males and females respectively are on ART.

TASO Jinja provides; a holistic HIV/AIDS care package. Lessons learned Offering healthcare to prisons is an entry point for HCT to the vulnerable groups thus the inmates. More prisons in Uganda are in need of urgent intervention for scaling up HIV/AIDS prevention in prisons.

No HIV services in most Ugandan prisons Few trained service providers to cater for the HIV/AIDS needs of inmates in prison Transfer of the inmates to and from other units without supportive documentation makes monitoring of the progress difficult.

Sex Transm Infect: first published as 10.1136/sextrans-2013-051184.0892 on 13 July 2013. Downloaded from http://sti.bmj.com/ on September 17, 2024 by guest. Protected by copyright.