

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

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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 tools 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

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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

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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 outreach 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.