Aim To explore the structural and contextual influences on the life course of HIV-affected circular migrant families, focussing on long-term prognosis, and consider implications for programmes.

Methods In-depth interviews with HIV-positive patients at an antiretroviral therapy (ART) centre in northern India. Data were analysed using framework and thematic analysis.

Results 20 men and 13 women were interviewed. Short-term migration to urban areas secured an improved economic livelihood, but HIV diagnosis was often late following a prolonged period of privately-obtained symptomatic treatments. At eventual HIV diagnosis, most participants faced serious debt and physical degradation. They felt conflicted about future migration – their economic liabilities pushed them towards migrant work, but their poor health and strict treatment regime made them reluctant to leave home. Insecure job markets and discriminatory policies attenuated their employment choices while the opportunity costs of monthly ART centre visits and related medical care mounted up. The role reversal during temporary care arrangements gave way to shifts in household composition, with gendered effects. Long term adherence to daily antiretroviral medication and the recommended healthy, regular meals could be compromised by the social and economic consequences of becoming positive.

Discussion Migration may increase HIV risk but following infection, HIV regulates future migration. It often increased the need to migrate again and forced some people to make choices that compromised their long-term health. Targeting migrants with prevention, testing and treatment programmes may fail to achieve desired outcomes without the simultaneous implementation of structural interventions.

Conclusion Female patients diagnosed with HSV-1 genital herpes are often advised by clinicians that strategic disclosure of orolabial herpes will maintain role relationships with male partners. However, our findings show that orolabial herpes disclosure may negatively affect relationships, as male partners may perceive such disclosure to be significantly less truthful than genital herpes disclosure.

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Methods We surveyed MSM/TW in Lima diagnosed with HIV/STI within the last month regarding their sexual practises with the most recent partner according to partner type (stable, casual, anonymous, commercial sex client or sex worker). We used a multivariate regression analysis to estimate prevalence ratios (PR) with UAI as the main outcome.

Results Among 340 participants (mean age: 30.9, range: 18 – 60), 62.5% self-identified as homosexual, 57.0% heterosexual, 17.6% bisexual, and 14.3% TW. Participants classified their last partners as 44.3% stable, 34.0% casual, 10.2% anonymous, 9.9% commercial sex client and 1.5% sex worker. Overall, 72.3% of participants reported UAI with their last partner. Using stable partners as the reference category, UAI was positively associated with all other partner types: PR: 1.5 (95% CI: 1.1 – 1.9, p < 0.05) for casual partners, PR: 1.5 (95% CI: 1.0 – 2.0, p < 0.05) for anonymous partners, PR: 1.6 (95% CI: 1.2 – 2.0, p < 0.05) for commercial sex clients and PR: 2.3 (95% CI: 1.7 – 3.0, p < 0.05) for sex workers.

Conclusion UAI with the last partner was more commonly reported for non-stable partners. These unexpected results warrant further investigation into the influence of partner type on high-risk sexual behaviour among HIV/STI infected MSM/TGW. A better understanding of relational partner-level factors is critical for improving HIV/STI prevention and partner notification efforts for Peruvian MSM/TGW.

Background Contraceptive use among HIV-positive women prevents unwanted pregnancy and reduces STI and HIV transmission. Recent studies link the use of hormonal contraceptive methods to increased risk of HIV transmission, consequently WHO guidelines recommend dual protection for HIV-positive women. Little is known about the uptake of dual contraceptive methods among women living with HIV. This study sought to measure differences in contraceptive prevalence and preference among HIV-positive women of different ages.

Methods The Longitudinal Investigation into Supportive and Ancillary health services (LISA) cohort is a prospective study of harder-to-reach HIV-positive individuals accessing ART in BC. Interviewer-administered surveys collected information on sociodemographic, behavioural and structural factors while clinical variables were linked through the Drug Treatment Program at BC Centre for Excellence in HIV/AIDS, Vancouver, BC, Canada; BC Centre for Excellence in HIV/AIDS, Vancouver, BC, Canada; University of British Columbia, Vancouver, BC, Canada; British Columbia Centre for Disease Control, Vancouver, BC, Canada. Between 2006 and 2011, 4,255 partners were elicited from syphilis index cases and 3,607 partners from HIV cases. Of these partners, 645 from syphilis index cases and 691 from HIV index cases only had internet contact information. Overall, 47.1% and 46.6% of the syphilis and HIV internet partners, respectively, were successfully contacted and resulted in more contact information being gathered. Of the syphilis internet partners with updated contact information, 129 (42.4%) were either presumptively treated or brought to treatment and represented an increase of 7.2% in successful partner service outcomes. Among the HIV internet contacts, 55 (17.1%) were tested for HIV (for HIV investigation) or who were tested for HIV (for HIV investigation) was also examined.

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Conclusions By developing and maintaining IPS infrastructure in San Francisco, a substantially larger proportion of partners were able to be contacted by Disease Intervention Specialists (DIS) and successful outcomes of partner services increased for both syphilis and HIV.

Background Internet partner services (IPS) is the process of notifying named sexual partners to a newly diagnosed syphilis or HIV patient, where the only contact information for that partner is an email address or website handle. Although IPS is recommended by the Centers for Disease Control and Prevention, limited data are available regarding outcomes and the benefits to public health. San Francisco STD Prevention and Control Services has implemented IPS for over a decade. IPS data collected between 2006 and 2011 from newly diagnosed HIV and syphilis index patients and the outcomes of their partner investigations were examined.

Methods The proportion of partners with only internet contact information who, through IPS, had more contact information gathered was calculated. Additionally, the proportion of these partners who were presumptively treated or brought to treatment (for syphilis investigation) or who were tested for HIV (for HIV investigation) was also examined.

Results By developing and maintaining IPS infrastructure in San Francisco, a substantially larger proportion of partners were able to be contacted by Disease Intervention Specialists (DIS) and successful outcomes of partner services increased for both syphilis and HIV.