

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 from primary earners and carers to needing care and financial support changed household organisation. 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.

007.3 A PSYCHOLOGICAL EXPERIMENT TO EXAMINE THE GLOBAL IMPACT OF STIGMA ON INDIVIDUALS DIAGNOSED WITH TYPE 1 HERPES SIMPLEX VIRUS (HSV-1)

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Background HSV-1 causes at least 50% of primary genital herpes infections in Europe, Canada, Australia and the USA. In the UK, rates may be even higher, as the level 3 STI clinic in Southampton observes approximately 80% of primary genital herpes infections in young women are due to HSV-1. Regardless of location, individuals disclosing genital herpes infection may experience enacted stigma associated with negative stereotypes of sexual immorality. Patients may often fear rejection and conceal their HSV status, deleteriously affecting social relationships and self-identity. Our study aimed to assess whether a relationship could be established between female HSV-1 infected status and sexual attractiveness to males, and whether a significant difference existed between male responses to HSV-1 orolabial and genital herpes infection disclosures by females.

Methods The study was a randomised controlled trial of 111 male participants, recruited from university undergraduate students. Participants were randomly allocated to 1 of 3 groups and shown discrete video scenarios of a female actress disclosing HSV-1 infection. Group-specific questionnaires yielded quantitative data from visual analogue scales measuring attractiveness and truthfulness regarding disclosure.

Results Pilot data showed that there may be a significant reduction in female attractiveness to males, associated with HSV-1 genital herpes disclosure, but not following HSV-1 orolabial herpes disclosure. Pilot data showed there may be a significant reduction in male's perceived truthfulness of HSV-1 orolabial herpes disclosure by females, in place of HSV-1 genital herpes. A full complement of results will be available by the ISSTD/IUSTI conference.

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.

007.4 THE PRICE OF SEX: INSIGHTS INTO THE DETERMINANTS OF THE PRICE OF COMMERCIAL SEX AMONG FEMALE SEX WORKERS IN RURAL ZIMBABWE

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Background Amid overall reduced demand for paid sex it is unclear how the economic organisation of sex work is affected. We explore factors associated with the price of paid sex in rural Eastern Zimbabwe.

Methods We collected and analysed cross-sectional data on 161 women who reported receiving either cash or commodities at their most recent commercial sexual encounter and who were recruited using snowball and location-based methods in October-December 2010. We used linear modelling to assess the impact of social and behavioural variables on payments for sex.

Results Eighty percent of sex workers (SW) were paid in cash; the mean payment was US\$11 (95% CI:\$9-\$13) and amount did not vary by payment type ($p > 0.2$). All acts were penile-vaginal. When clients requested condoms, consistent condom use was more prevalent than in encounters where they did not (82% vs. 38%, $p < 0.01$). Mean payment in 100% protected encounters was \$3 lower than when condom use was inconsistent (at least one unprotected act) ($p = 0.03$). Mean payment was higher when encounters were initiated in private locations (SW or client's house) than in bars and public places (e.g. markets): \$13, \$11 and \$8, respectively (trend: $p = 0.003$). Independent factors positively associated with payment were secondary education (vs. no or primary education, $p = 0.013$), a night-long encounter (vs. one act, $p = 0.03$), higher numbers of acts ($p < 0.01$), clients not requesting condoms (vs. requesting condoms, $p < 0.05$); encounters initiated in public (vs. private locations $p < 0.01$) were negatively associated with payment.

Conclusion Clients who did not request protected sex paid more than clients who did, and more educated SW were able to negotiate higher prices. Under extreme macroeconomic pressures SW may be less financially able to refuse unprotected sex. We need to understand better the importance of economics of sex work for HIV/STI epidemics.

007.5 UNPROTECTED SEX AMONG HIGH-RISK PARTNERS: ASSOCIATIONS BETWEEN RELATIONAL CHARACTERISTICS OF LAST SEXUAL PARTNER AND UNPROTECTED ANAL INTERCOURSE (UAI) AMONG MEN WHO HAVE SEX WITH MEN (MSM) AND TRANSGENDER WOMEN (TGW) IN LIMA, PERU

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Background Factors influencing condom use among MSM/TW may include partner type and recent STI diagnosis. We examined the association of partner type with UAI among MSM/TW in urban Lima, Peru, recently diagnosed with HIV or STI.

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, 5.7% heterosexual, 17.6% bisexual, and 14.3% TW. Participants classified their last partners as 44.5% 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.

007.6 AGE RELATED DIFFERENCES IN CONTRACEPTIVE PREVALENCE AND PREFERENCE AMONG HARDER-TO-REACH WOMEN ON ANTIRETROVIRAL THERAPY (ART) LIVING WITH HIV IN BRITISH COLUMBIA (BC), CANADA

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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 socio-demographic, behavioural and structural factors while clinical variables were linked through the Drug Treatment Program at BC Centre for Excellence in HIV/AIDS. This analysis included non-pregnant women aged 18–49 years. The outcome variable of interest was self-reported current contraceptive use.

Results Of the 166 women in this analysis, the median age was 38 years (IQR 33–43). In the six months before interview, 57% demonstrated viral suppression (VL < 50 copies) and median CD4 count was 280 (IQR 170–490). Contraceptive use was reported by 109 women (66%). Of the 104 women reporting vaginal sexual intercourse ≤ 6 months before interview, contraceptive methods included: barrier methods (condoms) (30%); dual methods (barrier method plus hormonal/permanent method) (27%); no method (24%), permanent methods (tubal ligation/hysterectomy) (10%); and hormonal methods (nuvairing/intrauterine device/oral/injectable) (9%). A significant difference was observed in contraceptive preference between sexually active women aged ≤ 35 years ($n = 42$)

and > 35 years ($n = 62$), with older women choosing permanent or dual methods and younger women selecting hormonal, barrier or no contraceptive method ($p = < 0.001$).

Conclusion Younger women demonstrate poor uptake of dual contraceptives, electing to use individual hormonal or barrier methods, or engage in unprotected intercourse. This demographic are at most risk of HIV transmission, potentially exacerbated by hormonal contraceptives.

0.08 - Get those partners treated!

008.1 ASSESSING THE ADDED VALUE OF INTERNET PARTNER SERVICES FOR SYPHILIS AND HIV

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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 Between 2006 and 2011, 4,255 partners were elicited from syphilis 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; a 7.9% increase in successful partner outcomes.

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.

008.2 USE AND EFFECTIVENESS OF AN ONLINE PARTNER NOTIFICATION TOOL FOR STI, CALLED SUGGEST-A-TEST

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Background Partner notification (PN) is crucial for STI control. We developed SuggestATest.nl (SAT), an internet-based notification