

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