Methods In this cross-sectional study, 27 prisons across 16 provinces were selected using a stratified random sampling approach. Men aged ≥18 years who spent at least 1 week in the prison and self-reported having had sex during last year were eligible for this analysis. Participants were asked about their current STI symptoms including penile discharge (PD) and genital ulcers (GU). Demographic variables, HIV/STI-related knowledge, STI care seeking practices, HIV self-perceived risk, as well as history of substance use, incarceration, and sexual behaviours were collected using a face-to-face pilot-tested risk assessment questionnaire. HIV tests were completed using ELISA of dried blood spots. Correlates of having STI symptoms were identified using descriptive statistics and logistic regression models.

Results Out of 2610 male prisoner recruited (Mean age ±SD: 35.7±0.19), 7% reported symptoms for PD, UC, or both; 45% of whom had not sought STI care inside prisons. Having STI-related symptoms were positively associated with a history of injection drug use (adjusted odds ratio [AOR]: 2.1, 95% CI, 1.4–3.1), condom accessibility inside prison (AOR: 1.7, 95% CI , 1.1–2.8), self-perceived risk of HIV (AOR: 1.5, 95% CI, 1.1–2.2), HIV-seropositivity (AOR: 3.3, 95% CI, 1.3–10.6), while negatively associated with having sufficient STI-related knowledge (AOR: 0.6, 95% CI, 0.4–0.8).

Conclusion STI symptoms are notable among prisoners in Iran with a higher prevalence among specific groups (i.e., those who inject drugs and live with HIV). Our findings call for revisiting current HIV/STI prevention policies across Iranian prisons to help improve prisoners’ HIV/STI knowledge and encourage their HIV/STI preventive practices.

Disclosure No significant relationships.

Background Mode of transmission study revealed that 38% of HIV new-infections in Nigeria are attributable to KPs. Abia and Taraba are two states in Nigeria with an HIV prevalence of 3.9% and 5.1% respectively. To ensure KPs receive interventions, estimation study was conducted in both states to provide insight on KP size, distribution and HIV/STI service coverage.

Methods Three KP groups (FSW, PWID, MSM) were mapped in Abia and Taraba. Programmatic mapping was employed which involved two sequential data collection steps known as level one [L1] and level two [L2]. During L1, data was collected from key informants (KIs) on the geographic locations/spots where KPs congregate, the characteristics of the spots, estimate of KPs found there and HIV/STI service availability. During L2, KI interviews were conducted at spots identified in L1. In L2 interviews primary KIs (FSWs, IDUs, MSM,) validated information collected during L1.

Results 1,136 spots (679 FSW spots, 103 MSM spots, 354 PWID spots) were identified in Abia while Taraba had 574 spots (346 FSW spots, 98 MSM spots, 130 PWID spots). The total KP estimate in Abia is 13,527 while Taraba has 6,246. In Abia, condom and HIV testing were only available in 4.4% and 1.6% FSW spots respectively. Also condom and HIV testing were only available in 2.8% and 1.1% PWID spots respectively. Both services weren’t available at MSM spots while all KP spots had no STI services. In Taraba, condom and HIV testing were only available in 0.6% and 1.3% FSW spots respectively. Also condom and HIV testing were only available in 4.2% and 3.4% PWID spots respectively. Both services weren’t available at MSM spots. 0.3% FSW spots had STI service but other KP spots had no STI services.

Conclusion From this study, Nigeria needs to scale up targeted HIV/STI services for KPs in Abia and Taraba states.

Disclosure No significant relationships.