

P812 LEVERAGING PEAK DAYS/TIME AT SPOTS TO IMPROVE KEY POPULATION HIV PROGRAMS – SIZE ESTIMATION STUDY OF 10 STATES IN NIGERIA

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Background In Nigeria, HIV prevalence is high amongst key populations (KP). Mode of transmission study revealed that 38% of new-infections in Nigeria are attributable to KPs. To plan KPs interventions, programmatic mapping was conducted to provide insight on locations where KPs are found and peak day/time during which the highest number of KPs visit these locations

Methods Three KP groups (FSW, PWID, and MSM) were mapped in 10 states. Programmatic mapping which involved two sequential data collection steps known as level one [L1] and level two [L2] was adopted During L1, information was collected from key informants (KIs) on geographic locations/spots where KPs congregate, characteristics of spots and estimate of KPs found there. 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 32,556 KI interviews were conducted in L1. 16,563 spots (8,877 FSW spots, 4,349 MSM spot, 3,837 PWID spots) were identified in 10 states. Peak days are when at least 80% of KPs visit spots. For FSW spots, 8 states have peak days on Saturday and Sunday while in 2 states (Taraba, Gombe states) it is only on Sunday. For MSM spots, Abia, Imo Anambra, Enugu, Kaduna, Oyo states have peak days on Saturday and Sunday while Edo, Kano and Taraba states have peak day on Sunday. PWID spot peak days are on Saturday and Sunday in Abia, Edo, Enugu, Oyo, Anambra, Imo, Kaduna and Kano states while Gombe and Taraba have peak day on Sunday. On peak days, peak time is mostly from 5pm to 12 midnight in all states for FSW and MSM. For PWID, peak time is mostly from 5 pm to 9 pm.

Conclusion With these results, Nigeria can design and implement HIV programs targeting KPs around days and times to achieve maximum reach.

Disclosure No significant relationships.

P813 COMMUNITY-BASED HEALTH SERVICES DELIVERY AMONG KEY AND PRIORITY POPULATIONS – A CASE STUDY IN UGANDA

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Background Freedom and diversity drop in centres (FaDDiCs), also known as safe spaces are gaining momentum in many countries. The initial FaDDiCs in Uganda were co-located within clinics. While clinic-based FaDDiCs offered some tailored services, it was only after the introduction of community-based FaDDiCs that remarkable uptake of services was registered among hidden key populations; particularly sex

workers (SWs), men who have sex with men (MSM), transgender (TG) and people who use and inject drugs (PWUID). MNL established 22 FaDDiCs to provide community-responsive services, offer psychosocial support, health information, condoms, lubricants, referrals and outreach sites for other biomedical interventions.

Methods

FaDDiCs Selection MNL identified sites for FaDDiCs after peer-led planning and preparatory activities including; hotspot mapping and feasibility assessment of each proposed location for safety, security, accessibility and population targeted. Tools and techniques: MNL equipped each FaDDiC with an education set, condom dispensers, tools for data collection and reporting on FaDDiC operations. The attendant peer educators and FaDDiC managers were immediately enrolled into a quarterly training program to equip them with skills and techniques for community-facility linkage. Service Delivery Mode: FaDDiCs open daily and receive and make referrals through a clear networking and linkage pathway.

Results 22 FaDDiCs were selected in Kampala (15) and Wakiso (7) districts; 6 for SWs, 6 for MSM, 5 for TG, 1 for PWUID, 1 for LBQ, 1 for truckers, 1 for fisher-folk and 1 for prison population. In 15 months, FaDDiCs received 6343 clients, provided condoms to 4988 clients, lubricants to 4018 clients and referred 1264 clients to health facilities. FaDDiCs also attracted other interventions such as the roll out of PrEP and HIV self-testing.

Conclusion FaDDiCs offer an alternative service delivery avenue to marginalised populations, decongest the over stretched public health facilities and offer an opportunity for customised care to key populations.

Disclosure No significant relationships.

P814 COMPREHENSIVE HEALTHCARE INTERVENTIONS AT MEKELLE UNIVERSITY STI AND ART CLINICS FOR KEY POPULATION, NORTHERN ETHIOPIA

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Background Reducing the burden of sexual transmitting infections (STIs) among key population group has a considerable role in prevention of HIV to the general population. Ethiopia is one of the sub Saharan African countries with high burden of HIV epidemic. As a response, Mekelle University provided comprehensive health care to prevent STIs/HIV prevention through its confidential STI clinics among 6550 female sex workers on selected hot spot areas.

Methods This study highlighted the experience of MU STI clinics on provision of health care interventions to the key population. Data were obtained from a register of female sex workers recorded for purpose of service provision at confidential STI clinics in Mekelle, Adigrat and Mekoni Ethiopia from April 2015 to September 30, 2018. A descriptive analysis of the services delivered to patients was performed.

Results The prevalence of STIs among the female sex workers increased from 4.5% in 2015 to 6.8% in FY 2018. Of the clients counseled and tested for HIV at the three confidential STI clinics; 77/4826 (1.59%), 42/3843 (1.09%) and 48/2116 (2.27%) at Mekelle, Adigrat and Meknoi were found to be reactive for HIV respectively. The possible reasons for the

increment of STIs prevalence could be explained: a) due to the rapid expansion of the hot spot areas, b) the increased migration of young women from rural to urban, c) engagement of many young girls in many bars and pubs for commercial sex work activity.

Conclusion The overall prevalence of STIs and HIV was reported 6.8% and 1.5% respectively. The prevalence of HIV increased from 0.9% in 2015 to 1.1 in mid-2018 and STIs from 4.5% to 6.8% within the same period. Government in collaboration with the higher institutions and other relevant stakeholders need to further consider strengthening the preventive strategies of STIs and HIV among the key population and other vulnerable groups.

Disclosure No significant relationships.

P817 LONGITUDINAL ASSOCIATIONS BETWEEN RECENT INCARCERATION AND STI/HIV RISK: THE ROLE OF PRIOR TRAUMA IN EXACERBATING RISK

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Background Black men who have sex with men (BMSM) disproportionately report a history of traumatic life events including incarceration. Incarceration, by increasing distress and psychopathology, may increase risk-taking and infection. Pre-incarceration trauma may exacerbate the impact of incarceration on STI/HIV risk among BMSM.

Methods Using data from HIV Prevention Trials Network (HPTN) 061, we used inverse probability of treatment weighted Poisson regression models to estimate risk ratios (RRs) and 95% confidence intervals (CIs) for associations between recent incarceration and incident STI (gonorrhea, chlamydia, and syphilis) and sexual risk behavior (sex trade defined as selling/buying sex, multiple partnerships, condomless sex) measured six months after incarceration assessment (n=1189). We tested the significance of interaction terms between incarceration and trauma to assess whether associations differed significantly by trauma history (e.g., experiencing a robbery, natural disaster, sexual/physical assault).

Results Approximately 93% reported at least one traumatic event and 14% had been recently incarcerated. Incarceration was associated with STI among those with prior trauma (RR: 1.10, 95% CI: 1.00–1.22) but not among those with no prior trauma (RR: 0.91, 95% CI: 0.75–1.09); associations differed significantly (interaction term $p=0.036$). Incarceration was linked to increased risk of sex trade involvement among those with prior trauma (RR: 1.08, 95% CI: 1.00–1.15) and decreased risk among those with no prior trauma (RR: 0.95, 95% CI: 0.90–1.00) (interaction term $p=0.002$). Incarceration was associated with increased risk of multiple partnerships among those with prior trauma (RR: 1.24; CI: 1.10, 1.40) but not among those with no prior trauma (RR: 0.85, 95% CI: 0.32–2.25), though the RRs were not significantly different (interaction term $p=0.224$). Incarceration was not associated with condomless sex, regardless of prior trauma.

Conclusion BMSM with prior trauma appear to face disproportionate vulnerability to STI/HIV risk after release from incarceration. Trauma-informed STI/HIV care and prevention interventions for BMSM with recent justice involvement are warranted.

Disclosure No significant relationships.

P818 PREVALENCE OF HPV IN TEENAGE HETEROSEXUAL MALES AFTER THE INTRODUCTION OF THE GENDER-NEUTRAL VACCINATION PROGRAM IN AUSTRALIA

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Background Australia introduced a school-based human papillomavirus (HPV) vaccination program for females aged 12–13 years in 2007, with a three-year catch-up to age 26; and for boys aged 12–13 from 2013, with a two-year catch-up to age 15. This study aimed to compare the prevalence of penile HPV between teenage heterosexual males in cohorts eligible or non-eligible for the school-based male vaccination program.

Methods Between 2014 and 2017, sexually active heterosexual males aged 17–19 were recruited from sexual health centres and community sources across Australia. Males provided a self-collected penile swab for HPV genotypes (Roche Linear Array) and completed a questionnaire. HPV prevalence was compared between males in two periods: 2014–2015 (non-eligible for school-based male vaccination) and 2016–2017 (eligible for school-based male vaccination). Self-reported vaccine doses were confirmed with doses reported to the National HPV Vaccination Program Register.

Results Overall, 152 males were recruited in 2014–2015 and 146 in 2016–2017. Numbers of female sex partners and condom use did not differ between the two periods. Prevalence of quadrivalent vaccine-preventable [4vHPV] genotype (6, 11, 16, 18) was low in both periods (2.6% in 2014–2015 *versus* 0.7% in 2016–2017; $p=0.37$). Compared with males recruited in 2014–2015, males in 2016–2017 had a lower prevalence of: any 37 HPV genotype (21.7% *versus* 11.6%; $p=0.02$); and any 13 high-risk genotype (15.8% *versus* 7.5%; $p=0.03$). Prevalence of low-risk HPV genotypes did not differ between the two periods ($p=0.25$). Of the males recruited in 2016–2017, 55% had received ≥ 1 vaccine dose.

Conclusion Prevalence of 4vHPV genotypes among teenage heterosexual males in both cohorts was low, presumably due to herd protection from the female-only vaccination program. The addition of the school-based male vaccination was associated with a lower prevalence of high-risk HPV genotypes other than genotypes 16/18.

Disclosure No significant relationships.