



# AIDS 2010

XVIII INTERNATIONAL AIDS CONFERENCE  
JULY | 18-23 | 2010 | VIENNA AUSTRIA

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## ABSTRACT BOOK 1



## TUPE0367

**Prevalence of HIV, syphilis, hepatitis B and herpes simplex type 2 infections among MSM in an urban setting of the district of Anuradhapura, Sri Lanka**D.A. Karawita<sup>1</sup>, A. Pathmeswaran<sup>2</sup>, K.A.M. Ariyaratne<sup>1</sup><sup>1</sup>National STD/AIDS Control Programme, Ministry of Health, Colombo, Sri Lanka, <sup>2</sup>University of Kelaniya, Faculty of Medicine, Department of Public Health, Ragama, Sri Lanka

**Background:** Sri Lanka remains as a low HIV prevalent country with an estimated sero-prevalence of less than 0.1% in the general population. Men who have Sex with Men (MSM) were identified as one of the priority target groups for interventions. The purpose of this study was to study the prevalence of HIV, Syphilis, Hepatitis B and Herpes simplex type 2 infections among MSM in an urban setting of Anuradhapura district.

**Methods:** Cross sectional study was carried out by using an interviewer administered questionnaire for 225 MSM, recruited by Respondent Driven Sampling (RDS) technique from a population of MSM who had anal sex with another, during the past twelve months. This study was carried out in an urban setting of Anuradhapura district, where the MSM were less and hard to reach. Data were analysed by using the statistical package for respondent driven sampling technique RDSAT v5.6

**Results:** Mean age of the sample was 26 years (95%CI=25.1-26.9). Marriage seems to be uncommon, 69% of them were single while 25.7% were married. Majority of participants were Sinhalese 94.2% (95%CI=91.3-98.2). Majority educated to grade 6 and above (96%) and 98.2% had the ability to read and write.

Only 11.1% (95%CI=3.1-10.6) had ever experienced symptoms of STD. During the previous 12 months, Urethral discharge (3.6%), genital warts (2.7%) and genital ulcers (2.2%) were the common presentations reported. Estimate of sero-prevalence of reactive VDRL in the population was 3.8% (95%CI=0%-10%), TPPA was 0.5% (95%CI=0.0%-2.2%) and HSV 2 antibody was 4.2% (95%CI=2.3%-8.9%) and all were negative for HIV ELISA and Hepatitis B surface antigen

**Conclusions:** Majority were unmarried, young males. They have substantial level of Syphilis and Herpes simplex type 2 infections. However, they all were negative for HIV and Hepatitis B. MSM networks in the urban area of the district are probably not affected by the HIV virus yet.

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## TUPE0368

**HIV incidence and associated factors among men who have sex with men: preliminary results from the first one year of an open cohort in Nanjing, China**H. Yan<sup>1</sup>, M. Zhang<sup>2</sup>, C. Hao<sup>3</sup>, W. Tang<sup>4</sup>, W. Guan<sup>5</sup><sup>1</sup>Jiangsu Provincial Center for Diseases Control and Prevention, Sector of HIV/AIDS/STI Prevention and Control, Nanjing, China, <sup>2</sup>Nanjing Municipal Center for Diseases Control and Prevention, Sector of HIV/AIDS/STI Prevention and Control, Nanjing, China, <sup>3</sup>The Chinese University of Hongkong, Center of Epidemiology and Biostatistics, Hongkong, China, <sup>4</sup>Nanjing Medical University, Department of Epidemiology, Nanjing, China, <sup>5</sup>Jiangsu Provincial Center for Diseases Control and Prevention, Center for STI Treatment and Health Promotion, Nanjing, China

**Background:** Limited data exist on HIV incidence among men who have sex with men (MSM) by cohort study in China. This research is to examine HIV incidence and risk behavior in Nanjing, Jiangsu Province, China.

**Methods:** HIV-negative MSM were followed up bi-annually over 12 months. Behavioral and serologic changes were collected using standardized questionnaire and biological measurements. The HIV incidence was calculated based on the number of newly infected cases and the person years observed.

**Results:** At baseline 410 HIV-negative MSM were surveyed. At six month follow-up, 288 were followed up with additional 180 new seronegative recruitments. At 12 month follow-up, 253 and 125 were interviewed from the baseline and the second recruitment respectively. Overall the observed HIV incidence was 3.63 per 100 person years. The new infection is associated with (Poisson regression analyses) homosexual orientation (RR = 3.08, 95% CI: 1.53- 6.20), having unprotected anal sex with any male sex partner in the past 6 months (RR = 1.64, 95% CI: 1.18- 2.30) and positive syphilis diagnosis during the survey (RR = 1.97, 95% CI: 1.42-9.23).

**Conclusions:** The high HIV incidence among MSM warrants a timely and targeted intervention in Nanjing, especially among those self identified gay, with unprotected anal intercourse and with diagnosed syphilis.

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## TUPE0369

**Nascent HIV epidemics among men who have sex with men appear to be emerging in the Middle East and North Africa**G. Mumtaz<sup>1</sup>, N. Hilmi<sup>2</sup>, W. McFarland<sup>3</sup>, R. Kaplan<sup>4</sup>, F.A. Akala<sup>5</sup>, I. Semini<sup>6</sup>, G. Riedner<sup>6</sup>, O. Tawil<sup>5</sup>, D. Wilson<sup>7</sup>, L. Abu-Raddad<sup>1,8,9</sup><sup>1</sup>Weill Cornell Medical College - Qatar, Doha, Qatar, <sup>2</sup>World Bank, Human Development Sector, Middle East and North Africa Region, District of Columbia, United States, <sup>3</sup>San Francisco Department of Public Health, San Francisco, United States, <sup>4</sup>University of California at Los Angeles, Los Angeles, United States, <sup>5</sup>Joint United Nations Programme on HIV/AIDS Regional Support Team, Middle East and North Africa, Cairo, Egypt, <sup>6</sup>Regional Office of the Eastern Mediterranean, World Health Organization, Cairo, Egypt, <sup>7</sup>World Bank, Global HIV/AIDS Program, District of Columbia, United States, <sup>8</sup>Weill Cornell Medical College, New York, United States, <sup>9</sup>Vaccine and Infectious Disease Institute, Fred Hutchinson Cancer Research Centre, Seattle, United States

**Background:** Men who have sex with men (MSM) in the Middle East and North Africa (MENA) endure pervasive stigma and discrimination at the social and political levels, and there are widely held perceptions of virtually non-existent data on MSM and HIV in this region. Our objective was to delineate, for the first time, the evidence on the epidemiology of HIV among MSM in MENA.

**Methods:** This was a systematic review of all biological, behavioral, and contextual data on HIV and MSM in MENA. Sources of data included Medline using free text and MeSH headings, international organizations' reports and databases, country-level reports and databases including governmental and non-governmental organizations publications, as well as various other institutional documents.

**Results:** This review showed that there is considerable data on MSM and HIV in MENA. The prevalence of HIV among MSM in MENA countries ranged between 0 and 15%. By 2008, the contribution of MSM transmission to the total HIV notified cases increased and exceeded 25% in many countries. The high levels of risk behavior (2-42 partners on average in the last year) and of biomarkers of risks (HSV-2 at 3-54%), the overall low rate of consistent condom use (2-22%), the relative frequency of male sex work (20-76%), and the substantial overlap with heterosexual risk behavior and injecting drug use (up to 17% of MSM inject drugs and up to 37% of male injecting drug users exchange sex for money) suggest potential for further spread.

**Conclusions:** HIV appears to be spreading among MSM in at least a few countries and could be already in a concentrated state among several MSM groups. There is a need to expand surveillance and access to HIV testing, prevention, and treatment services in a rapidly narrowing window of opportunity to prevent the worst of HIV transmission among MSM in MENA.

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## TUPE0370

**Structural frameworks necessary for men-who-have-sex-with-men (MSM) and other MARPs to access services in Uganda: lessons for meeting the MDGs by 2015**T.A.R. Mukasa-Muyunga<sup>1,2</sup>, S. Baral<sup>3</sup>, MARPs in Uganda<sup>1</sup>Mulago-Mbarara Teaching Hospitals' Joint AIDS Program, STD/SKIN Unit, Kampala, Uganda, <sup>2</sup>MARPs NETWORK, MoH, Kampala, Uganda, <sup>3</sup>Johns Hopkins University, Department of Public Health, Baltimore, United States

**Issues:** Most at risk populations' Initiative (MARPI) extends SRH/HIV/STI intervention services to high risk populations (Young people in tertiary education institutes, Couples, CSW, and MSM). Over 50,000 MARPs were targeted to access services between 2008 and 2010. Between March 2008 and June 2009, 18,981 had so far been reached; 591 Local leaders, 300 MSM, 120 WSW, 400 CSWs, 391 couples, 4219 Students from tertiary institutes and 12,960 from community and entertainment centers.

**Description:** MSM-friendly services included training 23 staffs in Unconditional Positive Regard (UPR), a needs assessment with 30 selected MSM group leaders and identified 120 safe spaces (friendly venues) for outreach services. Other activities; training 100 peer leaders to encourage health seeking behaviour, established a hotline, 100 health education sessions, quality male and female condoms through 40 condom outlets, 100,000 2ml lubricant sachets, STI treatment to 100 MSM, 300 HCT and STI screening sessions, creating 20 health action groups among the MSM and WSW and generating activity plans for regular meetings up to December 2009. 50 MSM made calls through the hotline to access SRH/HIV/STI management at MARPI. 20 MSM who are HIV-positive were given follow up HIV care and all of them are enrolled on Cotrim prophylaxis.

**Lessons learned:** The PATS model; Participation of MARPs; promotion of Attitude that improves health seeking behaviour to all concerned; Training of peers and staffs and; Sustained documenting and different forms of advocacy have generated a profile of an evidence base. Identified safe spaces, provided opportunity for same sex to access services.

**Recommendations:** Participation and awareness to MSM in SRH/HIV/STI integrated services and thereby generating evidence based documenting enables Policy-makers, stakeholders, Programme level and community level opinion leaders to use the evidence to enable them advocate and match needs to Policy framework.

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