

BR Bavinton¹; N Phanuphak²; F Jin¹; I Zablotska¹; B Grinsztejn³; G Prestage^{1,4}; AE Grulich¹ and Opposites Attract Study Group¹

¹The Kirby Institute, The University of New South Wales, Sydney, Australia. ²Thai Red Cross AIDS Research Centre, Bangkok, Thailand. ³Instituto de Pesquisa Clínica Evandro Chagas, Rio de Janeiro, Brazil. ⁴Australian Research Centre in Sex, Health and Society, La Trobe University, Melbourne, Australia

Presenting author email: bbavinton@kirby.unsw.edu.au

Introduction: There are few data about the range of strategies used to prevent sexual HIV transmission within homosexual male serodiscordant couples (HM-SDC).

Methods: Opposites Attract is an ongoing cohort study of HM-SDC. At baseline, HIV-positive partners (HPP) had viral load (VL) tested; HIV-negative partners (HNP) reported the previous three months' sexual behaviour and perception of the HPP's last VL test. Each act of condomless anal intercourse (CLAI) within couples was categorised by HIV prevention strategy.

Results: By February 2016, 331 couples were enrolled (Australia = 151, Brazil = 91, Thailand = 89). At baseline, 78.8% of HPPs had undetectable VL (UVL); however, only 55.9% of HNPs perceived their partners to have UVL (96.4% of HPPs who were perceived to have UVL actually did). In the previous three months, 53.2% of couples had CLAI: 46.5%, 28.1%, and 15.7% of HNPs reported insertive CLAI, receptive CLAI with withdrawal, and receptive CLAI with ejaculation respectively. Eighteen HNPs (5.4%) took daily pre-exposure prophylaxis (PrEP). Over the previous three months, HNPs reported a total of 8439 acts of anal intercourse with their HPP (mean per couple = 25.5). Of these, 4627 (54.8%) were protected by condoms, while there were 3812 (45.2%) acts of CLAI. Of the CLAI acts, 2488 (65.3%) were when the HNP perceived his HPP to have UVL; 94 (2.5%) were protected by PrEP in the HNP; and 244 (6.4%) were protected by perceived UVL in the HPP and PrEP in the HNP. Of the remaining 986 CLAI acts where the perceived VL was detectable or unknown and were not protected by PrEP, 484 were when the HNP was insertive (strategic positioning) and 428 were when the HNP was receptive (277 with withdrawal and 151 with ejaculation). Overall, 53.9% of all anal intercourse acts reported by HNPs were protected by condom use, 33.6% by perceived UVL, 4.2% by PrEP, and 6.0% by strategic positioning; while 3.4% were receptive with withdrawal, and 1.9% were receptive with ejaculation.

Conclusions: Couples used condoms, PrEP or perceived UVL for prevention in the vast majority of anal intercourse acts. Only a very small proportion of events were not protected, and the majority of receptive CLAI acts involved withdrawal.

THAC0102

Is pre-exposure prophylaxis needed for men who have sex with men in West Africa? HIV incidence data from a prospective multi-country cohort study (CohMSM ANRS 12280)

C Couderc¹; B Dembélé Keita²; C Anoma³; AS Wade⁴; A Ouédraogo⁵; A Coulibaly²; S Ehouman³; AK Diop⁴; M Somda⁶; Y Yomb⁷; E Henry⁸; B Spire⁹ and C Laurent¹

¹Université de Montpellier, TransVIHMI, IRD UMI 233 / INSERM U 1175, Montpellier, France. ²ARCAD-SIDA, Bamako, Mali. ³Espace Confiance, Abidjan, Cote D'Ivoire. ⁴Division SIDA/IST, Ministère de la santé, de l'Hygiène Publique et de la Prévention, Dakar, Senegal.

⁵Centre Muraz, Bobo-Dioulasso, Burkina Faso. ⁶REVS+, Bobo-Dioulasso, Burkina Faso. ⁷Alternatives Cameroon, Douala, Cameroon.

⁸Coalition PLUS, Paris, France. ⁹SESSTIM UMR 912, Inserm / IRD / Université Aix-Marseille, Marseille, France

Presenting author email: clotilde.couderc@ird.fr

Introduction: The World Health Organization (WHO) recommends from September 2015 to use pre-exposure prophylaxis (PrEP) as part

of a comprehensive HIV prevention package for people at substantial risk of HIV infection (incidence greater than 3 per 100 person-years in the absence of PrEP). Men who have sex with men (MSM) are one of the most vulnerable populations and may be eligible to PrEP. However, few data are available among this population in Africa. We therefore estimated the incidence of HIV infection among MSM in four West African countries.

Methods: A prospective cohort study was conducted in 2013–2014 in Bamako (Mali), Abidjan (Côte d'Ivoire), Dakar (Senegal) and Bobo-Dioulasso (Burkina Faso). Men over 18 years, reporting at least one sexual relationship with another man within the last three months, and HIV-negative (status confirmed at inclusion in the study) were eligible. A 6-month follow-up was offered to them including a quarterly HIV screening (M3 and M6) along with pre- and post-screening counselling and free condoms. If necessary, treatment for sexually transmitted infections was provided.

Results: A total of 440 HIV-negative MSM were recruited. Of them, 316 (71.8%) had at least one screening test during follow-up: 168 (53.2%) in Mali, 73 (23.1%) in Côte d'Ivoire, 54 (17.1%) in Senegal and 21 (6.6%) in Burkina Faso. The median age was 23.7 years (interquartile range (IQR): 20.8–28.0). These men were followed up for a total period of 167.9 person-years. During follow-up, HIV screening tests were performed after a median time from inclusion of 3.2 months (IQR: 3.0–3.6) and 6.3 months (IQR: 6.0–6.6). Eight seroconversions were observed (six at the first screening test and two at the second test), giving an incidence rate of 4.8 per 100 person-years (95% confidence interval (CI): 2.4–9.5).

Conclusions: Based on HIV incidence observed in this study, MSM living in West African countries are eligible for PrEP according to the WHO-recommended criteria. Operational research is now needed to guide the implementation of specific programs for prevention and comprehensive care including PrEP in this context.

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Reaching the unreachable: MSM recruitment strategy using social networks to HIV prevention services in Guatemala city

R Mendizabal-Burastero; C Galindo-Arandi; MP Yancor; I Vela and JM Aguilar-Martinez

Colectivo Amigos contra el Sida, Guatemala, Guatemala
Presenting author email: rmendizabal@gmail.com

Introduction: Men who have sex with men (MSM) report a 9% HIV prevalence in Guatemala, and only 45% of them had an HIV test done in the last 12 months. Evaluation of prevention programs report that these interventions target the same MSM with the same messages repeatedly; and the coverage of HIV prevention interventions represent less than 10% of MSM estimation. The need to improve access to HIV testing is an urgency in Guatemala.

Description: Colectivo Amigos contra el Sida (CAS) is a mostly gay association that work in HIV prevention. Several strategies were developed to increase HIV tested and diagnosed MSM in Guatemala city in 2014 and 2015. First, a strong group of volunteers were conformed and trained, a result of the implementation of HIV prevention model Mpowerment. An intense work of "snowball" outreach by social networks was performed. Facebook, Twitter, Grindr and WhatsApp were used to promote HIV testing services, by direct message for promotion. Each promoter started with their own social network, and the inclusion of new volunteers, that shared their networks, helped to continue the recruitment. Also, the inclusion in sex encounters groups in WhatsApp or Facebook also provided an interesting platform to find MSM. The MSM "social stars" also represented a good way to reach more MSM networks.