

Summary of the 14th Annual CHAPS Conference

The 14th Annual CHAPS Conference took place in Manchester on 9th and 10th March last, and a strong contingent of representatives from the GHN were in attendance.



**The 14th Annual
CHAPS Conference**
Renaissance Manchester City Centre Hotel
9 - 10 March 2011

The CHAPS conference is for providers and commissioners of HIV health promotion services for gay and bisexual men and those whose work or research involves addressing gay men's HIV and health needs. The following outlines a summary of some of the topics covered.

- **Making it Count IV:** First published in 1998, Making it Count (MiC) is the strategic planning programme that guides HIV prevention for MSM across the CHAPS partnership in the UK. Since then, MiC has been updated and expanded and the current 4th edition, launched at the conference, is a collaborative planning framework to minimise the incidence of HIV infection during sex between men. The full report is available to download at www.sigmaresearch.org. MiC Briefing Sheets were also launched at the conference. These briefing sheets provide a short overview on specific topics for sexual health promoters working with MSM. Briefing sheets launched at the conference included: Herpes; LGV; Gonorrhoea, Chlamydia and NGU; Hepatitis C; and one on Social Marketing. These are also available for download on the same website. Topics for further briefing sheets include Poppers, Microbicides, PEP, and Undiagnosed HIV infection, all due to be published by end April 2011.
- **Differences in STI testing in selected European countries:** Presented by Axel Schmidt, the Scientific coordinator for the EMIS Project, this presentation focused on EMIS data for a select number of European countries including Ireland, UK, Germany, Sweden, France and Malta. In the survey, men who had been tested for STIs other than HIV were asked for more detail, specifically the kind of diagnostic procedures that were performed. Depending on the country, between 20 and 50% of men had had an STI check-up in the previous twelve months. Men in central European countries were particularly unlikely to have had a recent check-up. In general, testing took place in the absence of symptoms. While in all countries 80% or more of check-ups included blood tests, there are few STIs that can be detected this way (e.g. syphilis and viral hepatitis). In the majority of European countries, most sexual health check-ups for men who have sex with men (MSM) do not include basic physical examinations or diagnostic procedures that would enable clinicians to diagnose rectal gonorrhoea, Chlamydia or warts. In 33 of the 38 countries surveyed, less than 40% of check-ups included an inspection of the anal and penile area. In over half the European countries, less than 20% of check-ups included this type of examination. In over two-thirds of European countries, less than 20% of check-ups featured anal swabs. The countries which didn't perform physical

examinations were generally the same ones which didn't do anal swabs. Four countries had notably better performance in this area – Malta, Ireland, the UK and Sweden. The researchers pointed out that each of these countries has a network of specialised sexual health clinics. Germany and France had particularly poor performance. Men in the UK or Ireland were over six times more likely to have had a genital and anal examination during their last check-up than men in Germany. Moreover, men in Ireland were eight times more likely to have had an anal swab, and men in the UK were almost ten times more likely to have had one. (These figures do not include men with diagnosed HIV, who tend to have more sexual health check-ups).

- **HIV Testing across Europe (EMIS Data):** Men completing the EMIS survey were asked a separate set of questions about HIV testing, including where they went for their most recent test. Overall, around 35% had taken an HIV test in the previous twelve months. Testing for HIV in the last year was most common in Spain, Portugal, Belgium and France. In each of these countries, the most common place to test was with a GP. In several countries of central and Eastern Europe, the most common place for MSM to take an HIV test was at a community service such as a testing site run by a gay community organisation. In Bulgaria, the most common place to test was at a mobile outreach van. Across Europe, measures of the quality of the testing experience varied depending on the place where testing occurred. In terms of confidentiality, the highest levels of dissatisfaction were among those testing as an in-patient at a hospital or clinic (13.5%), followed by those testing as an out-patient (9.3%). There was less dissatisfaction among those testing with a GP (5.2%), at a community service (4%) or at a sexual health clinic (3.3%). Respondents were also asked if they had been given the opportunity to talk about their sexual behaviour when they tested, and if they had done so, whether they had mentioned that they have sex with men. This was least likely to be the case when testing as an in-patient (23%), as an out-patient (28%) or with a GP (30%). Discussions of sex were far more common when testing at a community service (52%) or at a sexual health clinic (64%).

Other presentations at the conference included HIV prevention with the over 50s, HIV/STI prevention in men's prisons in England, Disclosure and HIV, plus many more. Presentations from the conference will be made available in the next few weeks on www.chapsonline.org.uk/Conference.

The 9th Annual Gay Health Forum (GHF9)

Advance notice: GHF9 will take place on Friday 17th June 2011 in Dublin Castle.

GHF9

Further details in relation to the programme and registration will be issued in the coming weeks. Queries can be sent to mick.quinlan@hse.ie.

Gay Switchboard Dublin (GSD) is Ireland's largest LGBT Helpline and has been in existence for over 30 years.

GSD provides a confidential listening, support & signposting telephone service for lesbians, gay men, bisexual & trans callers as well as their friends and family who may need information or support about sexuality issues. In recent years, the GSD listening & support service has been expanded with the recruitment & training of new volunteers. As a result, GSD now has 32 fully trained volunteers available to take calls.

In February this year, the training team at GSD teamed up with Dublin AIDS Alliance to undertake an HIV and AIDS Awareness training course for all volunteers. While all GSD volunteers are trained to listen and support all those who ring in, it was felt that there was a need to enhance volunteers' knowledge of current issues in the community, especially those of people living with or concerned about HIV and AIDS, in order to better support callers. Like a lot of callers to GSD, those living with or concerned about HIV can face a range of issues that they need support with. For instance, it's not uncommon for someone who is living with HIV to face isolation, stigma, loneliness, fears about disclosure etc. A chat with a Gay Switchboard volunteer can provide a caller with the safe environment needed to ask the questions that they might not feel comfortable asking a doctor or sexual health professional about face to face.

Callers are encouraged to ask anything about sexual health matters: whether it's thinking about having sex, safer sex, sexual health matters, worried about and living with HIV or even where to go if they need more practical guidance. As with all calls, GSD guarantees complete confidential support and information around sexual health, including HIV and AIDS, regardless of gender or reason for the call. If GSD doesn't have the information then its' helpline volunteers may signpost callers to other relevant support services such as Dublin AIDS Alliance and the Gay Men's Health Service.

Whatever it is that you need to discuss, Gay Switchboard volunteers are there to take your call Monday to Friday 7pm-9pm on 01-872 1055. All callers are treated



with respect and are guaranteed complete confidentiality. If you or your organisation would like more information on Gay Switchboard Dublin (GSD), you can contact the Liaison Coordinator at: info@gayswitchboard.ie.

EMIS UPDATE

The 2nd General Meeting of the EMIS was held in Berlin last February.

Over the three days presentations were made on the plenary findings from this study. While the main report will be published later this year some community reports have been published and are available on www.emis-project.eu. In the meantime GHN and GMHS are leading on the next community report aimed at the MSM community in Europe to be published in May. Members of the team assembling the community report are based in Greece, Latvia, Russia and UK. It is proposed that additional community feedback and awareness of the results be communicated to the MSM community in Ireland, possibly by producing awareness advertisements in GCN or thematic awareness materials. A separate community advocacy committee will be formed from members of GHN to consult and plan a method of sharing information with the community.

The Ireland EMIS Report

The Gay Men's Health Service, Health Service Executive, (HSE) in collaboration with the Gay Health Network, (GHN) is responsible for the additional analysis and reporting of the All-Ireland dataset. Overall, there were a total of 2,610 valid respondents in the Republic of Ireland and Northern Ireland – 2,194 and 416 respectively. This represents the largest ever All-Ireland sample of MSM – more than double the second largest in 2000 (1,290 respondents). With such a rich dataset, this is an important opportunity to utilise the data to inform policies and programmes for MSM, as well as to share up-to-date information with the MSM community in Ireland.

Previous results of the All-Ireland surveys were disseminated in individual reports – Vital Statistics (2000), Real Lives (2003 & 2004), Real Lives 2 (2005 & 2006), and Real Lives 3 (2007 & 2008 forthcoming). To encourage quick dissemination of the 2010 data, it is proposed that the results be reported in a series of 4-6 thematic reports. These brief reports will be centred on an individual topic/issue with a focus on the policy and programmatic implications. A research advisory committee will be formed to decide on the themes of the reports and to collaboratively review and finalise each of the thematic reports.

Possible thematic reports include:

- Gay community / community demographics
- MSM living with HIV
- Access to services / quality of services
- Testing (HIV and STIs)
- Homophobia / HIV Related Stigma & Discrimination
- Drug and alcohol use
- Sexual behaviour & practices / knowledge / relationships

We hope to establish an advisory committee soon, though already we are working on the report on the findings of MSM living with HIV.

The European MSM Internet Survey (EMIS) Community Report 1.0

Thank you for participating in the first European internet-based research project on homosexuality, homosexual behaviour and sexually transmitted infections (STI) among men who have sex with men.

You were part of something huge! More than 180 000 gay, bisexual, and other men who have sex with men (MSM) filled-in our questionnaire, making EMIS the largest study ever conducted on sex between men.

Knowledge on benefits of HIV-testing is high

This very high response to a 20 minute survey demonstrates a high community engagement, which would not have been possible without the support of local, national, and international LGBT and HIV organisations, as well as pan-European gay-organised social online-networks like GayRomeo and Manhunt.

EMIS 2010 Feedback for EMIS 2011 (to be out next 12 months) and results (to come) (LIVE@GSS)