

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.

CHAPS

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.

Following on from an article in Issue 9 of this newsletter last December, plans are now progressing for a national sexual health and HIV prevention campaign in 2011 in partnership with the HSE.

The campaign will be aimed at MSM, in particular younger MSM aged 18-25, and will consist of three main elements:

- A social marketing campaign promoting HIV testing, prevention, and sexual health awareness among MSM;
- Increasing access to condoms and lube via the Man2Man.ie website; and
- Health promotion workshops for MSM.

Emphasis will be placed on men residing outside urban centres, and funding support is being discussed with specific HSE regions to target MSM in these areas. The campaign forms part of the implementation of the recommendations of the National AIDS Strategy Committee HIV and AIDS Education and Prevention Plan 2008-2012, and will be developed based on accurate knowledge of the behaviour of MSM from the findings of research in particular the recent European MSM Internet Survey (EMIS Project). Campaign messages and designs focusing on younger MSM will be driven by a younger MSM peer group facilitated by BeLonG To Youth Services and will incorporate messages of building self-esteem, empowering and equipping men to make safer sex choices. Further information on the campaign plans and progress will be included in the next quarterly newsletter.



Social Marketing and Health Promotion

Social marketing tools such as Facebook and Twitter are now being used by many organisations to promote campaigns, services, events and much more.



These methods provide an opportunity to increase communications and reach a larger audience.

Man2Man and The Gay Health Network can now be found on Facebook, including many of GHNs member organisations: BeLonG To; Dublin AIDS Alliance; Gay Doctors Ireland; GLEN; Johnny; Open Heart House; The Rainbow Project; SWAI Ireland; USI.

For those interested in finding out more about the benefits of applying social marketing techniques to addressing vital social and health issues, the 2nd World Non-Profit and Social Marketing Conference takes place on 11th and 12th April next, in Citywest Hotel in Dublin. This two day event will be addressed by a

number of international health promotion experts who will advise on the best way to engage with the public in an effort to change behavioural attitudes and promote positive lifestyle changes, all of which are key to improving public health. The conference will be of benefit to anyone who works in health promotion, public health, community engagement, strategic communications and advocacy.

The conference offers an extensive programme, and some of the HIV and sexual health-related seminars incorporated into the conference include:

- Using Social Marketing to Reach Youth for HIV Awareness & Risk-Reduction
- Understanding men's resistance in seeking mental health services: A need for social marketing
- Positive Or Negative: HIV/AIDS Knowledge and Perceptions
- Using Social Marketing to Improve Sexual Health Screening Rates of Male Undergraduate Students
- Social marketing challenges to influence behavioural change and address gay men's sexual health

For a full programme see www.wsmconference.com.

Stand Up!

On Thursday 31st March, BeLonG To Youth Services launched its annual nationwide campaign, Stand Up! LGBT Awareness Week, which runs from the 4th to 15th April 2011.

The campaign which was launched by Dominic Hannigan TD, aims to raise awareness of homophobic bullying and the issues that affect Lesbian, Gay, Bisexual and Transgender young people (LGBT) in Ireland today. BeLonG To Youth Service believes that up to 40,000 Irish teenagers will participate in this year's campaign.

As part of the campaign over 1,600 secondary schools and youth organisations throughout Ireland have been issued Stand Up! packs which include information on homophobic bullying for teachers and youth workers, lesson plans for education activities to raise awareness of LGBT issues, education DVDs, a discussion guide and fundraising activity suggestions for secondary schools and youth organisations to support future campaigns.



The campaign is supported by several Irish celebrities including the cast of hit RTE series RAW and Pure Mule, RTE presenter Bláthnaid Ní Chofaigh, comedian Katherine Lynch and model Vogue Williams, all of whom have created videos of support to encourage secondary schools and youth organisations to get behind the campaign. The campaign has also been endorsed by the National Association of Principals (NAPD). For more information, to view campaign videos, and to download Stand Up! Packs for schools go to www.belongto.org.

Homophobic Bullying – A Teacher’s Guide

The Rainbow Project has launched a new information resource on homophobic bullying for teachers in Northern Ireland.

In partnership with the Minister for Education Caitriona Ruane and Cara-Friend, the launch highlighted Shimna Integrated College as a model of good practice from which other schools can learn how to approach issues of sexual orientation and tackle homophobic bullying. The resource contains definitions of homophobic bullying, how it affects young people, how teachers should intervene when they witness a homophobic incident or hear homophobic language.

Shimna Integrated College actively promotes equality for every child regardless of their sexual orientation; it takes a comprehensive approach to homophobic bullying and is the first school in Northern Ireland to have a Gay/Straight Alliance for its pupils. The new resource can be downloaded at www.rainbow-project.org.



Homophobia in the Workplace

The Rainbow Project has launched a research report looking at LGBT peoples experiences of equality in the workplace.

‘Through Our Eyes – Experiences of Lesbian, Gay and Bisexual People in the Workplace’ was commissioned by the Department for Social Development and was launched by Northern Ireland’s Minister for Social Development Alex Attwood MLA.

The report highlights widespread homophobia in offices and industries across Northern Ireland. One in four LGBT people hide their sexuality while at work in the private sector. In the community and voluntary sector, 31% of gay people reported derogatory comments being made about the LGBT community by colleagues at work. This figure rose to 40% in the public sector and 42.5% in private business. Around 70% of gay people who complained about homophobia were not happy with the outcome or how their grievances were dealt with.

The report can be downloaded at www.rainbow-project.org.



New resource for Guidance Counsellors supporting LGBT students

To coincide with the annual conference of the Institute of Guidance Counsellors which took place in Limerick at the beginning of March,

the National Centre for Guidance in Education (NCGE) and the Gay and Lesbian Equality Network (GLEN) released a new resource for Guidance Counsellors on supporting LGBT students. Responding to homophobic bullying in schools, this new resource will enhance efforts in making schools safe and supportive places for young LGBT people. The new resource, Supporting Lesbian, Gay, Bisexual and Transgender Students: The Role of Guidance Counsellors, can be downloaded at www.glen.ie.



Crosscare Housing and Welfare Advice Clinic

Crosscare are now providing an advice centre in Outhouse every Thursday from 4pm to 6pm.

Information is available on benefits, entitlements, homeless services, housing options, and other services that could provide support. Email housingandwelfare@crosscare.ie.



Link Positive

Link Positive is a new online social support for people living with HIV.

This is a pilot scheme which has been developed by LGBT Diversity Northwest in partnership with gay men living with HIV from the Northwest region of Ireland. It is also supported by Open Heart House as it dovetails into their Virtual Membership initiative recommended through the Open Heart House Strategic Plan for Development 2010-2014. Link Positive is open to all people over 18 and all genders. People living with HIV who want to take part in this pilot project should email linkpositive.diversity@gmail.com



Play Safe Play Sexy »»» www.Man2Man.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

More than 14 000 tested for HIV in the last 12 months and results show HIV risk is low.

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.

Eurosurveillance (Europe's journal on infectious disease epidemiology, prevention and control) has issued a report on the hepatitis A outbreak in Northern Ireland in 2008/9.

This was the first outbreak of hepatitis A in Northern Ireland following a decade of low incidence. From 4 October 2008 to 1 July 2009, a total of 43 acute hepatitis A cases were reported. Of those, 38 were classified as outbreak cases and five as sporadic cases. 36 cases were male, with a median age of 29 years (range: 18-51 years). Information on sexual orientation was available for 28 males, 26 of whom were MSM.

Information on clinical symptoms was available for 31 patients, 30 of whom presented with jaundice. Other symptoms were nausea (n=21), loss of appetite (n=17), abdominal pain (n=16), fatigue (n=14), and fever (n=13). 25 cases were admitted to hospital.

20 of the outbreak cases, all males, attended a GUM clinic where they completed a standardised questionnaire and were screened for co-infections. Eight cases,



all MSM, were diagnosed with co-infections on that occasion: three with syphilis, one with HIV, one with HIV and gonorrhoea, and three with NSU.

The outbreak highlighted the importance of timely diagnosis and reporting of cases to allow for appropriate and targeted control measures, and also the importance of raising awareness of the value and availability of the hepatitis A vaccination. The high rate of other STIs among MSM cases confirms the worth of STI testing during such an outbreak. The full report can be viewed at www.eurosurveillance.org.

Update from SWAI

Sex Workers Alliance Ireland continues to work to promote and enhance the social inclusion and health and safety rights of sex workers.

Currently SWAI is responding to proposed legislation to further criminalise sex work, in particular proposals to criminalise the purchase of sexual services. SWAI is concerned that the introduction of such legislation would force the sex industry further under ground, undermine the safety and rights of people involved in sex work, and make it more difficult to deliver health, safety and social care support services to sex workers.

SWAI welcomes legislation which will give more protection to victims of trafficking and which would penalise people who pay for sex with a person who they know has been controlled or exploited (such as victims of trafficking). However, there is nothing in the proposed legislation which offers further protection to sex workers who make an informed choice to sell sexual services in Ireland. There is a significant risk that the proposed measures will in fact increase the vulnerability of those involved in sex work.

The evidence from countries, such as Sweden and Finland, where similar laws have been implemented has proven this. Swedish sex workers and their allies report that the new laws have driven sex work underground, and has increased the risks faced by sex workers because they have less time to negotiate with clients, work in more

remote areas or poorly lit back streets, and do not carry condoms for fear they may be used as evidence that they might be selling sex. They are also less likely to report experiences of violence and abuse to the police.

SWAI will continue this vital work over the coming months to promote the health and safety rights of sex workers, and supports the recommendation of the National AIDS Strategy Committee (HIV and AIDS Education and Prevention Plan 2008-2012) which states that "A review of current legislation governing prostitution should be undertaken to ensure that access to health and social services is not impeded". SWAI welcomes dialogue on these issues with those interested in ensuring that the health and safety of sex workers is not inhibited.

Join SWAI on facebook: [SWAI Ireland](https://www.facebook.com/SWAI-Ireland).
Website: www.sexworkersallianceireland.org, Email: swaiireland@yahoo.com



HPSC launches new website

The Health Protection Surveillance Centre has launched a new look website at www.hpsc.ie.

The new layout is more efficient and makes better use of graphics and a new navigation bar has been created so that visitors can easily and quickly find the information they are looking for. The new look site has improved accessibility, while providing the same level of information as before.



Welcome to the HPSC website
The Health Protection Surveillance Centre (HPSC) is Ireland's specialist agency for the surveillance of communicable diseases. HPSC is part of the Health Service Executive and works in partnership with health service providers and other organisations in Ireland and around the world, to provide the best possible information to ensure for the control and prevention of infectious diseases. HPSC strives to protect and improve the health of the Irish population by providing timely information and independent advice, and by carrying out disease

New HIV figures for Northern Ireland

A report on the figures for new HIV diagnoses in Northern Ireland in 2010 was published recently by the Health Protection Agency (HPA).

There were a total of 81 new HIV diagnoses in 2010, which brings the cumulative total to 783. Of the 81 newly diagnosed cases, 51 were reported among MSM, compared to 39 for the twelve months of 2009. The cumulative total of HIV infections among MSM in Northern Ireland reported to the end of December 2010 is 399. A full report on HIV statistics for Northern Ireland can be sourced at www.hpa.org.uk.



Testing and Support »»» www.Man2Man.ie

Over 100 people attended the 2011 National PEP Conference held on Friday April 1st at Croke Park Dublin.

Organised by Medical Consultants Dr. Jack Lambert and Dr. Maeve Egan from the Mater and Rotunda Hospitals, along with a steering committee of health professionals from many agencies, this was the first conference of its kind in Ireland and focused on HIV and other blood borne virus prevention including Needle Stick PEP, Community PEP, Sexual Assault PEP and High-Risk Sexual Behaviour Encounter PEP. Axel J Schmidt (MD, MPH), Co-ordinator EMIS Project based at the Robert Koch Institute, Berlin and the EMIS Ireland Co-ordinator Mick Quinlan, Manager GMHS HSE, presented some data findings from the EMIS survey on 'knowledge of, access to, and experience with PEP'

PEP and Europe:

Axel J Schmidt outlined the findings from the 180,000 respondents of gay and men who have sex with men, based on the knowledge questions on facts regarding PEP with possible answers: I already knew this; I wasn't sure about this; I didn't know this already; I don't believe this; and, I don't understand this.

The average score of PEP knowledge in the Republic of Ireland was 37%; placing it in the middle of the 38 countries who participated. MSM in the UK, Belgium, Netherlands, Austria, Switzerland, Denmark, Poland and particularly France, had a higher knowledge score. Knowledge increased with city size and education.

Importantly among MSM in the Republic of Ireland who knew that PEP attempts to stop HIV infection after exposure, 48% had confidence in getting PEP. This placed the ROI lower than most other Western European countries alongside Portugal, Spain, Greece and Turkey.

In Ireland 2% of MSM had received PEP in the past. In only five countries – UK, Belgium, Switzerland, Denmark and especially France (9%) – more than 3% of MSM had ever been treated with PEP.

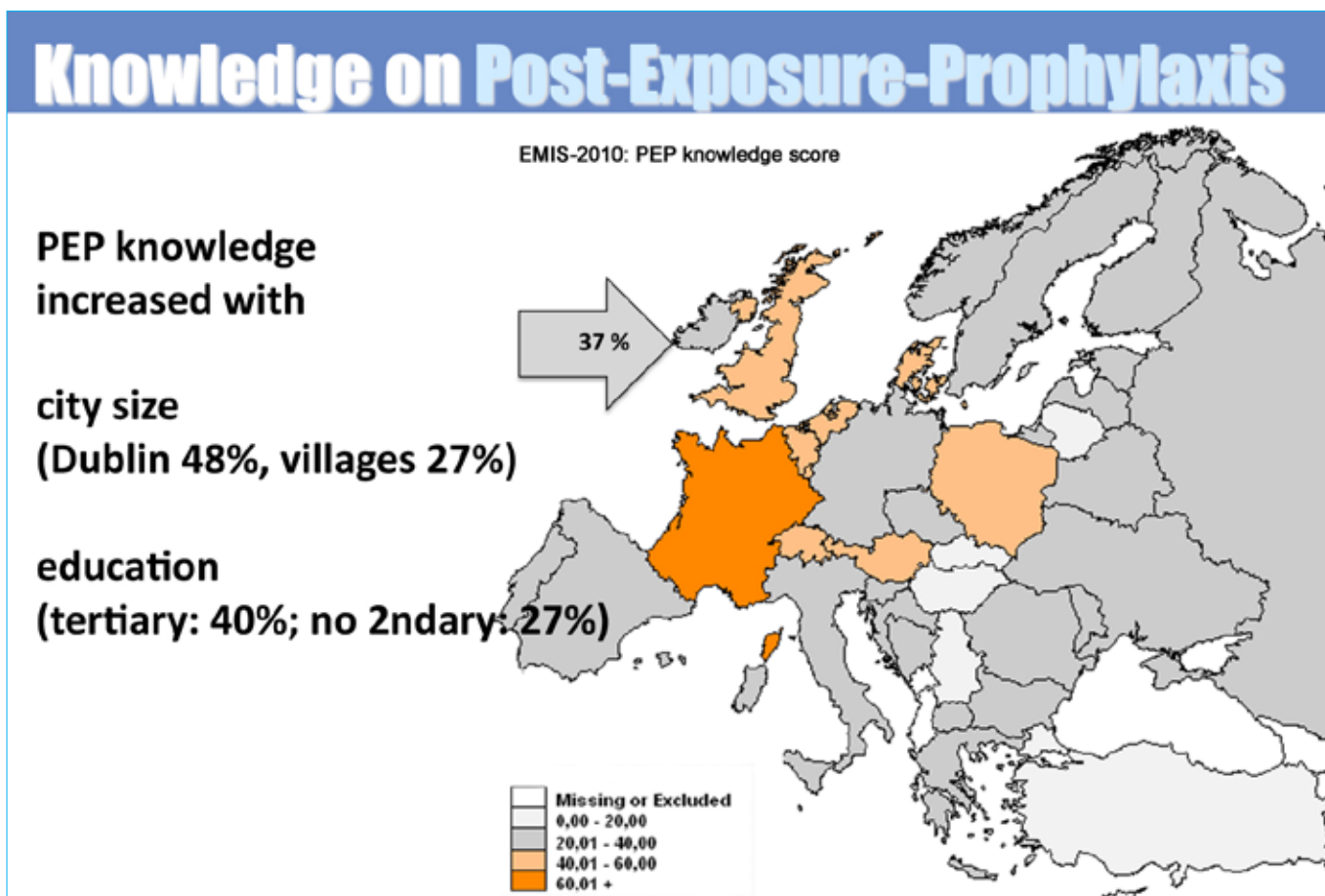
PEP and Ireland:

Mick Quinlan outlined that previous studies in Ireland showed that in 2006 only 22% (20% ROI and 29% NI) had heard of PEP (Real Lives 2 2009). This rose to 30% (35% ROI and 27% NI) in 2007 (Real Lives 3 to be published). The studies also showed that 72% of MSM in Ireland would consider taking PEP. In the EMIS study a series of questions were asked around PEP and the initial findings for All Ireland of the 2,610 respondents show (% response for ROI n=2194 and NI n=416 in brackets):

- 73% (74% ROI and 68% NI) did not know, were not sure or did not understand that PEP is a one month course.
- 56% (57% ROI and 51% NI) did not know, were not sure, did not understand or did not believe that PEP could stop HIV infection after a person is exposed to the virus.
- 58% (58% ROI and 52% NI) did not know or were not sure that PEP should be started as soon as possible after exposure, preferably within hours.
- Confidence in getting PEP: 48% of the MSM who knew that PEP could stop HIV infection had confidence in getting PEP. Importantly, this means that of the Ireland sample 79% had little or no confidence or did not know how to get PEP if needed.

The findings in 2007 show a significant increase in awareness about PEP and in 2008 GHN produced the only PEP information leaflet in Ireland available in 9 languages on www.man2man.ie. But as the EMIS findings highlight, more work needs to be carried out especially in ROI in relation to knowledge on PEP treatment. Access to and raising confidence in acquiring PEP is certainly an important area to be concentrated, as is the promotion of the availability of PEP in particular health services.

For more information on EMIS results please go to www.emis-project.eu.



Man2Man.ie

HIV and sexual health information for men who have sex with men

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Information for Gay and Bisexual Men
On Post Exposure Treatment for HIV

PEP STANDS FOR POST EXPOSURE PROPHYLAXIS.
IT IS A MEDICAL TREATMENT COURSE FOR PEOPLE WHO
HAVE HAD A RECENT SEXUAL EXPOSURE TO HIV.

READ ABOUT PEP - PICK UP THE BOOKLET AT A VENUE NEAR YOU ALSO AT
www.man2man.ie