

## THE EMIS PROJECT (EUROPEAN MSM INTERNET SURVEY)

“THE LARGEST INTERNATIONAL STUDY EVER CONDUCTED ON HOMOSEXUALLY ACTIVE MEN”.

The EMIS Project (European MSM Internet Survey) commenced on 4th June 2010, and the questionnaire was available online up to 31st August 2010. The survey was promoted online and offline through media for gay, bisexual, and men who have sex with men (MSM), and was available in 25 languages across 31 countries. Following the slogan “Be part of something HUGE!”, more than 180,000 MSM living in Europe, and more than 160,000 MSM living in the 27 EU member states completed the questionnaire. According to the EMIS directors “this makes it the largest international study ever conducted on homosexually active men”. This strong response demonstrates both a highly acceptable instrument and high community engagement, made possible by the participation and support of local, national, and international gay health, HIV, and LGBT organisations, as well as pan-European gay social online networks like GayRomeo, Manhunt and Gaydar.

Ireland was well represented with over 2,700 responses for All Ireland making it the largest MSM study ever. More so with 2,300 returns, the Republic of Ireland was 4th highest for country-relative returns with 5.1 per 10,000 population or 5% of the estimated MSM population in Ireland (EMIS). All 32 counties of Ireland were well represented as were MSM living with HIV (6%). Along

with previous studies such as Vital Statistics and Real Lives, the EMIS reports will provide invaluable data for planning and delivering sexual health promotion and services for MSM in Ireland for years to come. GMHS and GHN see this research as a vital part of the NASC Education and Prevention Strategy and are very thankful to the many social websites, HIV organisations, LGBT organisations and others for displaying the EMIS banner and for agencies and gay social venues for allowing promotion of the project, including the HSE website and media department, but in particular we are especially thankful to the men who completed the questionnaire. The EMIS directors have already acknowledged the “excellent and exemplary” promotion work by the Ireland co-ordinator Mick Quinlan, Manager, GMHS HSE.

GMHS and GHN are delighted to be ‘Part of Something HUGE’ in this pan-European study and would like to thank the organisers. For more information on the EMIS project, see [www.emis-project.eu](http://www.emis-project.eu). To contact the co-ordinator for Ireland please email [info@ghn.ie](mailto:info@ghn.ie). Data and first reports will be available from December 2010. Any further available updates on the results of the survey will be included in the next GHN quarterly “On the One Road” newsletter. >>>>



## GET IT ON...AT PRIDE

GHN LAUNCHED IT'S NEW CAMPAIGN – ‘GET IT ON, GET INFORMED, GET TESTED, GET SUPPORT’ - AT THE DUBLIN PRIDE PARADE ON 26TH JUNE WITH THE INCLUSION OF MOBILE BILLBOARDS TO PROMOTE THE CAMPAIGN

This year Pasante and the Dublin Pride Committee kindly supported the GHN campaign via finance for the advert in GCN and the mobile billboards at the parade. The “Get

It On” part of the campaign incorporates newly designed safer sex packs, which were distributed by Johnny at the event. The packs (supplied by GMHS) contain the new

‘dual-pleasure’ combined condom and lube sachet by Pasante Healthcare, and continue to be made available at gay social venues throughout Dublin. >>>>



# GHF8

GHF 8 EVALUATION

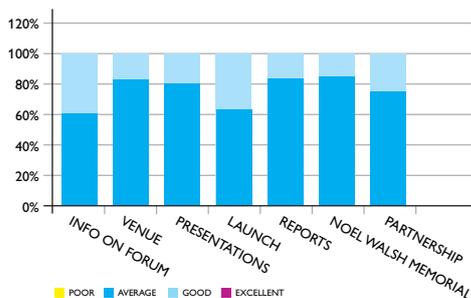


Chart 1. Scoring for overall evaluation of the GHF8

Mick Quinlan, Manager of the Gay Men's Health Service (GMHS) HSE, welcomed Aine Brady T.D., Minister of State at the Department of Health and Children, the presenters and participants from around Ireland and from abroad. He also dedicated GHF8 to the memory of Dr. Nuala Kilcoyne who worked at the GMHS clinic from the start and who sadly died earlier in the year. Before introducing the Minister, Mick outlined some of the happenings around LGBT same sex partnerships and marriage and launched the GMHS annual report for 2009.

In launching the forum Minister Brady acknowledged the key role of GHN in prevention activities. She addressed the dramatic increase in HIV infections among MSM and said the matter will be raised with the National AIDS Strategy Education and Prevention Committee (see excerpts from speech in this newsletter). Both Susan Donlon (Dublin AIDS Alliance) and Ronan Watters (GMHS) responded on behalf of GHN and detailed actions delivered on in the previous year. They also outlined plans for the coming year including the revamped GHN website [www.ghn.ie](http://www.ghn.ie) to be launched later in 2010. Importantly, they indicated to the Minister that the huge increase in the number of HIV diagnoses highlighted the need for ongoing adequate and increased investment in prevention. "We have a strategy and framework with the NASC Education and Prevention Plan 2008-2012 and GHN are willing and able to implement the recommendations and actions for HIV prevention among MSM with adequate resources".

The programme for the rest of the day was packed and broken into sub themes of GHF 8 Communication-Action-Partnership. The Action section was chaired by Tom Doyle, (Director) Yorkshire MESMAC who celebrated their 25th year in 2010. This and Tom's association with the founding of GHN in 1994 was acknowledged by the audience. Dr Aidan O'Hara, Consultant in Public Health Medicine with the Health Protection Surveillance Centre (HPSC), provided an overview of the HIV, Syphilis and Hepatitis data and trends. Dr. O'Hara presented on the dramatic increase of HIV diagnoses among MSM in 2009 and especially among a younger age group. He also outlined syphilis and hepatitis data which showed an upward trend. Importantly he combined this with the research findings from Real Lives and other reports in relation to condom use, access and attendance at

THE 8TH ANNUAL GAY HEALTH FORUM HELD LAST JUNE AT DUBLIN CASTLE WAS THE MOST SUCCESSFUL YET ACCORDING TO THE ORGANISERS. THE FORUM WAS VERY WELL ATTENDED AND THE EVALUATION AND FEEDBACK SHOWED THAT MOST PARTICIPANTS THOUGHT IT WAS EXCELLENT OR GOOD.

clinics, and testing. His last graph indicated the need for the MSM sector to be involved in primary and secondary prevention along with services.

Dr Evan Muldoon, gave an overview of the syphilis figures for GMHS and GUIDE clinics for three years between January 2007 and December 2009. A total of 439 (287 GUIDE/152 GMHS) MSM were diagnosed, half were aged under 35, and 29% were also HIV positive. She also spoke about the need for awareness raising campaigns such as the recent one by GHN.

Mick Quinlan presented the findings from the SAKA survey 2009 which showed a high level of syphilis awareness and testing especially in the Eastern Dublin region, with lower levels in Cork. Mick also presented the results of the onsite syphilis testing carried out by GMHS.

Daniel McCartney, HIV Officer, Research Dept., International Planned Parenthood Federation, UK, gave an overview of the findings from Real Lives 3, the All Ireland Gay Men's Sex Surveys 2007 and 2008. A more detailed report will be published later this year. The co-ordinator of EMIS, Dr. Axel Schmidt, German Federal Epidemiology Centre, Robert Koch Institute, came over from Berlin to launch the EMIS study in Ireland and gave an outline about the establishment of such a project. Malachi O'Hara, Mental Health Officer, The Rainbow Project, talked about their actions in the north and outlined the PEP availability campaign.

The 2nd Noel Walsh Memorial Presentation (supported by NASC, HSE and GHN) was chaired by James O'Connor, Development Manager, Open Heart House, with presentations by Maeve Foreman (Lecturer, Social Work Dept TCD) on recent research with clients of HIV clinics; Daniel McCartney and Dr Peter Keogh (National Centre for Social Research (NatCen), UK) spoke about the forthcoming GHN research in 2011 among MSM living with HIV; and the editor of Gay Community News (GCN), Brian Finnegan, gave a moving presentation on the gay media and communication with people living with HIV. All presentations were very well received and welcomed the participation and visibility of people living with HIV.

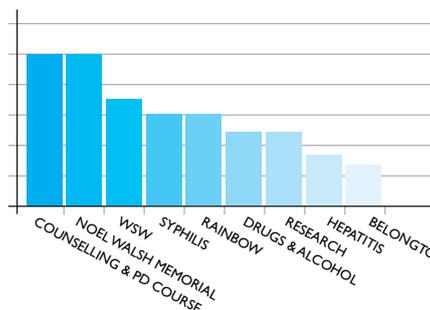
After the break there was a series of workshops: Counselling and the Personal Development Courses (PDC) provided by GMHS by Jose Castilho (Counsellor/ Psychotherapist) and Ciaran Nolan (Counsellor), one of the facilitators of the PDC; a workshop on research and actions; a workshop on the upcoming research for MSM living with HIV facilitated by the GHN Advisory Group; and Dr Shay Keating (GMHS and GUIDE Clinic) provided a presentation on Hepatitis, Syphilis and HIV transmission.

The afternoon section "Partnership" began with the Ladybirds (Peer Group) from BeLonG To Youth Service presenting on "Dental Dilemmas", the sexual health campaign for women who have sex with women. The group highlighted the need for "positive recognition" of the needs of lesbian, bisexual and trans women.

Dr. Teresa Whitaker (Sociologist) gave an update on SWAI (Sex Workers Alliance Ireland) and the website [www.sexworkersalliance.ie](http://www.sexworkersalliance.ie). Danika Sherak (Research Assistant TCD) presented on the 55+ Visible Lives research, a study of the lives of older LGBT people in Ireland, and encouraged participants to promote this first ever research and website. Carol Ann O'Brien (Advocacy Co-Ordinator, BeLonG To) gave a presentation on the 1st Annual Stand Up Campaign (9th-18th April) to address homophobia and bullying of younger LGBT people. She described how the campaign made contact with over 700 youth services, provided free training to 230 youth workers, and carried out peer work with 2,100 youth. She also showed clips from the recent films, also available to view on [www.belongto.org](http://www.belongto.org), and outlined the important work of BeLonG To around the country via the network.

Chart 2. Scoring for workshops and presentations

GHF 8 EVALUATION OF PRESENTATION & WORKSHOPE



The afternoon workshops included: 'Giving POZ people a voice' by Robyn Melia; 'Criminalisation: is there a cause of concern?' by Dr Teresa Whitaker; 'Sexual Health Issues for WSW (women who have sex with women)' by Ladybirds; and 'Drugs and Alcohol issues for LGBT people' by Gillian Brien (BeLonG To) and Ronan Watters (GMHS).

Most of the presentations from the GHF8 will be available at [www.gmhs.ie](http://www.gmhs.ie) this month and [www.ghn.ie](http://www.ghn.ie) later in 2010. The 9th Annual Gay Health Form (GHF9) is scheduled to take place on Friday 17th June 2011. Looking forward to seeing you there!



THE FOLLOWING ARE EXCERPTS FROM MINISTER ÁINE BRADY'S SPEECH AT THE LAUNCH OF THE 8TH ANNUAL GAY HEALTH FORUM LAST JUNE IN DUBLIN CASTLE:

### ON LGBT HEALTH:

"Last year, the HSE launched 'LGBT Health: Towards Meeting the Health Care Needs of Lesbian, Gay, Bisexual and Transgender People'. This document was the first of its kind to map out services, supports, gaps and actions for LGBT people and make recommendations to address any issues raised. One of the key recommendations was that LGBT people will be a named target group in HSE policy and in its planning process - demonstrating the HSE's determination that good practice will be implemented in all of its services in relation to LGBT people - be they service users or providers. From this report, we can clearly see that the Lesbian, Gay, Bisexual and Transgender (LGBT) community is not a homogeneous community with one discrete set of health care issues.

Whilst most LGBT people routinely access mainstream health and social services, it is necessary to understand the needs of LGBT people in the health services, be they mental health, sexual and reproductive health or GP services, so that they can be most effectively met. Key to this is a partnership approach where mainstream health service providers can work together with providers of targeted services to achieve the best actions and outcomes. This can only work in an environment of improved information and communications.

The next phase of this work will commence in September 2010 and will involve developing a strategic framework and action plan for LGBT health within the HSE. The work will be driven by a newly established HSE Advisory Committee on LGBT Health. This will be a partnership between the HSE and LGBT NGO sector and will come under the HSE Assistant National Director for Social Inclusion, Alice O'Flynn. It will include consultations with

HSE staff, service users and the NGO sector, and will involve the development of actions which will enable better health outcomes and experiences for LGBT people. Key priorities include developing tangible actions and outcomes in relation to transgender health, mental health, lesbian and bisexual women's health, and in relation to the systems that impact on the individual experience in a healthcare context."

### ON THE NASC Education and Prevention Plan 2008-2012

"Preventing HIV and AIDS and promoting safer sexual practices have been priorities for the health and education sector for some time and clearly this effort must continue into the future. The National AIDS Strategy Committee Education and Prevention sub-committee launched its Education and Prevention Plan 2008-2012 to provide a roadmap for HIV and AIDS Education and Prevention. Men who have sex with men are one of seven population groups at particular risk of HIV identified in this Plan. Determining how the various recommendations might be best advanced in the current challenging economic climate will present a significant challenge to the members of the Education and Prevention Sub-Committee, and I wish to acknowledge the continued efforts of the member groups of the Gay Health Network who I know are aligning their prevention activities to the actions in the Plan.

Notwithstanding the importance of the 2009 HIV statistics, I realise that figures tend to take away from the fact that those affected by HIV are people and not statistics. People who are not only living with HIV but who are also subject to HIV related stigma and

discrimination and who may experience exclusion. However, addressing this stigma and discrimination is proving to be quite a challenge both here and internationally and will need to remain on the agenda going forward."

### ON Syphilis among MSM

"The Health Protection Surveillance Centre has also recently published an Epidemiology of Syphilis in Ireland, a report based on the national programme for enhanced surveillance of syphilis. One of the key findings of the report is that a high proportion of cases are among MSM and the age profile of those affected should also be noted. Young men who have sex with men, as shown by the high proportion of cases aged 25-29 years in 2008, are a vulnerable group and efforts to prevent transmission among this group will have to be tailored appropriately to meet their needs, as is the case with HIV."

### ON THE National AIDS Strategy Committee (NASC)

"I chair the National AIDS Strategy Committee which is continuing to work to address some of the issues which will be discussed here today, in particular the high levels of HIV and Syphilis among Men who Have Sex With Men. I wish to acknowledge the ongoing representation and contribution of the Gay Community and people living with HIV on the NASC and its sub-committees as we continue to work to oversee the implementation of the recommendations of the National AIDS Strategy 2000, as well as the emerging issues that arise from time to time."



## HIV PREVENTION AND EDUCATION RESOURCE FOR YOUNGER MSM

ARISING FROM THE REPORTED INCREASE OF HIV DIAGNOSES AMONG YOUNGER MSM, GHN HAS ESTABLISHED A SUB-COMMITTEE TO COMMENCE AN HIV PREVENTION AND EDUCATION AWARENESS PROJECT TARGETING YOUNGER MSM.

The GHN sub-committee has met twice over the summer months, and members include Glenn Keating from BeLonG To Youth Services, Ronan Watters, Outreach Worker with GMHS HSE, Sergio Moura, Open Heart House, Kevin O'Brien from the Gay Switchboard Dublin, and Siobhan McGuire, USI LGBT Rights Officer.

The project will aim to produce a series of up to six post card size resources, with one released every month to highlight, through a continuing story, different topics of HIV prevention awareness. The resources will also aim to reduce the stigma of living with HIV and promote positive aspects of how to look after your sexual health.

Over the coming month, a focus group will be held with young people attending the BeLonG To Youth Services to incorporate their suggestions and opinions on the impact and content of this resource. Updates on the project will be included in the next issue of the newsletter, and on [www.ghn.ie](http://www.ghn.ie).



## ▶▶▶▶ A PROBLEM SHARED

IN THE OCTOBER ISSUE OF GAY COMMUNITY NEWS (GCN), COUNSELLOR/PSYCHOTHERAPIST JOSE CASTILHO EXPLAINS WHAT'S INVOLVED WITH THE GAY MEN'S HEALTH SERVICE (GMHS) COUNSELING SERVICE, AVAILABLE AT OUTHOUSE, DUBLIN'S LGBT COMMUNITY CENTRE, NOT ONLY FOR HIV POSITIVE MSM, BUT FOR THE WIDER COMMUNITY.

For the past number of years Jose and three other mental health professionals have been offering short-term, gay-friendly therapy for the LGBT community in the environs of Outhouse. The GMHS counseling service is free of charge, and in return we expect our clients to be committed in their attendance. Our policy is that if a client misses two sessions, clients will have to re-apply and return to the waiting list. This policy has only been used in a couple of circumstances, and our main experience is that our clients tend to be very committed to the counseling process.

**Who We See:** Referrals to the counseling service come from a variety of areas like the Personal Development Course (run by GMHS), student counseling services, and BeLonG To Youth Service. A lot of referrals also come from the GMHS STI Clinic at Baggot Street Hospital. However, people are free to refer themselves to us, either by phone, online, or simply dropping into Outhouse and saying they want to access the service.

Our clients age range from 17 to 70, with the majority of them in their late 20s, and while we can see women, it is primarily males who use the service, probably reflecting the main focus of the GMHS service towards men who have sex with men (MSM). However, some lesbian, bisexual and trans people have availed of the counseling service over the years.

During 2009, 59 people attended for counseling at Outhouse. Of those, 42 (80 percent) were born on the island of Ireland. The other nationalities (20%) were from countries of origin in Eastern and Western Europe, Africa, North Africa, Asia and South America. Most of the people attending the service are working full time or in some sort of employment. Recently, we came across students who had been attending their college counseling services, but with recent cutbacks were told to look for counseling services elsewhere.

**The Main Issues:** There are a wide range of issues that people attend the service for including acceptance/non-acceptance from family, internalised homophobia, erectile dysfunction, fear, self-esteem, cultural and religious conflict, relationship problems, bereavement, suicide ideation, confusion around bisexuality, cross dressing, safer sex issues, and fear of HIV/AIDS. Counseling support is also available to MSM living with HIV.

**The Future:** The service remains very busy with an ever-increasing waiting list. It is hoped that the counseling service in 2011 will be maintained at 16 client sessions per week. Development of a new system to allow more access to the service is being explored at present. In the meantime the GMHS manager, together with Outhouse and BeLonG To Youth Service are submitting a funding request to expand the LGBT counselling service. The

plan is to increase access for more client sessions per week, to hold group sessions, and to target younger LGBT people, including women and transgender people.

If you would like to contact the GMHS counseling service, call the GMHS main office at (01) 669 9553, email [gmhsadmin@hse.ie](mailto:gmhsadmin@hse.ie), or call Outhouse at (01) 873 4932. Names are taken and one of the counsellors will get in contact with you to arrange an appointment for an assessment and chat about what you may need.



## ▶▶▶▶ RIGHTS HERE, RIGHT NOW

FROM 18-23 JULY 2010, OVER 19,300 DELEGATES FROM AROUND THE GLOBE DESCENDED ON VIENNA, AUSTRIA TO ATTEND THE XVIII INTERNATIONAL AIDS CONFERENCE (AIDS 2010), THE LARGEST GATHERING OF INDIVIDUALS INVOLVED IN THE RESPONSE TO HIV.

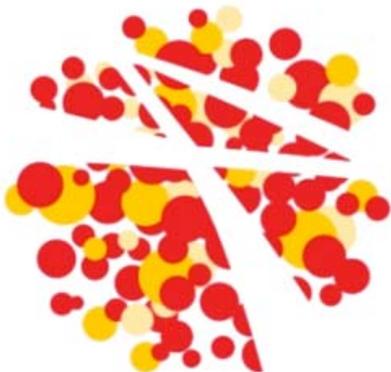
Under the theme Rights Here, Right Now, AIDS 2010 aimed to highlight the critical connection between human rights and HIV. Despite growing momentum, it is clear that the protection of human rights is a fundamental prerequisite to an effective response to HIV. Stigma, discrimination, rights violations, and misguided policies towards key populations most affected by HIV, are major obstacles to an effective response to HIV. This is particularly true for men who have sex with men (MSM) and other sexual minorities.

Prior to the conference, the Global Forum on MSM and HIV held its fourth consecutive pre-conference event focussed on MSM and HIV. Nearly 500 delegates from over 90 countries attended the event, to hear from the world's leading experts on the health and human rights of MSM and transgender people. As MSM continue to disproportionately be affected by the HIV epidemic in all regions of the world, there is still an urgent need to ensure all people have equal access to HIV prevention, treatment and care services. This is particularly true in

low- and middle-income countries where MSM are said to be 19 times more likely to be infected with HIV than the general population, yet only one in five has access to the HIV services they need.

However, it tends to be in these countries where MSM are the most isolated and marginalized, confront the most stigma and discrimination, and face laws criminalizing sex between men. All these factors decrease access to services and impede efforts to work with MSM. Around the world, homophobia needs to be addressed and the human rights of MSM and transgender people need to be fully protected if universal access to HIV services is to ever be achieved.

Let us see what progress can be made by the time the XIX International AIDS Conference opens in Washington DC in July 2012 ([www.aids2012.org](http://www.aids2012.org)). More information on this year's conference is available at [www.aids2010.org](http://www.aids2010.org).



**AIDS 2010**

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

**Rights Here, Right Now**

## BE LONG TO @ MILK

ON SATURDAY 14TH AUGUST, IRELAND'S FIRST GAY AND LESBIAN MUSIC FESTIVAL TOOK PLACE IN BALLINLOUGH CASTLE CO WESTMEATH.

Staff and volunteers from BeLonG To Youth Services attended the event to raise awareness of the services available to LGBT young people and service providers, participating as part of a group of LGBT community organisations in the 'Community Tent'.

Festival goers were also treated to a 'Photographic Set' set up by the young volunteers, where over 300 photographs were taken of festival goers in various costumes beside the BeLonG To bus. Images can be viewed on Facebook.

BeLonG To also received permission to fundraise at the event, and would like to thank the organisers for allowing them to do so, and in particular those at the event for their generous donations.



## GAY SWITCHBOARD DUBLIN (GSD)

GAY SWITCHBOARD DUBLIN (GSD) IS IRELAND'S LARGEST LGBT HELPLINE SERVICE, AND ONE OF THE OLDEST LGBT COMMUNITY ORGANISATIONS IN THE COUNTRY. FOR NEARLY 40 YEARS GSD'S TRAINED VOLUNTEERS HAVE PROVIDED A FULLY CONFIDENTIAL, NON-JUDGMENTAL LISTENING, SUPPORT AND INFORMATION SERVICE TO CALLERS.

Traditionally the majority of calls to the helpline focused on 'Coming Out' issues. People of every age and background from all over Ireland have called the service to talk to a friendly listener, as they come to terms with their own sexuality and deal with issues that may arise in their personal and professional lives due to this. However, as Irish society has changed, so too have the 'types' and numbers of calls to the service.

Coming out calls still rank highly in the types of calls received, however, GSD is seeing increasing numbers of calls relating to Trans issues, married men who are questioning their sexuality or have recently come out to their partners, and from parents dealing with the impact of their son or daughter coming out; the impact on their children's lives, their relationships, and indeed the lives of the parents too.

Sexual health issues are always a common theme to calls. The only direct advice that GSD gives to callers is in relation to the practice of safer sex; the use of condoms and lubricant; regular STI screening; and other health and support services available in the country.

GSD is a not for profit, charity organisation, limited in liability. GSD receives no government or public funding for the service, and relies on the generous donations of the public, particularly members of the Dublin LGBT community. There have been times in the past when GSD has struggled to raise sufficient funds for the service, but due to the dedication of volunteers in recent years, and the generosity of members of the public, GSD has been able to grow significantly in the last 2 years. For the first time in its history, Gay Switchboard Dublin now operates with over 40 active volunteers, and provides a hel-

pline service to everyone in the country, 5 nights a week. With continued support from the community and through partnerships with other LGBT organisations, GSD will continue to grow and develop positively as an organisation in the coming years.

While Irish society continues to change, largely for the better, in relation to LGBT issues, there are and always will be people in our country, who are dealing with issues relating to sexuality. From coming out, to safer sex, to family and friends, work colleagues and partners, marriage, civil partnership, depression, social stigma or just looking for a bar / club on a Saturday night, Gay Switchboard Dublin will continue to provide its' listening, support and information service for the foreseeable future.

It is our belief, that through the dedication of volunteers, the generosity of the public, and developing partnerships across all LGBT services in the country, we can all work towards improving the health, well being and happiness of all LGBT people in Ireland.

For more information on Gay Switchboard Dublin (GSD), contact [info@gayswitchboard.ie](mailto:info@gayswitchboard.ie).





# Syphilis

Key Findings from the Syphilis Awareness, Knowledge and Action (SAKA) survey of MSM in Ireland

## SAKA 2009 SURVEY

During the Dublin LGBT Pride concert on 25 June 2009, men were approached and invited to participate in a short, self-completing survey. Outreach workers also recruited men in various other venues, including bars, clubs, saunas and LGBT community centres in Dublin and Cork over a six-week period following the Dublin LGBT Pride event. The questionnaire was designed to measure the awareness, knowledge, and action (testing) in relation to syphilis among the MSM population. Questions were also asked to determine the reach of the all-Ireland Syphilis Awareness Campaign. A total of 543 questionnaires were completed and 27 of these were excluded from further analysis. Of the 516 valid surveys, 80% were collected in Dublin and 20% were collected in Cork. 88% respondents identifying as gay, 10% as bisexual, and 2% as other. The age profile of the sample represents a younger population with almost half (46%) under the age of 30 years and approximately one-quarter (24%) aged 24 years or less.

## AWARENESS

	2001		2009	
	n	%	n	%
There is an increase of syphilis among men who have sex with men	741	85.2	345	67.5
Are you aware that you can catch syphilis in the following way:				
Oral sex	669	79.0	369	72.2
Anal sex	754	89.5	449	88.9
Vaginal sex	641	81.0	383	80.3
Kissing	385	47.5	178	36.6
Condoms can reduce the chances of catching syphilis	721	83.7	446	88.3

Compared to the results from the 2001 questionnaire, the awareness level of the syphilis epidemic among MSM is significantly lower. However, this may be predominately due to the younger men who were not aware of the outbreak in 2000/2001. The results also show that awareness of oral sex and kissing as transmission routes for syphilis is low, requiring further awareness among MSM. With the strong association of unprotected oral sex with syphilis transmission, this is a particularly important message to disseminate, especially as oral sex is seen as a low risk activity for HIV transmission. The results from the 2009 survey highlight that awareness of condoms to prevent transmission is high among MSM and greater than that seen in 2001. However, there is a need to raise awareness that men are not fully protected, as transmission can occur through contact with any infected area.

## KNOWLEDGE

	2001		2009	
	n	%	n	%
You can have syphilis and not show any symptoms	651	76.1	367	72.4
You need a blood test to check if you have syphilis	641	75.1	351	69.8
Syphilis can take 3 months to show up in the blood	450	52.9	243	48.4
If positive, syphilis is easy to treat with antibiotics	633	74.6	348	69.7
If treated for syphilis previously, you can be re-infected	463	58.1	296	59.4

Approximately 70% of respondents had knowledge that an individual can be infected with syphilis and not show symptoms, that testing for syphilis requires a blood test, and that syphilis can be easily treated with antibiotics. However, the sample demonstrated a lower level of knowledge about the window period for reliable test results and the possibility for re-infection if infected with syphilis previously. In comparison to the 2001 survey, an overall decrease in knowledge was observed with a significant decrease in knowledge that testing for syphilis requires a blood test and that syphilis can be easily treated with antibiotics. These represent the knowledge gaps that need to be further communicated to increase the knowledge level of syphilis among MSM. Overall, lower than average knowledge of all five statements regarding syphilis was reported among men aged 19 years and younger, and aged 25-29, non-gay identified MSM, men who resided outside of a city, men who had not tested for syphilis, and those who did not indicate exposure to the syphilis campaign.

## ACTION

	2001		2009	
	n	%	n	%
Have you had a blood test for syphilis?	413	47.3	286	58.8
Are you intending to test (or retest) soon?	410	57.5	256	53.9

	n	%
When did you test?		
Within last year	165	63.8
1-2 years ago	40	15.7
Over 2 years ago	56	23.3
Where did you test?		
Gay Men's Health Service	119	43.1
Private/GP	56	20.3
St. James's Hospital (GUIDE)	42	15.2
Mater Hospital	9	3.3
Onsite Testing	6	2.2
Other	44	15.9
Are you aware you may need to re-test for syphilis after 3 months?	155	58.3



# Syphilis

Key Findings from the Syphilis Awareness, Knowledge and Action (SAKA) survey of MSM in Ireland

The level of syphilis testing among MSM has increased since the survey in 2001, however further outreach is required among younger men as well as non-gay identified MSM. This study also showed a lower level of testing among MSM in Cork, possibly representing a need for increased availability and/or accessibility of STI testing services. Although the majority of men had received a blood test for syphilis in the previous 12 months, retesting needs to be further promoted especially to those most at risk to syphilis infection. Due to the window period for syphilis antibodies to appear in the blood, testing is recommended once or twice per year. To increase the level of testing among MSM, further interventions need to be implemented including additional on-site testing programmes.

## REACH

	2009	
	n	%
Exposure to any of the syphilis campaign materials	384	74.4
Indicate if you have seen/read the following publications:		
Syphilis adverts in GCN	335	87.2
Syphilis posters in saunas	178	46.4
Syphilis leaflet	279	72.7
Syphilis banner on website	178	46.4
Do you know you can get syphilis information in 9 languages on GHN website?	97	21.2

The results highlighted that approximately three-quarters of the sample were exposed to the all-Ireland Syphilis Awareness Campaign. Respondents who identified exposure to the campaign had a higher awareness of the epidemic and transmission routes, had an overall higher knowledge of syphilis infection, and had higher testing rates. As the adverts in GCN were the most widely seen, producing a series of adverts and posters with a single short message to address knowledge gaps may be quite effective in reaching a majority of MSM. However, there is also a need to further create different and innovative strategies to target men under the age of 30 and men who do not identify as gay, as these groups were least likely to indicate exposure to the campaign. This campaign also aimed to reach those whose first language may not be English, which needs to be further promoted especially among those not born in Ireland.

## RECOMMENDATIONS

Although incidence is not at the same levels seen at the peak of the outbreak in 2001, syphilis remains a major public health concern among MSM due to the serious complications caused by untreated syphilis and the associated risk of HIV transmission. The results of this study identified a number of a key messages and additional health promotion needs of the MSM population in relation to syphilis. This includes targeted interventions for younger men under the age of 25 years and non-gay identified MSM, as these groups of MSM exhibited the lowest level of awareness and knowledge of syphilis and were the least likely to test. Other studies have also highlighted the need for targeting of HIV positive MSM, as they are disproportionately affected by syphilis. With the high prevalence of unprotected oral sex among MSM and the strong association with syphilis infection, there is a need to further communicate this risk and the possibility of HIV co-infection. As the number of MSM who have received a blood test for syphilis increases, it is also necessary to further promote the need for sexually active MSM to test at least once every 12 months, especially those who are most at risk of syphilis infection. This survey also highlighted the vast exposure of the all-Ireland syphilis awareness campaign and provided evidence of the effectiveness of this campaign to raise the awareness and knowledge of syphilis among MSM. However, there is a need to design innovative strategies to reach MSM not exposed to such a campaign and to ensure messages are reaching those most at risk.



# 4 STEPS TO IMMUNITY!

VITAL INFORMATION ON HEPATITIS B FOR GAY AND BISEXUAL MEN, AND MEN WHO HAVE SEX WITH MEN.

THE BEST WAY  
TO PREVENT GETTING  
HEPATITIS B IS TO GET A  
FREE BLOOD TEST AND  
VACCINATION



*ghn*

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OR LOG ONTO [WWW.GHN.IE](http://WWW.GHN.IE)