



## University of Brighton

# THE SIALON II PROJECT IN BRIGHTON & HOVE

**SIALON II in Brighton:  
Working collaboratively with gay  
businesses to conduct second generation  
HIV surveillance and prevention activities  
among MSM.**

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### WORKING TOGETHER WITH GAY BUSINESSES TO TACKLE HIV

Working collaboratively with gay businesses in delivering outreach for Men Who Have Sex with Men (MSM) is crucial in order to maximise the potential opportunities to reach those whom might not otherwise engage in HIV prevention and/or health promotion

interventions or services across Europe. However, the extent to which non-governmental organisations (NGOs) engage successfully with gay businesses to implement outreach and prevention activities for MSM differs greatly; despite evidence pointing to the potential of gay venues for public health and health promotion interventions<sup>[1][2]</sup>

In the UK context, the Terrence Higgins Trust (THT) in Brighton and nationally, has embraced collaborative working with gay venues as part of its ongoing outreach programmes for gay and other MSM. Moreover, THT has participated actively in a number of European public health and research initiatives which have engaged a wide range of different gay

business types in prevention and other health promotion activities, such as the Sunflower Project, the Everywhere Project ([www.everywhereproject.eu](http://www.everywhereproject.eu)), the Everywhere in Japan project (Daiwa Foundation), and more recently, the SIALON II project ([www.sialon.eu](http://www.sialon.eu)).

## Sialon II

### THE SIALON II PROJECT

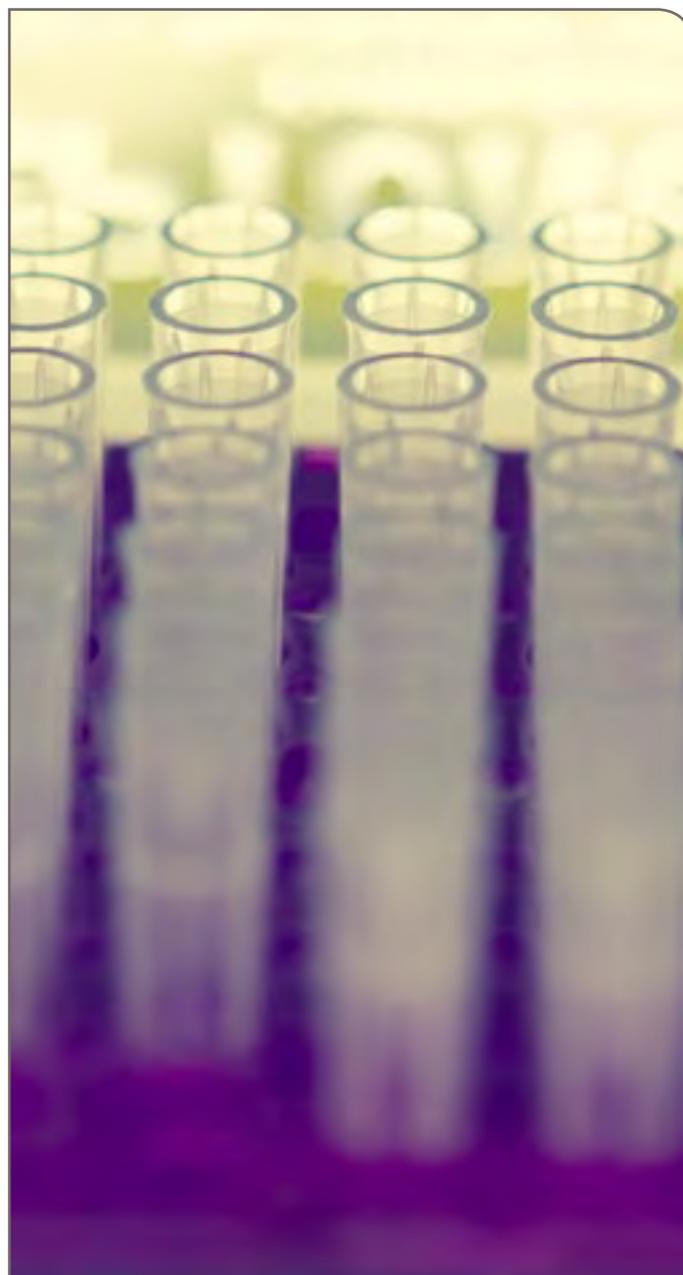
Led in the UK by Dr Nigel Sherriff from the Centre for Health Research at the University of Brighton, SIALON II has been running in Brighton since 2011 and is due to finish in early 2015. Coordinated in Europe by Dr Massimo Mirandola of the Regional Coordination Centre for European Project Management (CREMPE) in Verona, Italy, SIALON is a multi-partner cross-sectional survey engaging over 6,000 MSM in 13 European cities including Barcelona (Spain), Bratislava (Slovakia), Brighton (UK), Brussels (Belgium), Bucharest (Romania), Hamburg (Germany), Lisbon (Portugal), Ljubljana (Slovenia), Sofia (Bulgaria), Stockholm (Sweden), Verona (Italy), Vilnius (Lithuania), and Warsaw (Poland).

In partnership with the WHO, UNAIDS, and local partner organisations including THT South, SIALON II aims to conduct a large-scale bio-behavioural survey among MSM in Europe in line with a Second Generation Surveillance System (SGSS) approach (see box 1), as well as

implement meaningful and targeted prevention activities. Although SIALON II is primarily a research project, it is also a capacity building project focusing on the development of individual capacity (e.g. skills and knowledge regarding alternative methods of testing, virology, research methodologies) and organisational capacity (e.g. SIALON outreach and prevention activities linking specifically to local NGO agendas).

### SIALON II PROJECT OBJECTIVES

- To implement a bio-behavioural survey using Time-Location Sampling (TLS) and Respondent-Driven Sampling (RDS);
- To estimate HIV prevalence (using oral fluid) among MSM through TLS in nine European countries (Belgium, Bulgaria, Germany, Poland, Portugal, Slovenia, Spain, Sweden, UK);
- To estimate HIV, Syphilis, HBV, HVC prevalence among MSM through RDS in four European countries (Italy, Lithuania, Romania, and Slovakia);
- Identify, describe and analyse sexual risk behaviour patterns, prevention needs and sexual health in the MSM population through a survey modelling the relationship between risk behaviour, socio-ecological or contextual factors and biological samples;
- Pilot the testing algorithm for a syphilis rapid test in the MSM population in the context of a surveillance system.





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The full methodological details of the entire SIALON II project will shortly be available on the project website ([www.sailon.eu](http://www.sailon.eu)) as well as in peer reviewed journals. The full and detailed results of the study are expected to be available in summer 2015 once they have been approved formally by the WHO and the European Commission. Once the embargo has been lifted, findings relating to Brighton will be presented in this newsletter including estimated HIV prevalence as well as sexual risk behaviour patterns, substance (mis)use, sexual health indicators, and access to prevention programmes and testing. Data relating to other European cities will, where possible, also be presented.

### SIALON II IN BRIGHTON

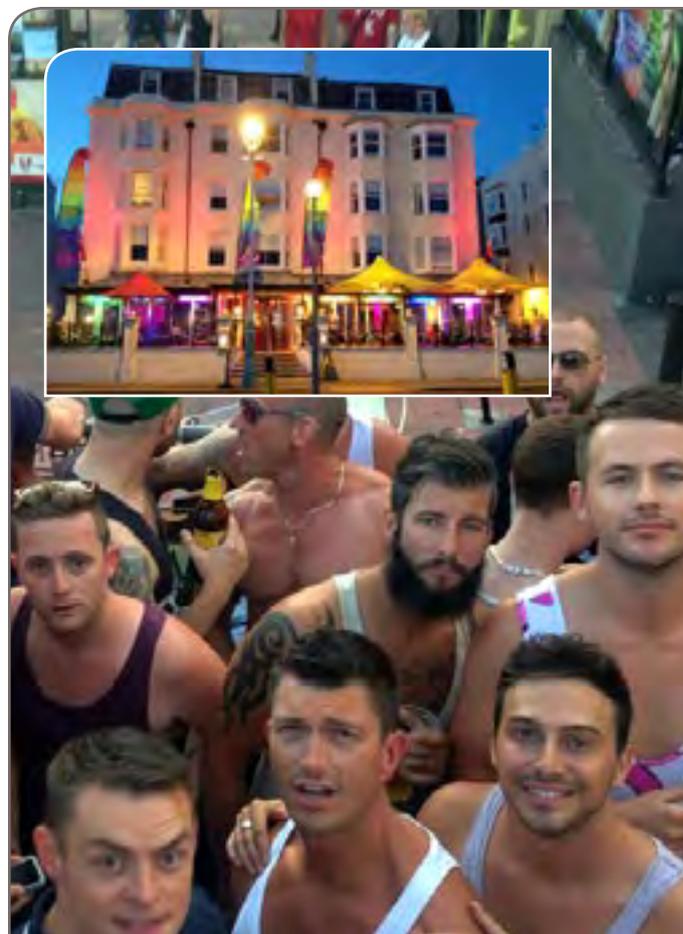
The SIALON II project received ethical approval for the technical components of the study from the WHO Research Project Review Panel (RP2) in 2012, followed by full approval in 2013 by the Research Ethics Review Committee (WHO ERC). Ethical approvals were

also received from the relevant institutional review board in each participating city; for Brighton, approval was received from the Faculty of Health and Social Sciences' Ethics and Governance Committee (FREGC).

SIALON II activities were conducted in Brighton in three phases as follows:

#### PHASE 1 (2011–2012): FORMATIVE RESEARCH

Preliminary formative research was conducted in all participating cities, and in Brighton with the cooperation of THT. This aspect of the research used questionnaires designed by the Robert Koch Institute in Berlin in order to explore in detail, the local context of the respective study sites. This included examining areas such as previous research using Time-Location Sampling or Respondent-Driven Sampling, data on gay-friendly commercial and non-commercial sites, HIV and STI testing opportunities, treatment guidelines, existing prevention and outreach activities and so on. Findings from this formative research data



were used in conjunction with access to secondary data from the European MSM Internet Survey (EMIS) [3]. Together, the results of this early phase were used to inform all aspects of the project design such as the SIALON II prevention campaign [4], the design of the study procedures and protocols (including sampling, questionnaire designed, and procedures), as well as starting the process of identifying and securing, the collaboration of local gay businesses.

#### PHASE 2 (2013): BIOLOGICAL AND BEHAVIOURAL SAMPLE COLLECTION

In each SIALON II country, a sample size of  $n=400$  MSM per city was calculated. In Brighton, a total of 418 MSM matched biological and behavioural samples were collected using Time Location Sampling (TLS) via the collaboration of 11 local gay venues. Data collection took place over two months in April and May 2013. For inclusion in

Sialon II 

the study, MSM had to be present in one of the participating venues, have had any kind of sex (oral or anal, penetrative or not) at least once with another man in the previous 12 months, be able to provide anonymous informed consent, agree to complete the study questionnaire, and agree to provide an oral fluid sample.

Prior to the collection of an oral fluid sample, MSM were asked to complete a self-administered pen-and-paper behavioural questionnaire comprising of 36 items. This questionnaire was designed by the SIALON II network in line with the GARPR indicators (Global AIDS Response Progress Reporting) and piloted in each country prior to the main data collection. On completion of the survey, MSM were asked to give an oral fluid sample which would later be tested for HIV. A unique identification number (barcode) was used in order to identify each questionnaire to link the behavioural information with the biological data. This approach was also used in order (i) to guarantee the privacy/anonymity of



the participants and (ii) to minimise the potential for any mistakes in linking the different types of information.

As part of the data collection process, prevention activities were also conducted on the initial approach to

participants. Each MSM approached was offered a prevention pack and project information sheet. For those MSM who went on to participate, following the completion of the questionnaire and oral fluid sample, multiple-choice 'scratch' cards were used by the

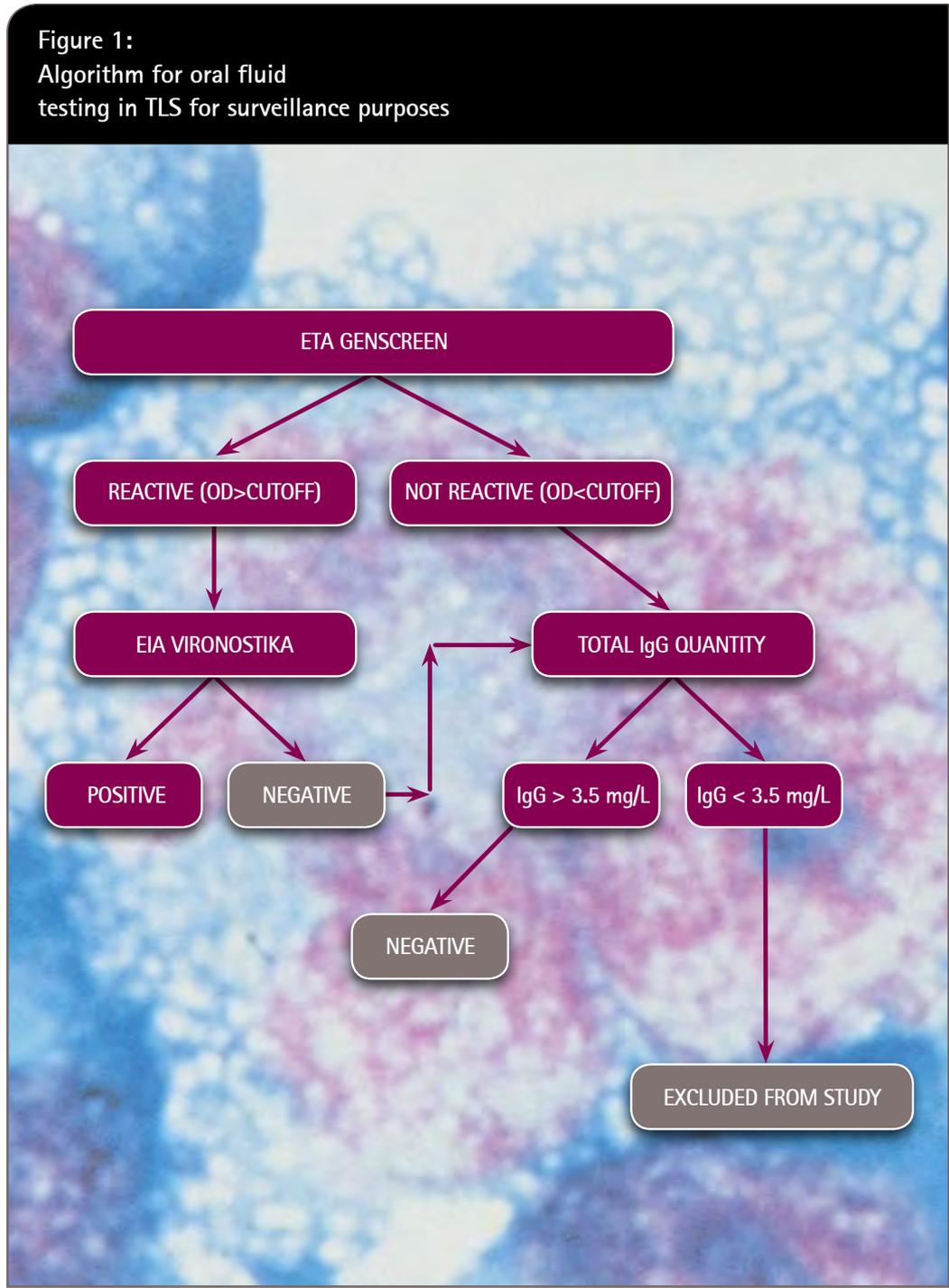
data collector as a means of engagement and knowledge development. In total for Brighton, over 1000 SIALON II designed condom and lubricant packs were distributed, 500 project information sheets, and a further 500 prevention 'scratch' cards.



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## VIROLOGY

Oral fluid collection was accomplished using ORACOL devices (Malvern Medical Developments, Worcester, UK). Samples were sent to the laboratory no more than 72 hours after collection. HIV-antibody testing on the oral fluid samples was performed according to the manufacturer's instructions of GENSCREEN HIV 1/2 version 2, BIO-RAD. All HIV-reactive samples were re-tested with Vironostika HIV Ag/Ab, Biomerieux. In the case of an HIV-reactive result in one or both tests, participants were encouraged during post-test counselling to be re-tested from blood via local care pathways. As a quality control, for each oral fluid sample, a total IgG antibodies ELISA test Human IgG ELISA Kit 1x96, Quantitative/ Immunology Consultants Laboratory was used in order to assess the sample suitability for testing. Before testing, each sample was diluted 1/250 by a recovery buffer. Samples below 3.5 titre (cut-off) were excluded from the study as being invalid (see Figure 1).



## COLLECTION OF RESULTS

7-10 days after data collection, participants were able to collect the

results of their oral fluid test from THT using their unique barcode identifier. In the case test results were reactive, participants were

encouraged to be re-tested on blood via local testing services as well as undertake a full sexual health screen.



### PHASE 3 (2014–2015): STATISTICAL ANALYSIS AND REPORTING

At the time of writing (January, 2015), statistical analysis of the entire European data set for the SIALON II is well under way and is due to be completed by Spring 2015. As noted earlier, once completed, the findings have to be approved by the WHO and the European Commission before the embargo on presenting the data is lifted. Whilst frustrating for all those involved in the study, such procedures are necessary to ensure the data and reporting are robust.

The results of the HIV prevalence estimates for MSM using gay venues in Brighton as well as the behavioural data will be presented in this newsletter as soon as possible following approval. Findings will also be reported in appropriate academic journals in due course, as well as in 'highlight' format for gay businesses and other local community organisations.

### FURTHER INFORMATION

SIALON II is coordinated by the Regional Coordination Centre for European Project Management (CREMPE), Verona University Hospital, Veneto Region, Italy. The SIALON II project is co-funded by the European Commission's Public Health Programme 2008–2013 (Grant Agreement No. 2010 1211). The contents of this document are the sole responsibility of the authors and can under no circumstances be regarded as reflecting the position of the European Commission or the SIALON II Project Steering Committee.

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\* The SIALON II Network includes all of the institutions, NGOs, and researchers participating in the project.

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- [3] EMIS Network. EMIS 2010: The European Men-Who-Have-Sex-With-Men Internet Survey. Findings from 38 countries. Stockholm: European Centre for Disease Prevention and Control, 2013
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# THT BRIGHTON LAUNCH HIV STIGMA STATEMENT

In the lead up to World Aids Day (WAD) on December 1, Terrence Higgins Trust (THT), the national sexual health charity launched a HIV STIGMA statement at their Brighton Office on Friday, November 28 in the presence of their Chief Executive, Dr Rosemary Gillespie, local politicians and health professionals.

Politicians attending the event included Cllr Jason Kitcat, the Green Leader of Brighton & Hove Council, Cllr Geoffrey Theobald, the leader of the Conservative Group on the City Council, Cllr Graham Cox, the Conservative Prospective Candidate for Hove & Portslade and Katy Bourne, the Sussex Police & Crime Commissioner. Simon Kirby MP for Brighton Kemptown & Peacehaven was not able to attend but sent along a message of support.

In her speech, Dr Rosemary Gillespie the newly appointed Chief Executive of THT said that everything was on course to sustainably defeat HIV within a generation and reminded everyone that THT was formed by a group of friends of Terry Higgins, one of



the first people to die of the illness in the UK, who were outraged that he had died alone and frightened because of STIGMA surrounding HIV/ Aids at the time by health professionals.

Three speakers from Positive Voices, told their poignant stories about how they had been affected by Stigma and how they had learnt to challenge it.

The meeting was hosted by THT's Regional Manager Sue Peters and the presentation was delivered by THT's Health Promotion Coordinator for Community Engagement and Outreach, Ross Boseley.