

Epidemiology poster session 2: Population: Men who have sex with men

P1-S2.34 STI-SURVEILLANCE WITHIN AIDS REFERENCE CENTRES IN BELGIUM - HIGH CONSISTENT STI INCIDENCE AMONG HIV-POSITIVE MEN HAVING SEX WITH MEN, 2008–2009

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Background The observation of STI in HIV-patients has triggered a STI-Surveillance in AIDS Reference Centres (ARC). The aim of this surveillance is to identify STI emerging in HIV-patients, to analyse STI-trends in this group and to describe patient characteristics.

Methods There are nine ARC in Belgium. The ARC are specialised in HIV-patient care, STI-consultation and treatment. Since April 2007, seven ARC participate in the surveillance. STI included are limited to *Chlamydia*, *gonorrhoea*, syphilis, *Lymphogranuloma Venerum* (LGV), hepatitis B (HBV) and hepatitis C (HCV) among men having sex with men (MSM).

Results In 2008, 6962 HIV-patients (36.8% women; 63.2% men) were followed and 7454 patients (35.7% women; 63.9% men) in 2009. The HIV-population under follow-up increased by 7.1% (8.3% in men; 4.7% in women). In 2008 as well as in 2009, 279 STI were reported among the HIV-patients. It concerns 250 men and two women in 2008 and 251 men and two women in 2009; 242 were MSM in 2008 and 244 in 2009 (96%). The finding observed in 2009, with 5.3% HIV-infected men presenting an STI vs 5.7% in 2008 prevails a lower incidence of STI. This decrease is not statistically significant ($\chi^2=0.76$, $a=0.38$). In 2008 as well as in 2009, 13 patients were diagnosed with more than 1 STI (4.6% of the STI patients). The most frequent STI was syphilis, with 171 cases (61% of STI diagnosis) in 2008 and 160 cases (59%) in 2009, of whom one woman; respectively 94% and 95% of the men were MSM. Chlamydia has been found in 30 men and two women in 2008 and in 28 men and one woman in 2009. LGV was confirmed in 12 men in 2008 and in 15 in 2009. Gonorrhoea was found in 29 men in 2008 and 32 in 2009. HBV and HCV were respectively diagnosed in 2 and 14 men in 2008 and in 7 and 17 men in 2009. All men reported with Chlamydia, LGV, gonorrhoea, HBV and HCV were MSM. 64% (2008) and 75% (2009) of the homosexual men with STI mentioned having multiple partners.

Conclusions The surveillance in 2008 and 2009 confirms an STI-problem among HIV-infected MSM. These results highlight unsafe sex behaviour among MSM, also reflected by the high proportion of MSM reporting multiple partners. HIV-positive MSM are particularly vulnerable for syphilis. The incidence of LGV and HCV among HIV-positive men should be followed closely and an adaptation of the international screening policy for LGV and HCV is needed. Chlamydia patients belonging to high risk groups should be tested for the LGV variant.

P1-S2.35 INCREASED HIV AND PRIMARY AND SECONDARY SYPHILIS DIAGNOSES AMONG YOUNG MEN WHO HAVE SEX WITH MEN, 2004–2008

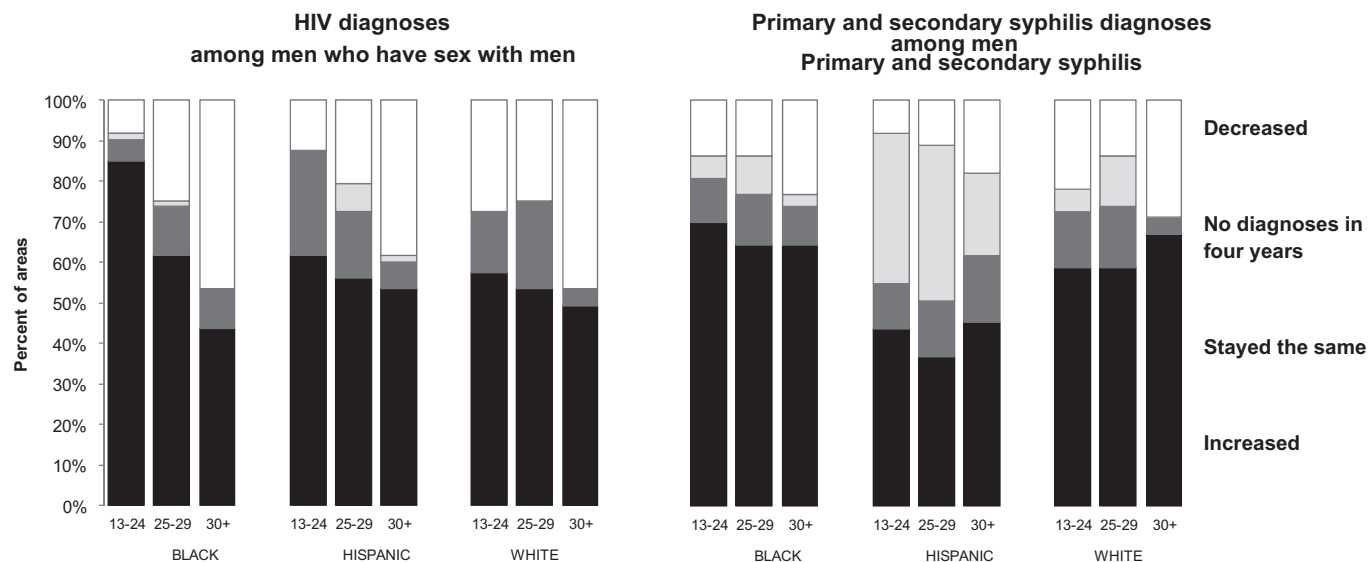
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Background National surveillance data document increases in HIV and syphilis diagnoses in young black men who have sex with men (MSM), but trends could be driven by increases in a few large areas. We assessed the extent to which metropolitan areas of varying population sizes have reported increases in HIV diagnoses among MSM and in syphilis diagnoses among men.

Methods We examined trends in HIV and primary and secondary syphilis case report data in metropolitan areas with greater than 500 000 people, at least 500 black men aged 13–24 years, and with mature HIV reporting systems as of 2004 ($n=73$). We compared the average number of case reports in 2004–2005 and 2007–2008 and examined differences by age at diagnosis (13–24 years, 25–29 years, ≥ 30 years), race/ethnicity (white, black, and Hispanic), and area population size (500 000–999 999, 1 000 000–2 499 999, and $\geq 2 500 000$ persons).

Results Among MSM aged 13–24 years, observed increases in HIV diagnoses were larger among blacks (average percent increase=68.7%) compared with Hispanics (36.7%) and whites (41.7%). Increases in HIV diagnoses were observed in more areas for black MSM aged 13–24 years (85% of areas) than for Hispanic MSM aged 13–24 years (62% of areas), or white MSM aged 13–24 years (58% of areas), or older MSM of any race/ethnicity (range=44%–62% of areas). (Abstract P1-S2.35 figure 1) Among men aged 13–24 years, primary



Abstract P1-S2.35 Figure 1 Change in average diagnoses of HIV among men who have sex with men and primary and secondary syphilis among men comparing 2004–2005 with 2007–2008, by age and race/ethnicity - selected areas ($n=73$). Increased HIV and Primary and Secondary Syphilis Diagnoses among Young Men Who Have Sex with Men, 2004–2008.