

Conclusion Patients with STDs are at risk for HCV infection and should be tested for HCV serology during their work-up.

P3.164 HIGH RISK SEX BEHAVIOURS AMONG DRUG-USING REFUGEES: IMPLICATIONS FOR TREATMENT

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Background Iran has been hosting Afghan refugees since the late 1970s. Yet, little is known about drug use and its relationships with high risk sex behaviours among this group. The present study describes the implemented harm reduction services and the correlates of high risk sex behaviours among the clients.

Methods In 2009, a four-month drug-related harm reduction programme was launched by Rebirth Society (NGO) with collaboration of UNHCR to implement harm reduction services for socially marginalised drug-using Afghan refugees in two Afghan-populated areas in Tehran. A drop in centre and a shelter were allocated to the project. A group of 10 doctors, psychologists and social workers were well trained to implement the services. Before starting the project, 6 Afghan outreach street workers informed resident Afghans in the areas about the services for 2 months with collaborations of some organisations and individuals such as the municipality, and Afghan volunteers.

Results From 1 September to 31 December 2009, 122 clients (121 men and 1 woman) with mean age 30.5 (SD = 8.) years referred for receiving treatment. 98.4% were opioid users. 21 clients received methadone maintenance therapy. 14 clients received needle and syringe services. 21 received methadone detoxification. 50 clients received VCT counselling and serologic testing for viral infections. 41% had recently practised high risk sex behaviours. Recent high risk sex behaviours were associated with lack of current access to condom (OR 1.8, 95% CI 1.1–7.6), low level of knowledge on safe sex (OR 1.8, 95% CI 0.75–2.6), opioid use before sex (OR 1.1, 95% CI 0.23–2.6) and duration of more than 5 years of dependence on drug use (or 1.28, 95% CI 1–2.3).

Conclusion Providing free condoms and training in safe sex could decrease the rate of practising high risk behaviours among socially marginalised drug-using groups such as Afghans. Further studies are suggested.

P3.165 ESTABLISHING SECOND GENERATION HIV/STI-SURVEILLANCE FOR MIGRANTS FROM SUB-SAHARAN AFRICA IN GERMANY - A PARTICIPATORY PROCESS

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Background Migrants from sub-Saharan Africa (MisSA) are a relevant sub-group for HIV-transmission in Germany. 10–15% of all newly diagnosed cases are MisSA, and approximately one third acquired HIV in Germany. Diagnosis is often at a late clinical stage of HIV-infection, potentially due to barriers to HIV-testing or health care in general. There is limited information on prevalence of STIs and on knowledge, attitudes, behaviours and practises (KABP) regarding sexual health. To gain a deeper understanding of MisSA's HIV/STI-prevention needs a research process was initiated.

Methods An expert meeting took place to define specific research needs as well as a research approach. Experts were defined as persons working in HIV/STI-prevention with MisSA, key-persons from MisSA-communities and HIV/STI-researchers. A working

group was established to draught a potential study design for a KABP-survey with MisSA. Recommendations of the working group were appraised by four focus groups with MisSA in different cities.

Results The following guidelines for the research process were established:

- The research process will be participatory and MisSA have to be involved in all stages.
- All decisions will be evaluated by community members and an advisory board.
- The MisSA-community should benefit from the research.

The suggested study design was a multi-centre KABP-study on sexual health. Participants will be recruited by trained peer researchers. Optional HIV/STI-testing will be offered to participants. Questionnaires will be developed in a participatory approach and be available in multiple languages depending on the respective population of MisSA. Focus group results generally supported the suggested research design. A detailed analysis of focus group discussions is still ongoing.

Conclusion To conduct HIV/STI-research that is meaningful to MisSA, it is crucial to involve community partners in the research process. This will help to address the specific needs of MisSA and also assure a better reception of the study within the community.

P3.166 LABOUR MIGRATION AND THE RISK OF INFECTION WITH STIS AND HIV AMONG WOMEN - WIVES OF MIGRANTS FROM TAJIKISTAN

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It is proved that labour migration contributes to the spread of STIs and HIV in the migrants' original places of residence. Due to geographical mobility and separation from their intimate partners for long period, migrants are at high risk of infection with variety of sexually transmitted infections (STIs), including HIV/AIDS.

Purpose The relationship between migration of men and the risk of infection with STIs and HIV among wives of migrants stayed back home.

Methods In order to process the data 1264 women of childbearing age from 18 to 45 years old were questioned in Dushanbe and DRS using multivariate statistic methods. Moreover, among the total number of women participating in survey, the number of female migrants was approximately equal to the number of wives of men who are not migrants. For modelling of static models both personal complaints about STI symptoms and reported cases of infection were used.

Results It was found out that under the same conditions, the wives of migrants complained of symptoms of STIs more often (67.3%) than wives of non-migrants (31.3). In addition, there were more cases of HIV infection in this group. Risk factors as cervical ectopy (target cells facilitates survival of HIV in mucosa) is more commonly met with wives of migrants than wives of non-migrants.

Conclusion These results illustrate not only the increased risk of STIs and HIV associated with labour migration, but also show the seriousness of the situation of migrants' wives who stay home with their children. Studies have shown that women should be better informed, to have possibility to resist development of epidemic.

P3.167 YOUNG COMMERCIAL SEX WORKERS ARE AT HIGHER RISK OF SEXUALLY TRANSMITTED INFECTIONS, THE NETHERLANDS, 2006–2011

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Background Commercial sex workers (CSW) are particularly exposed to sexually transmitted infections (STI). To direct prevention measures, we estimated the prevalence of the three most common bacterial STI (chlamydia, gonorrhoea and syphilis) and examined factors associated with infection among CSW visiting an STI-clinic in the Netherlands.

Methods A CSW was defined as a person exchanging sex for money or other valuable goods in the past 6 months prior to the consultation. Using 2006–2011 national surveillance data on STI clinic visits, we estimated the prevalence of consultations with at least one STI (positive laboratory test for chlamydia, gonorrhoea and/or syphilis). We used univariable and multivariable logistic regression to identify factors associated with these STI, stratified by gender.

Results Between 2006 and 2011, the prevalence of bacterial STI was 9% among 23,825 female sex workers (FSW) and 18% among 2,353 male sex workers (MSW) consultations. Young CSW (15–24 years) had a higher prevalence (27% for MSW, 16% for FSW) than CSW aged ≥ 25 years (15% for MSW, 7% for FSW, $p < 0.0001$). Prevalence of STI was higher among MSW having sex with men than among heterosexual MSW (OR = 1.9 95% CI: 1.4–2.5). MSW who already knew their HIV positive status and MSW who were diagnosed as HIV positive during the consultation had a higher prevalence than those who were tested negative for HIV (OR = 4.8 95% CI: 2.8–8.2 and OR = 3.4 95% CI: 2.3–4.9 respectively).

Conclusions Young male and female CSW, MSW having sex with men and known HIV-positive MSW had a higher prevalence of STI. Prevention activities need to target young sex workers to increase early diagnosis, prevention and treatment. MSW having sex with men and those known HIV positive may require more targeted interventions.

P3.168 WITHDRAWN BY AUTHOR

P3.169* EPIDEMIOLOGY OF SEXUALLY TRANSMITTED INFECTION AMONG OFFENDERS FOLLOWING RELEASE FROM THE JUSTICE SYSTEM

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Methods We performed a retrospective cohort study of individuals with any interaction with the justice system ($N = 259,867$ individuals), including arrest, gaol, juvenile detention, juvenile prison, or adult prison, between 2000–2008 (gaol: 2003–2008). These individuals were linked to STI positive test result data ($N = 82,990$ individuals) using a probabilistic identity matching algorithm based on name, date of birth, and social security number. We identified individuals with chlamydia (CT), gonorrhoea (GC), syphilis, or incident HIV within 365 days of release (or of arrest date). We calculated annual STI incidence by justice system category, year, and demographic characteristics, and compared these to population rates within the same geographic area.

Results In cross-sectional analyses, 19% of individuals with any interaction with adult prison, 14% with gaol, 14% with arrest, 34% with juvenile prison, and 25% with juvenile detention had a positive STI. Average annual incidence of any STI in the year after release was 10% for adult prison, 13% for gaol, 10% for arrest, 26% for juvenile prison, and 22% for juvenile detention. These differences in incidence

were driven by differing demographic compositions, with younger, minority and female populations demonstrating the highest rates of STI following release. Approximately 16% of all STIs (13% CT, 20% GC, 12% syphilis, 14% incident HIV) can be attributed to individuals within one year of release from the justice system.

Conclusions The time following any interaction with the justice system represents a high-impact opportunity to reduce STI burden at a population-level. Structural interventions targeting this vulnerable time period are indicated.

P3.170 AN EPIDEMIOLOGIC STUDY OF MYCOPLASMA GENITALIUM AMONG MALE STD PATIENTS IN GUANGXI, CHINA

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Background *Mycoplasma genitalium* (MG) is an emerging pathogen of NGU. In China, limited studies have indicated a prevalence of 10%–24% among men with NGU. The objective of this study was to determine the prevalence of urethra MG infection among male patients attending STD clinic in Guangxi, China.

Methods Male patients attending STD clinic in He Zhou, Guangxi province between July and September 2009, were invited to participate in a cross-sectional study of the prevalence and behavioural risk for MG infection. MG testing was performed in the National Center for STD control of China, using a previously published real time PCR that target the *MgPa* adhesion gene. Data were double entered into a database using EpiData software by two research assistants. SPSS for windows 13 was used for statistical analysis.

Results 423 male STD clinic patients agreed to participate in this research. 114 (28.1%) of urine specimens were MG positive by PCR testing. In the univariate logistic regression analyses, several individual factors were significantly associated with MG infection. Males infected with MG were more likely to be younger, be single, divorced or widowed, of migrant population, and to be living alone or with partners rather than spouses.

Conclusion This is the first study to investigate the prevalence rate and risk factors of MG infection among male patients attending STD clinic in southwest China. The high prevalence rate suggests that that increased attention should be paid to MG screening and treatment in this high risk population.

P3.171* SEXUALLY TRANSMITTED INFECTIONS (STI) AMONG YOUTH WITH PERINATAL HIV INFECTION

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Background With antiretroviral therapy (ARV), children who were perinatally infected with HIV (PHIV) are now reaching adolescence/young adulthood. A few studies have described their self-reported sexual behaviours, but none measured the incidence of STI (objective markers of risky behaviour) among PHIV youth.

Methods Separately maintained New York City (NYC) HIV and STI surveillance registries were matched using a deterministic algorithm; the matched dataset contained HIV/AIDS cases reported since 1981 (including retrospectively-identified cases), and STI reported from 2000–June 2010. We calculated incidence of having STI during 2000–2009 (chlamydia, gonorrhoea and early syphilis combined) among the cohort of PHIV individuals born between 1976 and 1987, diagnosed with HIV before age 13, and alive as of 12/31/1999. Additionally, the STI case rate among all PHIV between ages 13–24 during 2000–2009 was compared to that for the NYC population of the same ages.