Abstract P1-S2.40 Table 1 HIV coinfection among men who had sex with men (MSM) in the past 12 months with primary and secondary (P&S) syphilis, by age group, race, and ethnicity—34 states, 2009

	Black MSM		Hispanic MSM		White MSM		Other MSM	
Age group, years	With P&S syphilis, no.	HIV coinfected, no. (%)	With P&S syphilis, no.	HIV coinfected, no. (%)	With P&S syphilis, no.	HIV coinfected, no. (%)	With P&S syphilis, no.	HIV coinfected, no. (%)
15–19	219	77 (35%)	62	7 (11%)	49	11 (22%)	10	1 (10%)
20–24	728	377 (52%)	252	76 (30%)	227	61 (27%)	41	9 (22%)
25–29	485	315 (65%)	258	113 (44%)	288	115 (40%)	48	20 (42%)
30–34	296	201 (68%)	202	102 (50%)	272	140 (51%)	39	18 (46%)
35+	676	454 (67%)	487	315 (65%)	1512	854 (56%)	93	51 (55%)
Total	2404	1424 (59%)	1261	613 (49%)	2348	1181 (50%)	231	99 (43%)

USA during 2009 and 77% of estimated HIV diagnoses during 2008. Of 6501 men who had sex with men (MSM) in the past 12 months with P&S syphilis, 6346 (98%) were asked about HIV status—53% were coinfected with HIV, 38% were not coinfected, 1% refused to disclose their status, and 8% did not know their status. Across all regions, prevalence of HIV coinfection among MSM with P&S syphilis was high (51–55%, depending on region). Black MSM with P&S syphilis were younger than other MSM with P&S syphilis—39% of black MSM with P&S syphilis were under 25 years old (Hispanic MSM—25%, white MSM—12%, other MSM—22%) (see Abstract P1-S2.40 Table 1). Compared to 15–19-year old and 20–24-year old MSM with P&S syphilis of other races and ethnicities, black MSM were more likely to be HIV coinfected (RR 15–19-year old =2.2, p<0.001; RR 20–24-year old =1.8, p<0.001). Prevalence of HIV coinfection increased with age; black MSM with P&S syphilis reached the highest prevalence of HIV coinfection at an earlier age than MSM with P&S syphilis of other races and ethnicities.

Conclusion Regardless of race, ethnicity or region, MSM with P&S syphilis had high rates of HIV coinfection. Interventions at young ages are urgently needed to prevent HIV and P&S syphilis among MSM.

P1-S2.41 SENTINEL SURVILLANCE FOR PHARYNGEAL CHLAMYDIA AND GONORRHOEA AMONG MEN WHO HAVE SEX WITH MEN - SAN FRANCISCO, 2010

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Background Although a potentially important route for transmission, limited data exist on the burden of pharyngeal chlamydia (CT) and gonorrhoea (GC) among men who have sex with men (MSM). The San Francisco Department of Public Health has recommended nucleic acid amplification test (NAAT)-based pharyngeal screening for MSM since 2005. We examined pharyngeal CT and GC among MSM participating in the STD screening program in 2010.

Methods MSM seeking services at a variety of clinical sites provided clinician-collected pharyngeal specimens for APTIMA Combo 2 testing. The prevalence of pharyngeal CT and GC was estimated at five sentinel sites—the municipal STD clinic, a gay men's health clinic, an HIV care clinic, an HIV testing site, and primary care clinics supported by the San Francisco Department of Public Health. Positivity for each infection was calculated as the number of positive tests divided by the number of testers with corresponding CIs. Additionally, we calculated positivity and OR to determine whether the prevalence of pharyngeal CT and GC differed by HIV status among patients tested at the municipal STD clinic.

Results In 2010, over 12 000 pharyngeal specimens were tested for an overall CT positivity of 1.69% (95% CI 1.47 to 1.93) and GC positivity of 5.76% (95% CI 5.36 to 6.19). At the five sentinel sites, pharyngeal CT positivity ranged from 1.10% (HIV testing site) to 2.28% (STD clinic); pharyngeal GC positivity ranged from 3.4% (HIV testing site) to 7.01% (STD clinic). For tests conducted at the STD clinic among HIV-uninfected testers, pharyngeal CT positivity was 1.57% (95% CI 1.11 to 2.15) and pharyngeal GC positivity was 7.02% (95% CI 6.03 to 8.11). Among HIV-infected testers, the pharyngeal CT and GC positivity were 4.06% (95% CI 2.92 to 5.49) and 6.99% (95% CI 5.48 to 8.76), respectively. HIV-infected testers were more likely to have a positive pharyngeal CT test compared with HIV-uninfected testers (OR 2.65, 95% CI 1.65 to 4.27); there were no differences in pharyngeal GC positivity between HIV-infected and HIV-uninfected testers at the STD clinic.

Conclusion Sentinel surveillance data indicates that there is a substantial burden of pharyngeal CT and GC infections among MSM in San Francisco. Identification and treatment of pharyngeal infections could prevent ongoing transmission of these bacteria. Increasing access to NAAT-based pharyngeal screening should be a public health priority.

P1-S2.42 STI PREVALENCE AND CONDOM USE IN MEN WHO HAVE SEX WITH MEN ATTENDING STI SERVICES, HONDURAS 2010

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Background Men who have sex with men and the transgender population have the highest prevalence of HIV in Honduras. Specialised services for MSM were established at three public clinics in San Pedro Sula, La Ceiba and Tegucigalpa, with the objective of improving STI management and access to HIV testing and counselling among MSM and transgender populations. STI and HIV testing and management were strengthened at three STI clinics in early 2010. Health workers were trained on HIV/STI services, including counselling and reducing stigma and discrimination.

Methods Discussions with MSM organizations were carried out to determine the type of clinical and counselling services as well as a referral strategy for MSM. A standardised form was designed and implemented to collect key clinical, laboratory and behavioural indicators and entered into an electronic system in Epi-Info. The diagnostic tests offered at no charge were—rapid test and ELISA for HIV, PACE II for *Chlamydia trachomatis* and *Neisseria gonorrhoeae*, and RPR with TPPA for syphilis. All men attending the clinics in 2010 were included in this analysis.