

programs to successfully prevent and control STDs may be complicated by recruitment of new sex partners at such events. Innovative collaborative prevention interventions at sex events and for residents returning from such events should be explored.

**P1-S5.09 ABSTRACT WITHDRAWN**

**P1-S5.10 ACUTE GENITAL ULCERATION IN SOUTH AFRICAN MEN: IMPORTANCE OF AGE AND SEXUAL RISK BEHAVIOURS**

doi:10.1136/sextrans-2011-050108.188

<sup>1</sup>J Leichter, <sup>2</sup>D Lewis, <sup>3</sup>G Paz-Bailey. <sup>1</sup>Centers for Disease Control & Prevention, Atlanta, USA; <sup>2</sup>NICD/NHLS, South Africa; <sup>3</sup>Universidad del Valle de Guatemala, Guatemala

**Background** Herpes simplex virus (HSV) is the leading cause of genital ulcer disease (GUD) in Africa. Although some studies have examined the demographics and sexual behaviours of men with GUD, less is known about the differences that may exist between men with new sexually-acquired ulcers and men with other forms of GUD.

**Methods** Men with GUD (n=615), who were 18 years and older, were recruited from several primary healthcare clinics in Gauteng Province, South Africa. Participants received syndromic management, were tested for ulcer aetiology and urethritis pathogens by PCR, and for HIV, syphilis and HSV-2 by serology. We used survey and STI test data to examine correlates of initial vs recurrent HSV and acute ulcer outcomes. Of men with HSV (n=451), initial HSV was defined as a HSV-positive ulcer specimen and HSV-negative serology. Recurrent herpes was defined as a positive HSV specimen and serology. For all men, the acute ulcer outcome compared men who had initial HSV or who had *Treponema pallidum*, *Haemophilus ducreyi*, or *Chlamydia trachomatis* L1–L3 detected in their ulcer specimens (termed “acute ulcers”) to men with GUD who did not have any of the four etiologies (termed “non-acute ulcers”). Correlates consisted of demographic characteristics and sexual behaviours often associated with STI.

**Results** Among all men, 29% had an acute ulcer, and of those with HSV, 30% had initial HSV. As compared to men with a non-acute ulcer, men with an acute ulcer were younger (p<0.01), more likely to be single (p<0.05), less likely to always use condoms with regular partners (p=0.03), had more casual partners in the last 3 months (p=0.03) but had fewer lifetime partners (p=0.02). As compared to men with recurrent HSV, men with initial HSV were significantly more likely to be younger (p<0.01), have multiple regular partners (p=0.03), and report having sex in last week (p=0.04), but were less likely to report ever exchanging sex for money (p=0.01) and had fewer lifetime partners (p<0.01).

**Conclusions** Findings suggest that young age and recent sexual behaviour were associated with initial HSV and acute ulcers in this group of men. These data emphasise the importance of targeting STI/HIV prevention programs in South Africa to young men engaging in high-risk sexual activities. To facilitate this, it is important to ensure that young men are equipped with the appropriate knowledge and skills to either avoid acquiring, or to seek early treatment for, STIs.

**P1-S5.11 HIGH PREVALENCE OF STIS AND RISK BEHAVIOURS AMONG PERSONS LIVING WITH HIV IN NICARAGUA: MISSED OPPORTUNITIES FOR PREVENTION**

doi:10.1136/sextrans-2011-050108.189

<sup>1</sup>J Goins, <sup>1</sup>L M Romero, <sup>1</sup>F de María Hernandez, <sup>1</sup>S Delgado, <sup>1</sup>B Alvarez, <sup>2</sup>E Beteta, <sup>3</sup>G Paz-Bailey, <sup>1</sup>S Morales. <sup>1</sup>Universidad del Valle, Guatemala City, Guatemala; <sup>2</sup>Ministerio de Salud de Nicaragua, Managua, Nicaragua; <sup>3</sup>Tepinet, Atlanta, USA

**Background** The UNAIDS Report on the Global AIDS Epidemic estimated that in 2009 Nicaragua had 6900 cases of HIV, almost double the 2001 estimate. Among people living with HIV in Nicaragua, it remains important to monitor sexually transmitted infections (STIs) and behavioural risk factors in order to inform STI prevention programs about the health needs of this population.

**Methods** In this cross sectional study, 200 people living with HIV were recruited consecutively from patients attending the Roberto Calderon Hospital in Managua, Nicaragua. Data was collected using computer-assisted self-interviews. Both men and women were tested for active syphilis (RPR titer≥1:8) and herpes simplex virus type 2 (HSV-2) by serology, and for *Chlamydia trachomatis*, *Neisseria gonorrhoeae*, *Trichomonas vaginalis*, and *Mycoplasma genitalium*, by PCR. Acute STI was defined as infection with active syphilis or any of the PCR diagnosed STIs. We examined associations between acute STI infection and reported condom use as well as between STI infection and gender using simple logistic regression.

**Results** The most prevalent STI among study participants was HSV-2 (81.5%). Active syphilis was diagnosed in 6.0% of the population. Men were less likely to be infected with an acute STI than women (OR=0.24; 95% CI 0.10 to 0.57, Abstract P1-S5.11 table 1). A high percentage of participants reported having an HIV positive stable partner at the time of the interview (85.1%). Consistent condom use in the last year was reported to be 59.9% with stable partners, 66.7% with commercial sex partners and 74.6% with occasional partners. Condom use at last sex was found to be protective for infection with acute STI (OR=0.38; 95% CI 0.17 to 0.85).

Abstract P1-S5.11 Table 1 Prevalence of STIs among persons living with HIV and OR by gender

	Total			Men			Women			OR* (95% CI)
	N	n	% (95% CI)	N	n	% (95% CI)	N	n	% (95% CI)	
HSV-2	200	163	81.5 (75.4 to 86.6)	107	84	78.5 (69.5 to 85.9)	93	79	85.0 (76.0 to 91.5)	0.65 (0.31 to 1.35)
Syphilis	199	23	11.6 (7.5 to 16.8)	106	13	12.3 (6.7 to 20.1)	93	10	10.8 (5.3 to 18.9)	1.16 (0.48 to 2.79)
Active syphilis	199	12	6.0 (3.2 to 10.3)	106	6	5.7 (2.1 to 11.9)	93	6	6.5 (2.4 to 13.5)	0.87 (0.27 to 2.80)
Bacterial vaginosis	81	23	28.4 (18.9 to 39.5)	—	—	—	81	23	28.4 (18.9 to 39.5)	—
<i>Chlamydia trachomatis</i>	198	4	2.0 (0.6 to 5.1)	107	1	0.9 (0.0 to 5.1)	91	3	3.3 (0.7 to 9.3)	0.28 (0.03 to 2.71)
<i>Neisseria gonorrhoeae</i>	198	0	0 (0.0 to 1.8)†	107	0	0 (0.0 to 3.4)†	91	0	0 (0.0 to 4.0)†	—
<i>Mycoplasma genitalium</i>	198	9	4.6 (2.1 to 8.5)	107	1	0.9 (0.0 to 5.1)	91	8	8.8 (3.9 to 16.6)	0.10‡ (0.01 to 0.80)
<i>Trichomonas vaginalis</i>	198	12	6.1 (3.2 to 10.6)	107	0	0 (0.0 to 3.4)†	91	12	13.19 (7.0 to 21.9)	—
Any acute STI¶	197	31	15.7 (10.9 to 21.6)	106	8	7.5 (3.3 to 14.3)	91	23	25.3 (16.7 to 35.5)	0.24§ (0.10 to 0.57)

\*Referent gender category: Women.

†One-sided, 97.5% CI.

‡p value <0.05.

§p value=0.001.

¶Active syphilis, *Chlamydia trachomatis*, *Neisseria gonorrhoeae*, *Mycoplasma genitalium* or *Trichomonas vaginalis*.