O1-S10.04 LIFESTYLE AS MARKER OF HEPATITIS C INFECTION IN HIV INFECTED MSM IN AMSTERDAM, THE NETHERLANDS

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Background Since 2000, hepatitis C virus (HCV) infection, associated with high risk sexual behaviour, has emerged as an STI among HIV infected MSM. We aimed to identify individual and network-related factors associated with HCV infection among HIV infected MSM.

Methods The study population was recruited at the STI outpatient clinic of the public health service and the HIV Treatment Centre of the Academic Medical Centre, Amsterdam, the Netherlands. Inclusion criteria were male gender, having had sexual contact with men in the previous 6 months, age ≥18 years, and understanding of written Dutch or English. Recruitment occurred from July 2008 to August 2009. Participants were screened for chlamydia, gonorrhoea, syphilis, and hepatitis B. HIV testing was done using an opting-out strategy and HIV infected MSM were tested for the presence of HCV antibodies. Participants completed a questionnaire including demographics and detailed questions about sexual behaviour in self-defined relationships with a steady partner and the most recent three other partners within the previous 6 months. Logistic regression analysis was used to identify factors associated with HCV infection.

Results 850 HIV infected MSM reporting 2290 relationships were included in the study, of whom 108 were HCV antibody positive (overall prevalence 12.7%). MSM who reported a history of injecting drug use (n=3) were excluded. In multivariate analysis, independent risk factors for HCV infection were unprotected receptive anal intercourse (OR 1.60 95% CI 1.00% to 2.57%) and reporting group sex (OR 1.85 95% CI 1.09% to 3.15%). Drug use (ie, XTC, GHB, or ketamine) was also associated with HCV (OR 2.28 95% CI 1.33% to 3.92%). There was significant interaction between fisting and self-described lifestyle type of MSM: the OR of non-fisting, leather/rubber/lycra type MSM was 4.22 (95% CI 2.22% to 8.00%); the OR of fisting non-leather/rubber/lycra type was 2.01 (95% CI 1.00% to 4.04%); and the OR of fisting leather/rubber/lycra type was 2.71 (95% CI 1.37% to 5.37%), all compared to the reference group of non-fisting, non-leather/rubber/lycra see Abstract O1-S10.04 table 1.

Conclusions Among HIV infected MSM in Amsterdam, HCV infection is associated with high risk sexual behaviour. HCV was common in identifiable risk groups of self-described 'leather' and 'rubber/lycra' type MSM. Ways should be sought to focus increased prevention efforts on these high risk groups.

O1-S10.05 COHORT STUDY TO DETERMINE SEXUALLY TRANSMITTED RECTAL INFECTIONS AMONG HIGH-RISK MEN WHO HAVE SEX WITH MEN IN INDIA

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Background There are few studies on sexually transmitted infections (STIs) among men who have sex with men (MSM) in India to inform the development of appropriate strategies for STI control. This cohort study aimed to determine the prevalence and incidence of rectal gonorrhoea and chlamydia among high-risk MSM in response to standardised interventions in Avahan, the India AIDS Initiative of the Bill & Melinda Gates Foundation. High-risk MSM are self-identified MSM who have large numbers of sex partners and sell sex or practice receptive anal sex.

Methods A cohort of 512 high-risk MSM attending STI clinics in two high HIV prevalence cities of India was recruited in 2008 and followed for four visits over a year. During each visit, rectal swabs were collected during proctoscopic examination and tested for *Neisseria gonorrhoeae* (GC) and Chlamydia trachomatis (CT) by Roche Amplicor PCR. Participants were provided risk reduction counselling and those with ano-rectal discharge syndrome received treatment as per the national guidelines. In addition, all participants received presumptive treatment for gonorrhoea and chlamydia at the baseline visit.

Results At baseline, rectal GC and/or CT prevalence was 14% and remained consistent over the visits. Of those with laboratory confirmed infections, only 8.2% were clinically diagnosed with ano-rectal discharge syndrome, while the majority (91.8%) did not have relevant symptoms or signs. Participants were followed for a total of 139.3 person years (median—0.25 years, max—1.07 years) during which 1562 visits were made. During the study period, 127 incident

Abstract O1-S10.05 Table 1 Correlates of GC/CT incidence

S. No.	Characteristic	HR	p Value
1	Age (up to 25 years)	0.9	0.76
2	Self-reported sexual identity of Panthi (insertive in anal sex) compared to Kothi (receptive in anal sex)	1.6	0.18
3	Self-reported sexual identity of double decker (both insertive and receptive) compared to Kothi	0.9	0.63
4	Self-reported sexual identity of Panthi compared to double decker	1.6	0.14
5	Engaged in commercial sex	0.9	0.70
6	Sex work as main source of income	1.0	0.90
7	New to commercial sex (<1 year)	0.7	0.21
8	Self-reported condom use with male in last encounter	2.3	0.06
9	Do not have regular partner	1.0	0.96

Abstract O1-S10.04 Table 1 Independent risk factors for HCV infection among 847 HIV infected MSM in Amsterdam

	HCV prevalence	OR (95% CI)	p	Adjusted OR (95% CI)	p
Non-fisting, non-leather/rubber/lycra type	40/566 (7.1%)	Ref.	<0.001	Ref.	<0.001
Non-fisting, leather/rubber/lycra type	25/99 (25.3%)	4.44 (2.55 to 7.74)		4.22 (2.22 to 8.00)	
Fisting, non- leather/rubber/lycra type	18/95 (19.0%)	3.07 (1.68 to 5.63)		2.01 (1.00 to 4.04)	
Fisting, leather/rubber/lycra type	24/87 (27.6%)	5.01 (2.83 to 8.85)		2.71 (1.37 to 5.37)	
Drug use (XTC, GHB, ketamine)	73 / 333 (21.9%)	3.96 (2.57 to 6.12)	<0.001	2.28 (1.33 to 3.92)	0.002
Receptive unprotected anal intercourse	58 / 277 (21.0%)	2.47 (1.62 to 3.77)	<0.001	1.60 (1.00 to 2.57)	0.048
Group sex	70 / 339 (20.7%)	3.31 (2.16 to 5.07)	<0.001	1.85 (1.09 to 3.15)	0.022
Syphilis coinfection	7/28 (25.0%)	2.02 (0.83 to 4.88)	0.141	2.83 (1.01 to 7.91)	0.046