

opportunities to test high risk groups such as MSM, who are less likely than women to be HIV tested in this setting. Interventions are urgently needed to increase HIV testing among STD patients.

#### 05-S4.04 TARGETED STD SCREENING AMONG HIGH-RISK MEN WHO HAVE SEX WITH MEN

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**Background** Subgroups of men who have sex with men (MSM) are at high risk for HIV infection and other viral and bacterial STDs. Since the mid-1990s, increased rates of early syphilis, gonorrhoea, and chlamydial infection and higher rates of unsafe sexual behaviours have been documented among MSM in the USA and virtually all industrialised countries.

**Methods** The Gay Men's Health & Wellness (GMH&W) Clinic is a Tuesday and Thursday evening STD clinic for men at Whitman-Walker Clinic (WWC), a Washington, DC community health center specialising in HIV/AIDS care and lesbian, gay, bisexual, and transgender care. As an outreach of this bi-weekly clinic, WWC, Gilead Foundation, and the local HIV/AIDS, Hepatitis, STD, and TB Administration collaborated to provide STD screening in the Crew Club, the District's only bathhouse serving MSM, for ~4 h each Tuesday night beginning July 2010. All participating men were offered HIV screening, syphilis screening, and nucleic acid amplification testing NAAT) for gonorrhoea and chlamydia of urine, pharyngeal, and rectal specimens.

**Results** During the first 6 months of testing at the Crew Club, 173 unique clients were screened. Of those, five new HIV and 18 new syphilis cases were identified (Abstract 05-S4.04 table 1). In addition, two urethral, six pharyngeal, and two rectal gonorrhoeal infections were identified and five urethral, two pharyngeal, and 14 rectal chlamydial infections were identified. In comparison, during 2010, 2487 unique clients were tested at the GMH&W Clinic. Of those, 37 HIV and 189 syphilis cases were identified. In addition, 115 urethral and 89 rectal gonorrhoeal infections were identified and 139 urethral and 124 rectal chlamydial infections were identified. Pharyngeal results from the GMH&W Clinic were not yet available.

**Abstract 05-S4.04 Table 1** Testing results, gay men's health & wellness clinic (2010) vs STD Screening at the Crew Club (July–December 2010)

| Test          | GMH&W clinic |           |            | Crew club |           |            |
|---------------|--------------|-----------|------------|-----------|-----------|------------|
|               | Tests        | Positives | % Positive | Tests     | Positives | % Positive |
| HIV           | 2747         | 37        | 1.35%      | 189       | 7         | 3.70%      |
| Syphilis      | 2969         | 189       | 6.37%      | 191       | 18        | 9.42%      |
| Urethral GC   | 1753         | 115       | 6.56%      | 184       | 2         | 1.09%      |
| Pharyngeal GC | 2017         | N/A       | —          | 189       | 6         | 3.17%      |
| Rectal GC     | 1138         | 89        | 7.82%      | 183       | 2         | 1.09%      |
| Urethral CT   | 1753         | 139       | 7.93%      | 184       | 5         | 2.72%      |
| Pharyngeal CT | 2017         | N/A       | —          | 189       | 2         | 1.06%      |
| Rectal CT     | 1138         | 124       | 10.90%     | 183       | 14        | 7.65%      |

**Conclusions** A higher percentage of presumably asymptomatic clients tested positive for HIV and syphilis infections during STD screening in this non-traditional venue than during the diagnosis and routine screening that occurred at the clinic. Conversely, a higher percentage of clients, many of whom were symptomatic, tested positive for gonorrhoea and chlamydia during the GMH&W Clinic than during the Tuesday night outreach. This effort allows us to engage hard-to-reach men who may be among the core transmitters driving the HIV and syphilis epidemics in the DC area. Costs

per HIV and syphilis cases detected need to be calculated /estimated for this fruitful outreach endeavour.

#### 05-S4.05 INTRODUCTION OF A SEXUAL HEALTH PRACTICE NURSE INCREASES STI TESTING AMONG MSM IN GENERAL PRACTICE

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**Introduction** Increased screening among MSM could improve STI control in this population; however published data on interventions that improve screening rates is limited. The aim of this study was to determine if introducing a sexual health practice nurse (SHPN) into a general practice clinic could increase HIV and STI testing among MSM who attend.

**Methods** In October 2008, Melbourne Sexual Health Centre introduced a SHPN into a Melbourne general practice with a high case-load of MSM. We undertook an observational study comparing the proportion and STI tests undertaken in the 9 months before (Period 1), and after the SHPN was introduced (Period 2). Consistent with Australian national STI testing guidelines for MSM, complete testing was defined as HIV and syphilis serology, urine test and anal swab for chlamydia, pharyngeal and rectal swabs for gonorrhoea, from the same man on the same date. MSM were stratified and analysed according to HIV status. The Qui-Square Test for Independence was used to compare the difference in proportions of tests. In the case of syphilis tests among HIV positive MSM the median number of tests was compared using the Mann–Whitney U Test.

**Results** Among HIV negative MSM, the proportion of MSM tested, increased from Period 1 to Period 2 as follows; HIV from 57.8% to 66.2%; syphilis from 59.9% to 76.6%; urethral chlamydia from 67.7% to 75.8%; pharyngeal gonorrhoea 62.5% to 69.9%; and rectal gonorrhoea/chlamydia from 58.5% to 69.5% (all  $p < 0.001$ ). The proportion of episodes of complete testing, also increased from 41.1% to 51.9% ( $p < 0.001$ ). Among HIV positive MSM, the proportion of MSM tested, increased from Period 1 to Period 2 as follows; urethral chlamydia from 66.5% to 80.2%, pharyngeal gonorrhoea 58.7% to 77.2% and rectal gonorrhoea/chlamydia from 55.3% to 75.3%, (all  $p < 0.001$ ). Prior to Period 1, the clinic had a policy of testing HIV positive MSM for syphilis with each three monthly routine HIV monitoring blood tests. Therefore, the median number of syphilis tests was the same in both study periods (median 2, range 0 to 6,  $p = 0.817$ ). The proportion of episodes of complete testing, also increased from 32.3% to 56.2% ( $p < 0.001$ ).

**Conclusion** The introduction of a SHPN into general practice significantly increased HIV and STI testing among MSM. The magnitude of the effect of this intervention may be greater in MSM high case load general practices where the culture of STI testing is less well established.

#### 05-S4.06 IMPROVING HIV SCREENING AT AN URBAN STD CLINIC

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**Background** At the end of 2006 (the most recent year that data are available), an estimated 1 106 400 persons in the USA were living with HIV infection, with 21% undiagnosed. In September 2006, the Centers for Disease Control & Prevention (CDC) released new

guidelines recommending routine HIV screening of adults, adolescents, and pregnant women in health care settings and reducing barriers to HIV testing. According to the 2009 city report, 3% of Washington, D.C., residents were infected with HIV or AIDS - a figure that ranked as the highest in the nation and far exceeded the 1% benchmark at which a disease becomes a "generalised and severe" epidemic.

**Methods** In July 2009, the SE STD Clinic, the only publicly funded STD clinic in Washington, DC, began providing opt-out HIV testing. All clients who were not previously known to be HIV infected and had not been tested in the previous 30 days were screened using the OraQuick ADVANCE Rapid HIV-1/2 Antibody Test. Disease Intervention Specialists (DIS) ceased pre-test counselling and written consent for HIV testing was incorporated into the general consent form.

**Results** From July 2008 through June 2009, 9537 unique clients visited the SE STD Clinic, of which 5972 (62.6%) were screened for HIV, 2558 (26.8%) were deemed ineligible, and 1007 (10.6%) refused.

Of those tested, 48 (0.8%) were positive—35 (72.9%) were new infections, 11 (22.9%) were previous positives, and 2 (4.2%) were false positives. From July 2009 through June 2010, 12 154 unique clients visited the SE STD Clinic, of which 9702 (79.8%) were screened for HIV, 2039 (16.8%) were deemed ineligible, and 413 (3.4%) refused. Of those ineligible, 1832 (89.8%) had been tested in the previous 30 days, 197 (9.7%) were previous positives, and 10 (0.5%) were listed as Other." Of those tested, 89 (0.9%) were positive—59 (66.3%) were new infections, 25 (28.1%) were previous positives, 2 (2.2%) were false positives, and 3 (3.4%) were "Out of Jurisdiction."

**Conclusion** "Routinisation" of HIV screening among this high-risk population increased the percentage of clients tested, decreased the percentage of clients that were ineligible or refused screening and increased the number of new infections identified (0.37% vs 0.49%, respectively). From July 2009 through June 2010, 3730 more HIV tests were conducted (compared to July 2008 through June 2009) identifying 14 additional new HIV infections."