workers (18%) more often than FSW (0%, p < 0.01) and MSM (3%, p < 0.01).

**Conclusion** MSW are at a high risk for contracting and transmitting STI from and to their clients, but also from and to non-commercial (female) contacts and within their own MSW network. This makes them a potential bridging population for STI transmission. While the MSW population is largely hidden, we prove that it is feasible to reach them with care.

**Background** The number of men who have sex with men (MSM) newly diagnosed with HIV in Israel has quadrupled since 2000. Male sex workers (MSW) are often associated with risk behaviours and STI/HIV infections; thus, they may play a role as core group transmitters. This study aimed to explore knowledge, attitudes and sexual practices of MSW in Tel-Aviv in comparison with MSM, classified by their risk behaviours, and to outline attributes related to STI/HIV-prevalence.

**Methods** MSW were recruited for this cross-sectional study from designated street venues and gay-dating internet-site. MSM were recruited from gay-related venues and divided into high-risk MSM (HRMSM) if they performed unprotected anal intercourse in the last six-months with a HIV-discordant/unknown partner, and to low-risk MSM (LRMSM). Each participant completed a questionnaire and was tested for STI/HIV.

**Results** Of 87 MSW and 655 MSM approached, 53 (60.9%) and 235 (37.0%) participated, respectively. Street-MSW (N = 32) had more female sex partners and were more drug-dependent than internet-MSW (N = 21). No differences were found in their knowledge regarding STI/HIV transmission, practises and STI/HIV burden. Compared to HRMSM, MSW had different demographic attributes and demonstrated more realistic perception regarding the risk to getting STI/HIV, while no differences were found in their knowledge and sexual practises. STI and HIV burden among MSW, HRMSM (N = 119) and LRMSM (N = 116) were 28.3%, 23.5%, 10.3%, and 5.6%, 9.2%, 0%, p = 0.009 and 0.001, respectively.

Multivariate models evaluating attributes associated with HIV/STI-diagnosis did not find sex-work to be significant if the variable used was MSW vs. HRMSM, regardless of the adjustments performed. However, when MSW vs. LRMSM was used in the model, sex-work was associated with STI/HIV-diagnosis.

**Conclusions** Street-MSW and internet-MSW shared comparable sexual practises and no difference was found in their STI/HIV burden. Likewise, MSW and HRMSM had comparable sexual practises and no difference in STI/HIV prevalence.
social desirability bias. Further investigation of the association between M. genitalium infection and high-grade cervical cytology is warranted.

**P3.117 INTRAVAGINAL PRACTICES AND HIV ACQUISITION AMONG WOMEN AT HIGH RISK FOR INFECTION IN TANZANIA AND UGANDA**


S C Francis, J T Ao, D Watson-Jones, K Baisley, J van de Wijgert, J Vandepitte, J Bukanya, I Grosskurth, R J Hayes. London School of Hygiene & Tropical Medicine, London, UK; Mwanza Intervention Trials Unit, National Institute for Medical Research, Mwanza, Tanzania; University of Liverpool, Liverpool, UK; MRC/UVRI Uganda Research Unit on AIDS, Uganda Virus Research Institute (UVRI), Entebbe, Uganda

**Background** Intravaginal practices (IVP) are highly prevalent in sub-Saharan Africa and may facilitate HIV transmission. In two microbicide feasibility cohorts in North-West Tanzania and Kampala, Uganda, we describe baseline prevalence of IVP and investigate associations between IVP and HIV acquisition prospectively.

**Methods** We enrolled HIV-negative women who worked in bars, guesthouses and similar facilities in Tanzania and sex workers and bar workers in Uganda, and followed them quarterly for 12 and 18 months, respectively. At each visit, participants were tested for HIV and interviewed about IVP in the past 3 months. We assessed the association between IVP at each follow-up visit and HIV acquisition using Poisson regression in a combined analysis of both cohorts, controlling for potential confounders.

**Results** 1611 participants were enrolled (966 Tanzanians; 645 Ugandans). At enrolment, 92% of Tanzanians and 95% of Ugandans reported ever cleansing inside the vagina (Table 1); the majority who cleansed used soap/soapy water at least once (75% of Tanzanians and 58% of Ugandans). Nearly half (49%) of Ugandans, but only 13% of Tanzanians, reported ever inserting a substance inside the vagina. The most common substances inserted were herbs, petroleum-based jelly, detergents, aerated drinks, honey, and salt.

1472 participants contributed 71 seroconversions/1,780 pyrs. HIV incidence was 3.99/100 pyrs. Incidence was lower among those not cleansing/cleansing with soap and those not cleansing/cleansing with water only. Inserting detergent (aRR: 3.05, 95% CI: 1.30–7.18) or petroleum-based jelly (aRR: 2.52, 95% CI: 1.08–5.89) were associated with HIV incidence.

**Conclusions** Intravaginal cleansing was highly prevalent in both cohorts; however, insertion was more common among Ugandans. Cleansing was not a predictor of HIV in this study, and may be protective; however, some substances used for insertion may be harmful. These rarer and more harmful types of IVP warrant further investigation.

**Abstract P3.117 Table 1** Reported IVP at enrolment among women at increased risk for HIV in Tanzania and Uganda

<table>
<thead>
<tr>
<th>Type of IVP used in the last 3 months</th>
<th>Tanzania (N = 966)</th>
<th>Uganda (N = 645)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Intravaginal Cleansing</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Of those who cleansed, substances ever used</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Water only</td>
<td>352 (39.5%)</td>
<td>250 (41.6%)</td>
</tr>
<tr>
<td>Water and Soap</td>
<td>664 (74.5%)</td>
<td>351 (58.2%)</td>
</tr>
<tr>
<td>Other</td>
<td>2 (0.1%)</td>
<td>3 (0.5%)</td>
</tr>
<tr>
<td><strong>Intravaginal Insertion</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Of those who inserted, substances ever used</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Herbs or other traditional substance</td>
<td>55 (45.1%)</td>
<td>139 (44.1%)</td>
</tr>
<tr>
<td>Washing powder or detergent</td>
<td>27 (22.1%)</td>
<td>63 (20.0%)</td>
</tr>
<tr>
<td>Petroleum-based jelly or lotion (e.g Vaseline)</td>
<td>40 (32.8%)</td>
<td>99 (31.4%)</td>
</tr>
<tr>
<td>Lemon</td>
<td>15 (12.3%)</td>
<td>7 (2.2%)</td>
</tr>
<tr>
<td>Aerated drinks (e.g Coca Cola)</td>
<td>0 (0.0%)</td>
<td>113 (35.9%)</td>
</tr>
<tr>
<td>Honey</td>
<td>4 (3.3%)</td>
<td>64 (20.3%)</td>
</tr>
<tr>
<td>Salt</td>
<td>1 (0.8%)</td>
<td>61 (19.4%)</td>
</tr>
<tr>
<td>Other</td>
<td>19 (15.6%)</td>
<td>1 (0.3%)</td>
</tr>
</tbody>
</table>

**P3.118 HIGH RATES OF CHLAMYDIA AND GONORRHOEA INFECTION IN ANAL AND PHARYNGEAL SITES IN MEN WHO HAVE SEX WITH MEN (MSM) AND TRANSGENDER WOMEN (TW) IN LIMA, PERU**


S R Leon, R R Segura, D Klausner, K A Konda, J A Flores, A Silva-Santisteban, J Galea, T J Coates, F Caceres. Universidad Peruana Cayetano Heredia, Lima, Peru; Universidad de California, Los Angeles, CA, United States

**Background** The prevalence of Chlamydia trachomatis and Neisseria gonorrhoeae infections in men who have sex with men (MSM) and transgender women (TW) in low and middle income countries is poorly understood. As part of a large intervention trial to reduce HIV and sexually transmitted infection (STI) incidence among MSM/TW in Lima, Peru, we analysed the baseline pre-intervention prevalences of anal and pharyngeal chlamydia and gonococcal infections as well as risky sexual behaviours.

**Methods** We conducted a cross sectional analysis of 718 MSM/TW enrolled in the Comunidades Positivas and Enhanced Partner Therapy Trial in 2008. Chlamydia trachomatis and Neisseria gonorrhoeae were tested using APTIMA® Combo 2 in pharyngeal swabs and self-collected anal swabs. Based on very low rates found in a pilot study, urethral testing was not undertaken. Behavioral surveys were also conducted using Computer-assisted self interviews.

**Results** In anorectum and oropharynx, the prevalence of Chlamydia trachomatis infection was 19% (95% CI: 16.1–22.0%) and 4.8% (95% CI: 3.3–6.6%) respectively, while the prevalence of Neisseria gonorrhoeae infection was 9.6% (95% CI: 7.5–11.9%) and 6.5% (95% CI: 4.8–8.5%), respectively for the same sites. 67% of participants reported receptive anal sex, and 62% reported any unprotected intercourse.

**Conclusion** We found a high prevalence of rectal and pharyngeal bacterial STIs along with high frequency of unprotected anal intercourse among MSM/TW in urban Lima. Studies to demonstrate the clinical and public health benefits of routine screening and treatment of anal and pharyngeal STIs in MSM/TW should be considered.

**P3.119 SEROLOGICAL TRENDS OF HIV AND SYPHILIS AMONG MEN WHO HAVE SEX WITH MEN (2004 TO 2011) IN MUMBAI, INDIA**


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**Background** Men who have sex with men (MSM) have been the focus of intensive HIV public health programmes in India since 2000. We present certain demographic, and HIV and syphilis trends among MSM over an eight year period (2004 to 2011) in Mumbai, India.

**Methods** A total of 11,205 MSM (> 18 years) were analysed. We calculated the proportion of HIV and syphilis positivity in them. We used chi square for trend to compare the proportions and logistic regression models to estimate the association between demographics and time, and HIV positivity.
P3.116 Risk Factors For Mycoplasma Genitalium Among Female Sex Workers in Nairobi, Kenya

A Alakija, J Ting, N Mugo, J Kwatampora, F S Behets, C Hill, M Chitwa, S Patel, M Gokhale, J Kimani and J S Smith

Sex Transm Infect 2013 89: A183-A184

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