

lowest 39% in 2005 and the highest 62% in 2008. HIV prevalence in male STI patients tested for syphilis varied between the lowest 0.2% in 2005 and the highest 3.4% in 2008 and in MSM increased from 0% in 2002 to the highest 7.6% in 2011 (more than 5% for the first time). In the same sentinel population of MSM, the proportion reporting "condom use" increased from 47% in 2002 to 52% in 2011, and "HIV testing" varied between 27% in 2007 and 40% in 2009.

Conclusion The burden of HIV among MSM in Slovenia is disproportionately high and increasing. Promotion of safer sexual behaviour and HIV testing among MSM as well as positive prevention among MSM with diagnosed HIV infection are urgently needed.

P3.126 SEX PARTNER MEETING PLACE TYPOLOGIES REPORTED BY NEWLY DIAGNOSED HIV-INFECTED MSM

doi:10.1136/sestrans-2013-051184.0585

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Background Men who have sex with men (MSM) are affected by HIV more than any other group in the US, accounting for more than half of all new HIV infections annually. Within this group, young Black MSM (13–24) have had the highest increase in new infections. Characterizing sex partner meeting places of newly diagnosed HIV-infected MSM by race and age may help to identify locations for targeted control strategies in the populations most at risk. Targeted HIV control strategies seek to prevent HIV transmission by focusing specifically on those most likely to transmit, i.e. those with new infections or high viral loads. The objective of this study was to describe sex partner meeting place typologies and their distribution by age and race among newly diagnosed HIV-infected MSM in Baltimore, Maryland.

Methods Using retrospective surveillance data of newly diagnosed HIV-infected MSM reported to the Baltimore City Health Department from 2009–2011, we identified the most frequently reported sex partner meeting place typologies and characterised their distribution by age and race.

Results Among 243 reports of newly diagnosed HIV-infected MSM, 91% (220) were interviewed, and 64% (141) of those interviewed provided information on their sex partner meeting places in the past 12 months. Among the 141, 45% reported a bar or club, 41% reported using the internet, and 20% reported other places such as street corner or school. Meeting sex partners via the internet was more frequently reported by younger (≤ 24 years) compared to older MSM (49% vs. 34%, respectively) and Black compared to white MSM (43% vs. 28%, respectively).

Conclusion Among those who reported sex partner meeting places, young (vs. older) and Black (vs. white) MSM more frequently reported meeting sex partners via the internet. The internet may be an important location for targeted HIV control strategies especially among young Black MSM.

P3.127 HIGH PREVALENCE OF ASYMPTOMATIC SEXUALLY TRANSMITTED INFECTIONS (STIS) IN HIV-INFECTED MEN WHO HAVE SEX WITH MEN (MSM) IN IRELAND: STRATEGIES TO IMPROVE SCREENING

doi:10.1136/sestrans-2013-051184.0586

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Background In Ireland the prevalence of STI's is steadily increasing while the number of new HIV-diagnoses in MSM has more than doubled in the past decade. International guidelines recommend annual STI screening for MSMs regardless of reported history, with

more frequent screening recommended for at-risk individuals. This study investigates prevalence of STIs in asymptomatic HIV-infected MSM in the largest HIV-centre in Dublin.

Methods A retrospective analysis was performed via electronic patient record review. Pharyngeal, urethral and rectal testing for Gonorrhoea (Gc) and Chlamydia (CT) was performed using validated nucleic acid amplification techniques.

Results Fifty HIV-infected MSM were included in the study (mean age [SD] 38 years [9], 66% Irish). Mean [SD] number of sexual partners in the preceding 12 months was 8 [13]. By subject report 10% were abstinent, 40% always used condoms, 42% used condoms inconsistently while 4% reported never using condoms. Thirty-nine (78%) were on HAART and 38 (97%) were virally suppressed.

Eight (16%) tested positive for an STI. Two (25%) were documented as having two concurrent STIs and two (25%) were not on HAART.

Gc was detected in all 8 positive screens (4 cases of rectal and 4 cases of pharyngeal Gc). There were 2 cases of rectal CT which occurred with a concurrent positive rectal Gc. Younger age [29 vs. 40 years, $p < 0.001$] was the only independent predictor of positive STI screen.

Conclusion Sixteen percent of HIV-infected MSMs screened were diagnosed with an STI. 46% of HIV-infected MSM reported unprotected sexual activity. Recognising a need to optimise provision and delivery of STI screening, a pilot self-screening programme has been successfully introduced to our HIV-clinic. Our study highlights the importance of screening for asymptomatic STI's and the need for increased educational interventions targeting unsafe sexual-behaviour as a means of disease prevention.

P3.128 DETERMINANTS FOR DECLINE IN HIV PREVALENCE AMONG HIGH-RISK MEN WHO HAVE SEX WITH MEN AND TRANSGENDER (MSM-T) IN SOUTH INDIA

doi:10.1136/sestrans-2013-051184.0587

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Background To evaluate the impact of *Avahan*, the India AIDS Initiative of the Bill & Melinda Gates Foundation, two rounds of integrated biological and behavioural assessment (IBBA) surveys were conducted in 2006–07 and 2009–10 among high-risk men who have sex with men (MSM-T) across 14 districts in south India to measure the prevalence of HIV and sexually transmitted infections (STIs), and related risk factors ($n=4,300$ per round). We studied the determinants for decline in HIV prevalence among MSM-T.

Methods Random slope multilevel models were developed using logistic regression procedures to examine the effects of round, district level and individual variables on HIV prevalence among MSM. The model also controlled for baseline HIV prevalence.

Results HIV prevalence among MSM-T significantly reduced from 13.1% in round 1 to 11.4% in round 2 ($p = 0.017$). MSM-T who were aged 25 and above, whose self-reported receptive sexual role (Kothi), who had male sexual clients, who were illiterate, who first had sex before age 15 and who ever used condoms, were significantly more likely to have HIV. Surprisingly, MSM-T who had paid a female partner were less likely to have HIV (OR: 0.71 $p = 0.008$). There was a statistically significant effect modification between round and syphilis, with a statistically significant decline in HIV prevalence between survey rounds among MSM-T without syphilis (OR: 0.73,